



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. As the work progresses, OHA will work to build internal and inter-agency food systems and nutrition security capacity. OCFSN will continue to lead and drive the work of the SPINE program as well as implementation of Oregon's State health Improvement Plan strategies, and the internal and intra-agency capacity is meant to support the community led design of the 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 2021 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.

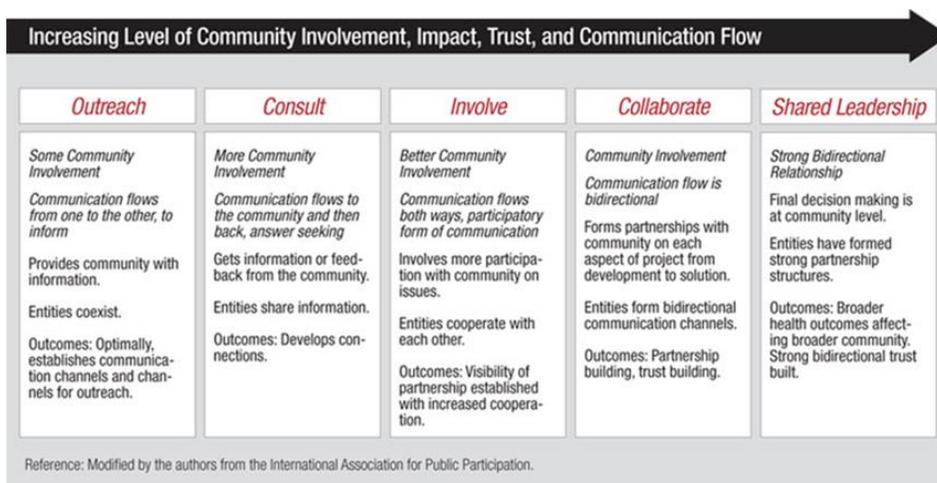


Figure 1.1. Community Engagement Continuum

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: ____Year 1: 660____Year 2: 730__

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 1 statewide and 5 local convenings will be held in Year 1.

In Year 2, OCFSN estimates hosting their convenings in a similar structure as Year 1 by hosting statewide convenings prioritizing policy discussions with continued growth of their workgroups. In particular, two new subgroups will convene under the policy workgroup leadership. The emphasis on Year 2 is deepening the relationship between OHA and OCFSN. Using the Collective Impact Framework and being responsive to the shared learnings in Year 2, OHA will contribute staff participation, subject matter expertise, and technical assistance on the Policy Committee and its two subgroups. In Year 1, OHA and OCFSN developed a more trusting relationship and developed a shared understanding of each of the roles the partners can provide to each other, to members, and to all Oregonians.

Statewide convenings will focus on: identifying opportunities for public policy skills development, identifying policy engagement opportunities, and supporting a community food systems presence at the state legislature.

Year 1: 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.

Year 2: Statewide convenings will take the form of focused policy convenings. Estimated 2 convenings with 100 people each. 200 total for Year 2.

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
 - Climate, Resilience, & Stewardship
- Veggie Rx
- Oregon Food Hub Network
- Diversity, Equity, and Inclusion Committee
- Policy Committee and its two subgroups:
 - Community Food Systems at the Legislature (New in Year 2)
 - Public Policy Skills and Engagement Opportunities Working Group (New in Year 2)

Year 1: Nine workgroups at 20 people each for 2 convenings, 360 total

Year 2: Eleven workgroups at 20 people each for 2 convenings, 440 total

Year 1: Local convenings - Five peer to peer technical assistance convenings at 30 people each. 150 total.

Year 2: Local and regional convenings will continue in Year 2, with targeted outreach to rural communities. Estimated reach of three regional convenings at 30 people each. 90 total for Year 2.

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. In the spring of 2022, the internal working group paused. Beginning in January of 2023, the Food Systems and Nutrition Security workgroup will convene with cross-sector participation from sections within the Oregon Health Authority (including Health Promotion and Chronic Disease Prevention, Environmental Public Health, and Maternal Child Health), as well as partners outside of the agency in the Oregon Department of Human Services, Oregon Department of Agriculture, and community partners. While the emphasis of the work under the SPINE program and our state strategy is with the community leadership of OCFSN, the partnership revealed a need for OHA staff to provide increased active participation, guidance, and capacity in OCFSN-led working groups to not designate priorities, but rather illuminate processes and opportunities for engagement. OHA needs to build capacity to support these requests in order to deepen and strengthen the relationship with OCFSN.

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 Pan (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. As of December 2022, OCFSN will kick off two new working groups under the umbrella of the Policy Committee, with one focusing on collaborating for a community food systems presence in the Oregon state legislature and the other identifying opportunities for other public policy engagement in our state. OHA is dedicated to supporting the development and leadership of these working groups, offering technical assistance, facilitation support, and other strategic support as led by OCFSN. 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.



Year 1

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	

Commented [PH1]: I suggest rewording your Action Step to make it a little more specific. Include what Oregon SPINE is doing to help with statewide convenings facilitated by OCFSN.

Commented [KM2]: Year 1 Action Steps are included in black text and will not be added to the Year 2 SAP in smartsheet. They are included in this document for reference purposes.



<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	

Commented [PH3]: When you finalize your SAP and upload your SAP into the PM Hub, delete all activities that were completed in Y1. Do not include activities that were completed in Year 1 in the Year 2 SAP.

Year 1
Major Action Step 2: Local convening facilitated by a community-based organization identified by OCFSN

Sub Action Step <i>(who, what, where, how, when)</i>	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 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</i>



			<i>Day in May 2022, hosted by the Moore 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.

Commented [PH4]: If this Major Action Step and all of the sub activities were already completed, omit from final Y2 SAP and PM Hub upload.



Year 1

Major Action Step 3: Convening led by one or more tribes or tribal-serving organizations

Sub Action Step <i>(who, what, where, how, when)</i>	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>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 NPAIHB 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	NPAIHB/OHA co-program leads	Meetings to prepare for convening	OHA will support NPAIHB in leading a local convening around food sovereignty, honoring lived experience and practice-based-evidence.
<u>Action Step 3.6:</u> Implement tribal convening	NPAIHB	Convening	

Commented [PH5]: I would update this Major Action Step to reflect the progress you have made, and use the Sub action steps to outline next steps. I know of these were done, and others are going to fall under the NCE because they were not completed in Y1 and others might be new.,



			NPAIHB 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	NPAIHB	TA hours	NPAIHB will develop a plan for and offer technical assistance support to members, attendees, and community groups following convening outcomes.



Year 2
Major Action Step 1: Build Oregon Health Authority and institutional capacity for food systems and nutrition security strategy implementation

Sub Action Step (who, what, where, how, when)	Responsible Party/Partners (Agency or the individual responsible for achieving the action step. Include partner(s) if any)	Expected Output (Provide expected output(s) for each action step, such as an MOU, a toolkit, training materials, 2 partners, 3 meetings attended, etc.)	Additional Comments (Added comments or resources useful for achieving the action step)
<u>Sub Action Step 1.1:</u> Meeting with Public Health Division Director's office to strategize reconvening of Food Systems and Nutrition Security workgroup. Identify participants to reach out to, including agency participants and external partners. Convene workgroup members in the beginning of 2023.	OHA Program Lead	Participant outreach list; meeting	
<u>Sub Action Step 1.2:</u> Workgroup members develop strategy to further support OCFSN and cross-sector food systems and nutrition security strategies in state health improvement plan	OHA Program Lead	Meeting; Internal collaboration partnerships developed	
<u>Sub Action Step 1.3:</u> <u>OHA participation on ODA-led Farm to Institution Coalition</u>	OHA Program Lead	Letter of commitment; Meetings attended; Coalition partnerships developed	
<u>Sub Action Step 1.4:</u> <u>Present state health improvement plan food strategies to Oregon State University</u>	OHA Program Lead	Presentation	

Commented [KM6]: Year 2 Action Steps (3 total) are included in red text. Major Action Step 3 reflects the feedback given on our Year 2 SAP draft and describes the need to continue the convening work that Year 1 centered on.



<u>Extension Food Systems and Preservation Program staff</u>			
Year 2			
Major Action Step 2: Develop OCFSN policy leadership.			
Sub Action Step <i>(who, what, where, how, when)</i>	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 2.1:</u> Creation of policy committee subgroups: Community Food Systems at the Legislature and Public Policy Engagement working groups	OCFSN	2 new working groups	
<u>Sub Action Step 2.2:</u> Identification of role of OHA in OCFSN-led policy working groups	OCFSN / OHA Program Lead	Meeting discussion; OHA Staff to take on facilitator role	
<u>Sub Action Step 2.3:</u> Education on policy and legislation avenues.	OCFSN/OHA Program Lead	TA Meeting	
<u>Sub Action Step 2.4:</u> Provide community engagement and legislative updates for member organization and public during state legislative session and plan and host statewide policy convenings.	OCFSN	Mini – convenings and statewide convenings	
Year 2 Action Step 3: Provide support for creation of partner-led convenings for information sharing,			

Commented [PH7]: I love these two new additions! Very aligned with PSE changes. Great job!



statewide relationship building, and respond to the requests and outcomes of those convenings.			
Sub Action Step <i>(who, what, where, how, when)</i>	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>	
<u>Sub Action Step 3.1</u> <u>Contract amendment established with OCFSN to reflect Year 2 activities, including state policy convenings, policy work group development, (described in Action 2) and continuation of regional convenings that began in Year 1.</u>	OHA Program Lead	Contract Agreement	Additional Comments <i>(Added comments or resources useful for achieving the action step)</i>
<u>Sub Action Step 3.2</u> <u>Statewide policy convenings held (2) (described in Action Step 2) and regional convenings held (3)</u>	OCFSN	2 statewide policy convenings (described in Major Action Step 2), 9 other workgroup convenings, and 3 regional convenings	
<u>Sub Action Step 3.3</u> <u>OCFSN will create impact statements and summaries following any convenings that outline requests and action steps for partners and OHA to be responsive to.</u>	OCFSN and OHA Program Lead	Impact summaries	While the policy convenings are described and tracked in Major Action Step 2 of the Year 2 workplan, the expansion of the regional networking and peer sharing convenings is an important part of the deepening relationship with OCFSN. These convenings were an important component of the Year 1 workplan, and discussions with OCFSN leadership have made clear that the resourcing OHA provides to OCFSN (in the way of funding and staff and technical support)

Commented [KM8]: I have reorganized this workplan to reflect continued/expanded work of Year 1 action steps as new Year 2 action steps and reworded them per earlier comments. Year 2 major action step three will in essence demonstrate expansion of some of the convening work in Year 1. Our SAP quarterly updates this year will likely have more contextual comments to explain the progress and impact.

Commented [KM9]: Major Action Step 3 reflects the feedback given on our Year 2 SAP draft and describes the need to continue the convening work that Year 1 centered on. The convening work is an important part for not only OHA to deepen the relationship with OCFSN, but to foster network-building, further outreach to priority populations to participate in OCFSN conversations, and create a space where collaboration and active follow up can be generated. OCFSN made it clear that the convening work needs to be expanded and continued in Year 2 and SPINE and OHA resources will go to support that. In Quarterly reports, OHA program staff will include more detailed comments about the progress on this action step to provide specific ways OHA is supporting this work.



		<p>is impactful. Impact summaries indicate active participation, relationship building, and action steps that come out of the time partner organizations and CBOs have together. OCFSN “owns” the space and OHA staff support in the planning of the events, research and data sharing, and training and TA tools.</p>
		<p>The impact statements from the convenings also demonstrate meaningful ways for partners to take on action items as well as OHA being responsive to requests and opportunities. This is the Collective Impact Framework in action, with OCFSN and partners leading with their knowledge, lived experience, and meaningful community engagement and OHA offering backbone logistical support. Sub Action Step 3.2 describes some of that logistical support in the preparation of convenings. Following convenings, OHA will also be responsive to requests and follow up support. This will look like incorporating community feedback into strategic planning, legislative planning (though likely longer term), and other trainings or informational follow up. As designed in Year 1, we want the implementation of SPINE (and Oregon’s state health improvement plan nutrition and food systems strategies) to be community designed and led. OHA will be active in the relationship and respond to the</p>



			needs, requests, to create a meaningful and equitable working relationship.

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 (Year One) Strengthened (Year Two)	OCFSN will lead a statewide convening and identify one of their 57 member organizations as a local/regional community partner. In Year 2, OCFSN will lead statewide engagement for their policy convenings, with emphasis in the first half of the year on legislative session. OHA staff will actively engage with the Community Food Systems at the Legislature Working Group as	



		well as the Public Policy Skills and Engagement Opportunities Working Group using the collective impact framework for guidance on leadership roles and support.	
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.	
Oregon Department of Human Services SNAP	Strengthened	OHA will convene a new Food Systems and Nutrition Security Working group that is in Year 2 expanded beyond the Oregon Health Authority sections. This workgroup will include participation from our sister organization, the Oregon Department of Human Services where SNAP services are administered and managed. Further external partners will be identified and invited in the second half of 2023.	



Oregon Department of Agriculture	Strengthened	OHA will participate on a new Farm to Institution Coalition, convened by the Oregon Department of Agriculture and a nonprofit Healthcare without Harm.	
Healthcare without Harm	New	OHA will participate on a new Farm to Institution Coalition, convened by the Oregon Department of Agriculture and a nonprofit Healthcare without Harm.	
Oregon State University Extension Food Systems and Safety Program	New	OHA staff will give a presentation on state health improvement plan framework and work with program staff to bring food systems and safety extension program into alignment with the modernized food systems and nutrition security HTO strategies.	

State Partnerships Improving Nutrition & Equity (SPINE)

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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.

Year 2: The Oregon Health Authority's Covid Response and Recovery Unit is closing as of December 2022, which will create a dramatic staff turnover in the first half of 2023 as staff return from job rotations. Both the Office of the Public Health Director and the Health Promotion and Chronic Disease Prevention Section will experience significant staff turnover once again, as noted during the 2022 year. Extra strategic planning is needed to ensure institutional knowledge of the partnership and SPINE program is preserved and the workplan can continue smoothly.

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.

Strategic conversations with HPCDP and PHD Leadership have led to extra staffing support being available from OHA during Year 2. HPCDP will contribute staff time and expertise from the Community Programs Liaison Team, in addition to the Policy Team. The revitalized convening of a cross sector Food Systems and Nutrition Security workgroup will also provide a space for information sharing and updates with partners within the Public Health Division. OCFSN also plans to introduce a Policy Intern to support the two policy workgroups and coordinate with OHA staff.

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: Laura Perdue, Community Programs Liaison, Health Promotion and Chronic Disease Prevention Program
- In Year 2, a OHA-convened Food Systems and Nutrition Security workgroup will keep staff in other sections apprised of SPINE work and to offer extra support when needed.



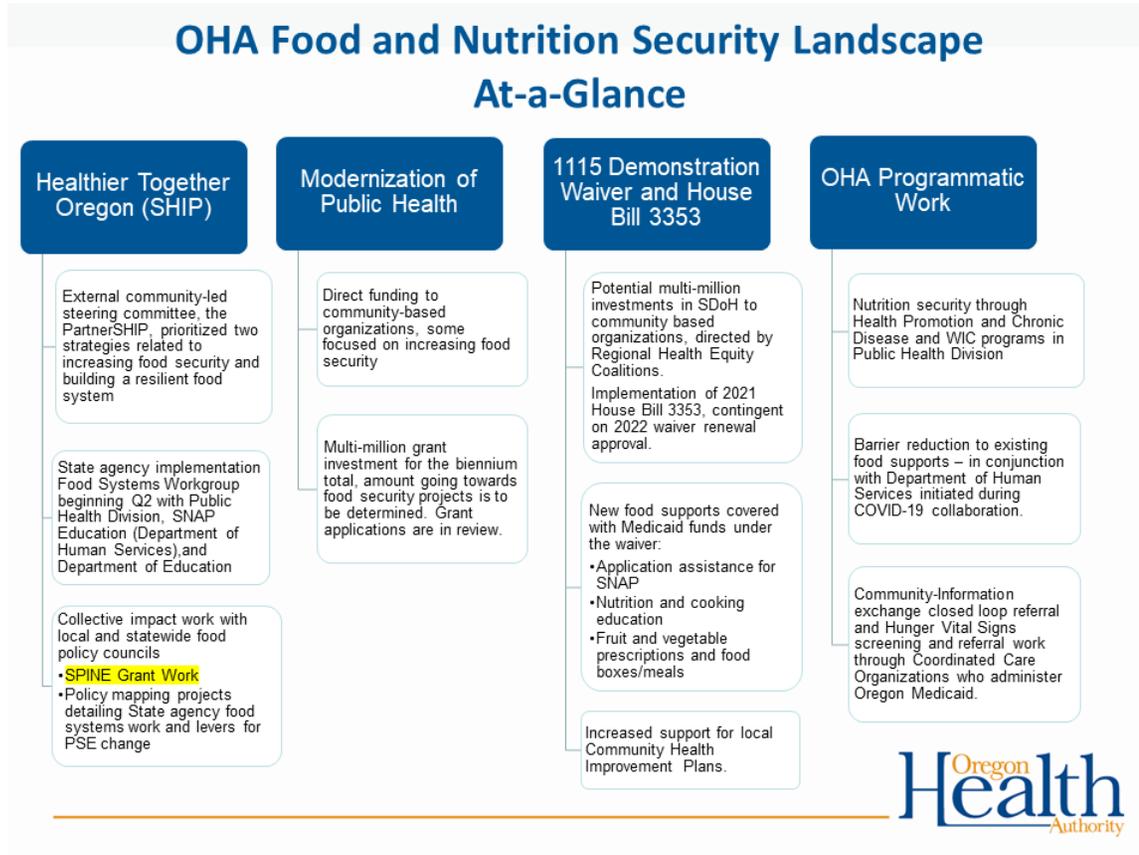
Fiscal Lead will be Stephen White, State Policy, Systems, and Environmental Change Manager, Health Promotion and Chronic Disease Prevention Section

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.

