

Blueprint Steering Committee  
Monday, May 6, 2024, 5:30 – 7:00pm  
Minutes

Members Present: Susan Berns-Norman; Gianou Knox; Jamie Zentner; Ryan Hassan; Jenny Masculine; Bridget Abshear, Kevin Staley

Guest Present: Carissa Bishop

Topic	Minutes/Action items
I. Welcome & Introductions	Introductions completed
II. Process for prioritizing Blueprint objectives	<ol style="list-style-type: none"> <li>1. Review prioritized framework objectives and strategies from planning process in 2021.</li> <li>2. Remove from the framework list those objectives and strategies that have been implemented and require no further action.</li> <li>3. Assess those remaining objectives and strategies that are being implemented / addressed currently by community partners and other efforts.</li> <li>4. Readiness level of the objectives / strategy. Based on the current conditions, the objectives / strategy is ready for implementation, effort, coordination and / or funding support.</li> </ol>
III. Funding update	<ul style="list-style-type: none"> <li>• Currently total available: \$283,543.50               <ul style="list-style-type: none"> <li>○ County General Funds: \$100,000 (expended 6/30/25)</li> <li>○ FY25 Health Share Funding: \$100,000 (can be carried over)</li> <li>○ Carry over FY23: \$83,543.50</li> </ul> </li> </ul>
IV. Criteria for use of Blueprint funding for a CCPHD program area	<ol style="list-style-type: none"> <li>1. CCPHD program demonstrates engagement with community/ external partners in improving health outcomes and reducing inequities in the community.               <ul style="list-style-type: none"> <li>○ Partners are described, including the specific role each partner will play.</li> <li>○ Summarizes how community voice and needs will be integrated in this work.</li> <li>○ Summarizes how proposed work advances community members' priorities.</li> </ul> </li> </ol>

Topic	Minutes/Action items
	<ul style="list-style-type: none"> <li>○ Explains how communities continuously guide and shape this work over the course of the project.</li> </ul> <ol style="list-style-type: none"> <li>2. CCPHD conducts evaluation to assure that the work being funded is community-based.</li> <li>3. CCPHD demonstrates that it is uniquely positioned to perform the proposed work OR there are limited community partners who can perform the role.</li> <li>4. CCPHD demonstrates it has the staff capacity to implement the proposed project. <ul style="list-style-type: none"> <li>○ Describes the composition of staff involved in planning and implementing work and how these individuals reflect the communities served.</li> <li>○ Explains how racial equity and trauma-informed approaches will be integrated in this work.</li> </ul> </li> <li>5. The Public Health Advisory Council approves funding for the CCPHD Proposal.</li> </ol> <ul style="list-style-type: none"> <li>● Will come back with next steps at May 20<sup>th</sup> meeting.</li> </ul>
<p>V. Blueprint Prioritized Objectives</p> <ol style="list-style-type: none"> <li>A. De Culturally preferred food</li> <li>B. Defer to CCPHD: Strengthen CHW workforce that works on health navigation &amp; health literacy.</li> <li>C. Data: Impact vaccine hesitancy and rate</li> <li>D. Data &amp; Pro: Zero Suicide prevention activities</li> <li>E. Update: Climate Conscious Strategies</li> <li>F. Update: Transportation</li> </ol>	<ol style="list-style-type: none"> <li>A. The idea was, let's reconvene the food roundtable and have them determine whether or not the 3 objectives were still viable. We need to spend time developing partnerships. We're just not ready to dive into an assessment of the current culturally preferred food plan.</li> <li>B. Proposing to pause on this priority. Mostly because health share of Oregon provided a grant to Multnomah, Washington, and Clackamas County, the Tri-County region.</li> <li>C. Looking to revise their proposal and presenting it to PHAC.</li> </ol> <p>Recommended Blueprint Priorities, 2024-2025</p> <ol style="list-style-type: none"> <li>1. BSC Current: Improve awareness regarding zero suicide prevention through harm reduction activities/ trainings. Target funding for communities experiencing disproportionate level of suicide.</li> </ol>

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	<ol style="list-style-type: none"> <li>2. BSC Current: Address vaccine hesitancy and increase rates in high priority populations. (Eastern European, Latinx).</li> <li>3. CCPHD/ Sustainability Current: Increase community resilience for climate impacts on health: extreme heat and wildfire smoke policies, funding, and decision-making.</li> <li>4. CCPHD/DTD Current: Integration of Safe Systems Approach into existing and future transportation</li> <li>5. CCPHD Current: Strengthen the CHW workforce in CC by advancing health equity through health navigation and health literacy practices, training, policy, etc...</li> <li>6. BSC Assessed, Delayed: Improve culturally preferred healthy food access in Clackamas County. Reconvene Food Round Table to assess the strategies in the Blueprint Plan for viability used for the 2025+ Blueprint Plan.</li> </ol> <p>General known gaps in vaccine equity:</p> <ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnicity</li> <li>• ZIP code</li> <li>• Insurance status</li> <li>• Immigration status</li> <li>• Language spoken</li> <li>• Income</li> <li>• Disability</li> <li>• Access to transportation</li> <li>• Literacy</li> <li>• Access to technology</li> <li>• Experiencing homelessness</li> </ul> <p>Subpopulations which overall bear the highest burden of vaccine-preventable disease (VPDs):</p> <ul style="list-style-type: none"> <li>• Communities of color</li> <li>• Injection drug users &amp; substance use</li> <li>• People born outside the US</li> <li>• People living with HIV</li> <li>• People with other immunocompromise</li> <li>• People living in congregate care</li> <li>• People in jail or prison</li> <li>• Healthcare workers</li> <li>• Men who have sex with men</li> </ul>

Topic	Minutes/Action items
	<ul style="list-style-type: none"><li>• People experiencing homelessness</li><li>• Young children</li><li>• Children of parents who refuse vaccines</li></ul>
VI. Open table announcements	
VII. Adjourn	