



## SHIP SUBCOMMITTEE MEETING

Bias     Trauma     Economic Drivers     Access to Care     Behavioral Health

May 20, 2020 | 10:00 a.m. – 12:00 p.m. | Call: (669) 900-6833, Access: 393-128-009

**Members Present:** Tim Holbert, Keren Wilson, Victoria Demchak, Clarice Freitas

**Members Absent:** Leann Johnson (OHA Lead), Natasha Davy, Deborah Benavidez, Brian Gibbs, Brian Park, Channa Lindsay, Coi Vu, Deborah Martin, Karun Virtue, Kim Sogge, Miguel Angel Herrada

**OHA Staff:** Christy Hudson, Krasimir Karamfilov

**Members of the Public:** Jennifer Little (Klamath County Public Health)

### Welcome & Agenda Overview

Tim Holbert welcomed the subcommittee members to the meeting. He asked the members to introduce themselves. The attending subcommittee members introduced themselves.

### Update on Community Feedback Process and Timeline

Christy Hudson provided an update on the development process of the State Health Improvement Plan. COVID-19 pushed everything back only a month. Disparities have worsened in the five priority areas. In terms of the community feedback process, online surveys in English and Spanish were sent out last week to all subcommittee members with the ask to respond to the survey and share it with their personal and professional networks. The surveys were also distributed to other OHA partners and state agencies.

Keren Wilson asked how OHA would deal with conflicting input from the survey. What if, out of 500 responses, 300 say one thing and 200 say another?

Christy Hudson answered that the subcommittee would have to weigh in on the feedback. So far, the responses have been overwhelmingly supportive of the strategies that have been put forth. Major revisions of the strategies are not expected. In addition to the surveys, OHA is working with seven community-based organizations to collect feedback from priority populations. This outreach will counter the limitations of the survey instrument and amplify the voices of the people most impacted by the priorities.

### Finalize Key Indicators

Tim Holbert outlined the two pieces of work for the subcommittee at the meeting. One was around finalizing a key indicator for the housing cost burden. The other piece of work was to brainstorm and narrow down a short-term process measure for each of the strategies.

Christy Hudson reminded the subcommittee that, last fall, it identified three outcome indicators for the institutional bias work: premature death (OHA vital statistics data), disciplinary action (ODE data), housing cost burden (National Equity Atlas data). These indicators, along with the indicators from the other subcommittees, were reviewed by data experts within the Public Health Division, the Science and Epidemiology Council, and research analysts.

Christy Hudson added that, based on the feedback, there were no concerns with the first two indicators. There were a couple of considerations for the housing cost burden. The first one was that the data from the National Equity Atlas (NEA) was old. Another was that cost burden for renters was different from cost burden for owners and only one must be picked. Another consideration was that there was a very similar indicator selected by the Economic Drivers of Health subcommittee. To avoid redundancy, the two subcommittees should agree on one housing cost burden indicator for the SHIP. Race/ethnicity data is available through the American Community Survey (U.S. Census data). The recommendation is to replace NEA with ACS. The task for the subcommittee is to make a recommendation either about cost burden for renters or cost burden of owners, which will be brought to the Economic Drivers of Health subcommittee.

Tim Holbert remarked that NEA was part of the initial data scan. The major criteria at that point were the existence of statewide data, which could be broken up by race and ethnicity. NEA was easily available.

Keren Wilson asked about the year the ACS data could be used, considering that the data was available every 10 years.

Victoria Demchak explained that the ACS data was complimentary to the U.S. Census Bureau surveys every 10 years. The ACS looks at areas around the U.S. and continues doing smaller sample surveys of those areas rather than the complete annual survey that the U.S. Census does. It provides context and, at times, it provides estimates on the 10-year surveys. The data will be available every year, instead of every 10 years. The latest data is from 2018.

Christy Hudson showed the most recent ACS data on rent burden. Fifty-seven percent of Black/African American households are rent-burdened. The rent burden among African American owners is around 30%.

Jennifer Little stated that the renter burden was more salient than the owner burden. Members of the community in Klamath County report that because of the rent burden people are not able to save enough money to become first-time home buyers. That's why they are encouraged to have an Individual Development Account (IDA) and build credit. When people are struggling to pay rent and find an affordable place, it is hard to become a homeowner. A large portion of the older population in Klamath County lives in homes they own. Because they live on fixed income, they cannot maintain their home, but they are not at risk of losing it. She preferred to use the data on rental burden.

Tim Holbert informed the subcommittee that he worked closely with a program that served an African American community in the Portland area. He agreed with Keren Wilson and Jennifer Little about the huge burden of rental costs and how that affected displacements of people and disrupted communities.

Clarice Freitas noted that the organization she worked for, DevNW, operated in the affordable housing market. She found it hard to have to choose between rental burden and homeownership burden, because they were different measures and affected different groups of people. Both measures are good for measuring systemic bias and social determinants of health, among other things. The measures were not comparable. They speak to two different populations. It was hard for her to pick one over the other. It is known that rental burden will be really important and significant for communities of color, who are systemically and structurally less likely to be able to afford a home or get loans for a home. There is a whole history in the U.S. and in Oregon about that. Homeownership burden is a real thing and we know that Millennials and people in their 20s and 30s have a much harder time buying homes than their parents and grandparents did.

Christy Hudson pointed out that, according to the data, the burden for all African American households was 47%, while the burden for renters was 57%. The percentage for owners was lower across the board.

Clarice Freitas pointed out that when looking at the disparities, they looked small, but if they were broken down by homeownership rates across different racial groups and burden for racial and ethnicity groups, a different picture would appear.

Christy Hudson explained that within the Economic Drivers of Health subcommittee, there was a strategy specific to homeownership in communities of color. It is probable that the short-term measure for that strategy will be a related measure around homeownership.

Tim Holbert proposed for the subcommittee to land on rental cost burden. It is the greatest burden that exists. Including the homeownership burden muddies it a bit. The rental cost burden is more aligned with the service organizations that are most at risk.

Keren Wilson agreed with Tim Holbert and wondered, considering that ownership was higher for the 55+ age group, if there was another way for capturing the suitability of that housing and how it impacted their health. It's not just the cost, but also the house not working for them, because of where it is located or how they can use the space that they have. She asked if that has been considered by another subcommittee.

Christy Hudson answered that there were two housing-related strategies within the Economic Drivers of Health subcommittee. One is related to homeownership among communities of color. The second one was related to affordable housing that is built with access to active transportation. Within that strategy development, there was a lot of discussion around accessibility concerns and neighborhood conditions, among others. Keren Wilson's considerations will be addressed by that strategy.

Keren Wilson shared that she would like to pass that on, because the cost burden was one issue, but the burden of living successfully in the space, whether it was a rental or ownership, but it was greater with

ownerships, because the proportion of people who own houses, or the proportion of older people who are owners was higher, the housing just wasn't suitable for them, because of where it was located, or how it was designed, and everything about it didn't work. Virtually all the housing stock that this population has is not accessible for older adults, in terms of people being able to use the space fully, because of disabilities or location. She didn't know if that was being addressed anywhere and whether it was this subcommittee's responsibility. She felt that that was a burden of its own.

Christy Hudson read the strategy selected by the Economic Drivers of Health subcommittee: *increase affordable housing stock through state appropriations and housing development programs in neighborhoods with transit and active transportation choices, access to schools, jobs, services, goods, and community amenities.*

Keren Wilson noted that the strategy didn't cover the suitability of the stock itself. A practical example is that most housing is not built with universal design (i.e., lever handles instead of knobs). It doesn't have to be ADA-compliant. It is just more livable. It is not incorporated into building requirements. We continue to build without taking that into consideration. We are not increasing the accessible stock even with the new stock we are building. It's a simple thing, but when it is done, it will greatly improve the existing stock to be suitable for older populations or disabled populations.

Tim Holbert summarized the discussion in favor of the rental housing cost burden. The subcommittee approved the recommendation unanimously.

### **Identify Short-Term Measures**

Tim Holbert remarked that the purpose of the short-term measures was to track the progress made on the outcome indicators. It's important that these measures can be collected annually, statewide, and fit the SMART framework (i.e., S – specific, M – measurable, A – achievable, R – relevant, T – time-bound).

Christy Hudson explained that, in an attempt to help the SHIP subcommittees with the short-term measures, conversations took place with OHA staff in the Public Health Division and with other state agencies. One measure that is already in place is related to the state health indicators. Those are reportable by a number of subgroups and are tracked by OHA.

The subcommittee discussed a short-term measure for each strategy.

### **Public Comment**

Tim Holbert invited members of the public to provide comments and ask questions.

A member of the public asked about the goal of the subcommittee.

Tim Holbert answered that the subcommittee was focused on institutional bias.

Christy Hudson asked the member of the public for her email, so that Christy could send her additional information.

The member of the public shared that the state had issues with providing adequate analgesics for pain patients, especially in Medicaid. She asked if the subcommittee had addressed that issue. She worked with several nonprofit organizations, such as the Chronic Disease Coalition and the Oregon Action Pain Group.

Christy Hudson reiterated that she would connect with the member of the public over email and send her additional information.

### **Next Steps**

- Christy Hudson will continue researching the subcommittee's suggestions for short-term measures. She will circle back with Leanne Johnson and Natasha Davy about the subcommittee's progress.
- Subcommittee will incorporate community feedback and finalize the strategies at the June meeting.

### **Adjourn**

Tim Holbert adjourned the meeting at 11:56 a.m. The next meeting will be on June 17, 2020.