

Oregon Health and Climate Resilience Plan
 Advisory Group Meeting Notes
 June 3rd, 2015

RESILIENCE ADVISORY GROUP – MEETING #2			
Date:	Wednesday, June 3rd 2015	Time:	1:00pm-3:30pm
Location:	Portland State Office Building (800 NE Oregon St.) Room#1A		
Meeting Materials			
<ul style="list-style-type: none"> ▪ List of Advisory Group Members and Updated Project Summary ▪ Proposed Resilience Plan Outline 			
Meeting Objectives:			
<ul style="list-style-type: none"> ▪ Decide on the plan’s outline ▪ Identify remaining needs for the information gathering process 			

Agenda Topics	Notes																									
Welcome: <ul style="list-style-type: none"> • Introductions 	<i>In Attendance:</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Name</th> <th style="background-color: #cccccc;">Affiliation</th> </tr> </thead> <tbody> <tr> <td>Julie Early Sifuentes</td> <td>OHA – Environmental Public Health Section Assessment, Planning and Policy Manager</td> </tr> <tr> <td>Emily York</td> <td>OHA– Climate and Health Program Coordinator</td> </tr> <tr> <td>Brendon Haggerty</td> <td>OHA – Technical Lead and Lead Epidemiologist</td> </tr> <tr> <td>Renee Hackenmiller-Paradis</td> <td>OHA – Environmental Public Health Section Manager</td> </tr> <tr> <td>Curtis Cude</td> <td>OHA – Environmental Public Health Section Tracking and Surveillance Manager</td> </tr> <tr> <td>Michael Tynan</td> <td>OHA – Director’s Office – Policy Lead</td> </tr> <tr> <td>Mike Harryman,</td> <td>OHA – Health Security, Response and Preparedness Manager</td> </tr> <tr> <td>Collette Young</td> <td>OHA – Acute and Communicable Disease Manager</td> </tr> <tr> <td>Danielle Droppers</td> <td>OHA – Office of Equity and Inclusion Regional Health Equity Coalitions</td> </tr> <tr> <td>Charlie Fautin</td> <td>Benton County Health Dept Director</td> </tr> <tr> <td>Matt Davis</td> <td>Washington County Health Dept –</td> </tr> </tbody> </table>		Name	Affiliation	Julie Early Sifuentes	OHA – Environmental Public Health Section Assessment, Planning and Policy Manager	Emily York	OHA– Climate and Health Program Coordinator	Brendon Haggerty	OHA – Technical Lead and Lead Epidemiologist	Renee Hackenmiller-Paradis	OHA – Environmental Public Health Section Manager	Curtis Cude	OHA – Environmental Public Health Section Tracking and Surveillance Manager	Michael Tynan	OHA – Director’s Office – Policy Lead	Mike Harryman,	OHA – Health Security, Response and Preparedness Manager	Collette Young	OHA – Acute and Communicable Disease Manager	Danielle Droppers	OHA – Office of Equity and Inclusion Regional Health Equity Coalitions	Charlie Fautin	Benton County Health Dept Director	Matt Davis	Washington County Health Dept –
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<p>Proposed Resilience Plan Outline</p> <ul style="list-style-type: none"> - Process, Proposal, Flexibility 	<p><i>Objectives of organizing the plan:</i></p> <ul style="list-style-type: none"> • Emphasize shared values <p><i>What organizational aspects should be prioritized:</i></p> <p><i>Geographic Area</i></p> <ul style="list-style-type: none"> - May be most useful for local jurisdictions - Easier to use as a tool - Could provide information about who does what by region - Political context differs by region - good way to generate interest at the local level - user-friendly - All hazards are inherently local - Organizing by geography and then by hazard would make it immediately useful at the local level. - "I would expect opportunities for resilience are more statewide." <p><i>Lead Implementer</i></p> <ul style="list-style-type: none"> - More actionable – a "roadmap" - Accountability 																				

	<ul style="list-style-type: none"> - P.H. departments are the lead implementers, so might not work well to organize this way b/c most strategies would have PH as the lead. - By lead implementer helps reduce redundancy. If we go this route, find a way to show collaborations with other agencies. - Lead implementer emphasizes the value of the document to other agencies. <p><i>Vulnerable Community</i></p> <ul style="list-style-type: none"> - Start with the context – inequities, poverty, historical racism, displacement, disparities in access to housing, transportation, etc. - Vulnerability and equity should be discussed throughout <p><i>Climate Hazard</i></p> <ul style="list-style-type: none"> - Problem-focused, rather than based on opportunities, strengths, community capacities - Maybe expand to include other issues beyond natural hazards (ex: food insecurity, etc.)... with each issue have a section on vulnerable communities <p><i>+ Time-Frame</i></p> <ul style="list-style-type: none"> - Organize by short-term to long-term strategies, so people can point to what's actionable today and what will require more significant resources/buy-in etc.
Breakout Discussions	<p>1. What do you like about the proposed outline? Do you have any concerns about it?</p> <ul style="list-style-type: none"> - Is this a “plan”, a “manual”, etc. How do we want people to use this document and who will use it? - Leading the plan with greenhouse gas reduction strategies may not be right place to start - Reducing vulnerabilities is an important aspect to lead with, start and frame around “people” <p>2. How could we organize strategies within the last category: “Thrive”?</p> <ul style="list-style-type: none"> - We may want to leave this open... collect the strategies and see how to best organize then. - Focus on vulnerable communities and resilience-building efforts already within diverse communities. “Thriving” may mean different things to different communities.

- Prevent and Thrive could be applicable throughout – adaptation actions help prevent and thrive
- The frame is promoting health. Emissions aren't central to that. The PH system has more power to adapt than to reduce emissions.
- Regarding emissions, there's an analogy to Health in All Policies: We aren't writing the transportation plan, but we're making sure it maximizes health benefits. There's an accountability role for PH: making sure that emissions reductions plans benefit health.
- Explicitly state the Social Determinants of Health co-benefits. We should get to a point where we have to do as little adaptation as possible.
- Vulnerability might not be a stand-alone category-it could be integrated across the plan.
- Thrive could be more of an overarching framework.

3. When you open up the final plan, what will be the first section you refer to? What is there that connects to your work?

- The case studies
- The actionable items
- A unique perspective makes this document useful, even as an adjunct to other documents.
- Most plans on these issues emphasize short-term issues. This document will be unique in examining long-term issues.

4. What would make this plan something you would be excited to share with others?

- Needs to add value to what is already out there – needs to not be duplicative.
- If it was very clear about who does what, roles and responsibilities.
- If it was actionable and useful to community-based organizations
- If it had specific actions that could be implemented within existing capacities
- Efficiency/effectiveness/impact should be used to prioritize strategies.
- A lot of plans are very technical. I hope this is a human point of view.
- Tying the plan to community resilience is important. PH

	<p>should lead on this issue. If not us, who?</p> <ul style="list-style-type: none"> - An ideal plan would help set priorities in an existing framework to inform policy. This could be a menu of policies that we could advocate. - A crosswalk with agency leads would help us know who to go to, who to meet with. - Noting which strategies lack resources would help other groups prioritize. - Caution against thinking of the audience as individual members of the public. They aren't likely to read it. <p>5. Can you think of any examples or case studies we might feature within this framework?</p> <ul style="list-style-type: none"> - Recent wildfire coordination among state agencies - Tillamook County coordination - Some actions are not always evidence-based. - Cully <p>6. Would you be willing to serve as an advisor for a specific section?</p> <ul style="list-style-type: none"> - Jeff Bethel offered to advise on heat
<p>Findings from the Social Vulnerability Assessment</p>	<ul style="list-style-type: none"> • “Foreign-born” might not tell you what you about vulnerability. It might be better to look at citizenship status, or immigration data • Assessing vulnerabilities is also a part of the Community Health Assessment (CHA) process, including looking at County Health Rankings. • The Social Vulnerability Index can be helpful in starting a conversation, but it isn't really at the granular level to be that helpful with implementing interventions (especially at the local level). It is too generalized for that. • It also can't really be used to inform environmental or policy interventions which require looking at existing environments and policies in place. It may be helpful with interventions that are more service/individual based. • It's important to not just project existing population ratios, but understand that certain populations may be growing at a faster rate, placing increased burden on culturally appropriate services. • Be careful not to mis-interpret low vulnerability scores as “not vulnerable.” In every community there are some who are vulnerable. • Discuss how the index interacts with EJ screen and C-FERST

<p>Findings from the Plan Review project</p>	<ul style="list-style-type: none"> • A sub-group of advisors will be assembled to assist with developing a more in-depth engagement strategy • A new Americorps VISTA position has been posted to help coordinate the Community Resilience Story Project. Advisors are encouraged to help spread the word.
<p>Next Steps</p>	<ul style="list-style-type: none"> • Advisors were asked to lend their expertise on specific strategies. Jeff Bethel offered to provide guidance on Heat interventions. • Staff will be reaching out to other advisors to assist with specific sections of the plan.] • The next meeting will be in September and focus on developing the process by which strategies are selected for inclusion in the plan.