
State Health Assessment (SHA) Steering & Subcommittee Webinar May 21, 2018



PUBLIC HEALTH DIVISION

Office of the State Public Health Director



AGENDA

STATE HEALTH ASSESSMENT STEERING COMMITTEE MEETING

May 21, 2018

11:00 am – 12:00 pm

Portland State Office Building, 800 NE Oregon St. Suite 918, Portland, OR 97232

Join by Webinar: <https://attendee.gotowebinar.com/register/6091041920524721409>

Conference line: (914)614-3221

Access code: 670-446-148

Meeting Objectives:

- Review & discuss drafted SHA
- Identify members for SHIP Steering Committee

10:00 -10:05 am **Welcome, introductions & agenda overview**

10:05-10:10 am **Brief overview of SHA**
Chapter Highlights
SPHIs

10:10 – 10:20am **Review public comment**

10:20 – 10:35am **Your feedback**
Will the SHA be a useful resource for you?
Is there a key issue you were hoping to see that you didn't?
Did we miss the mark on anything?
How should we incorporate public comment?

10:35 – 10:50 am **Building the 2020-2024 SHIP**
Timeline
Steering committee formation – duties and expectations
Are you interested in being a part of the Steering Committee?
What other voices should be represented on the Steering Committee?

10:50-10:55 am **Public Comment**

10:55 – 11:00am **Wrap-up & next steps**

Introductions

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Brief Overview of the SHA

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Key Findings

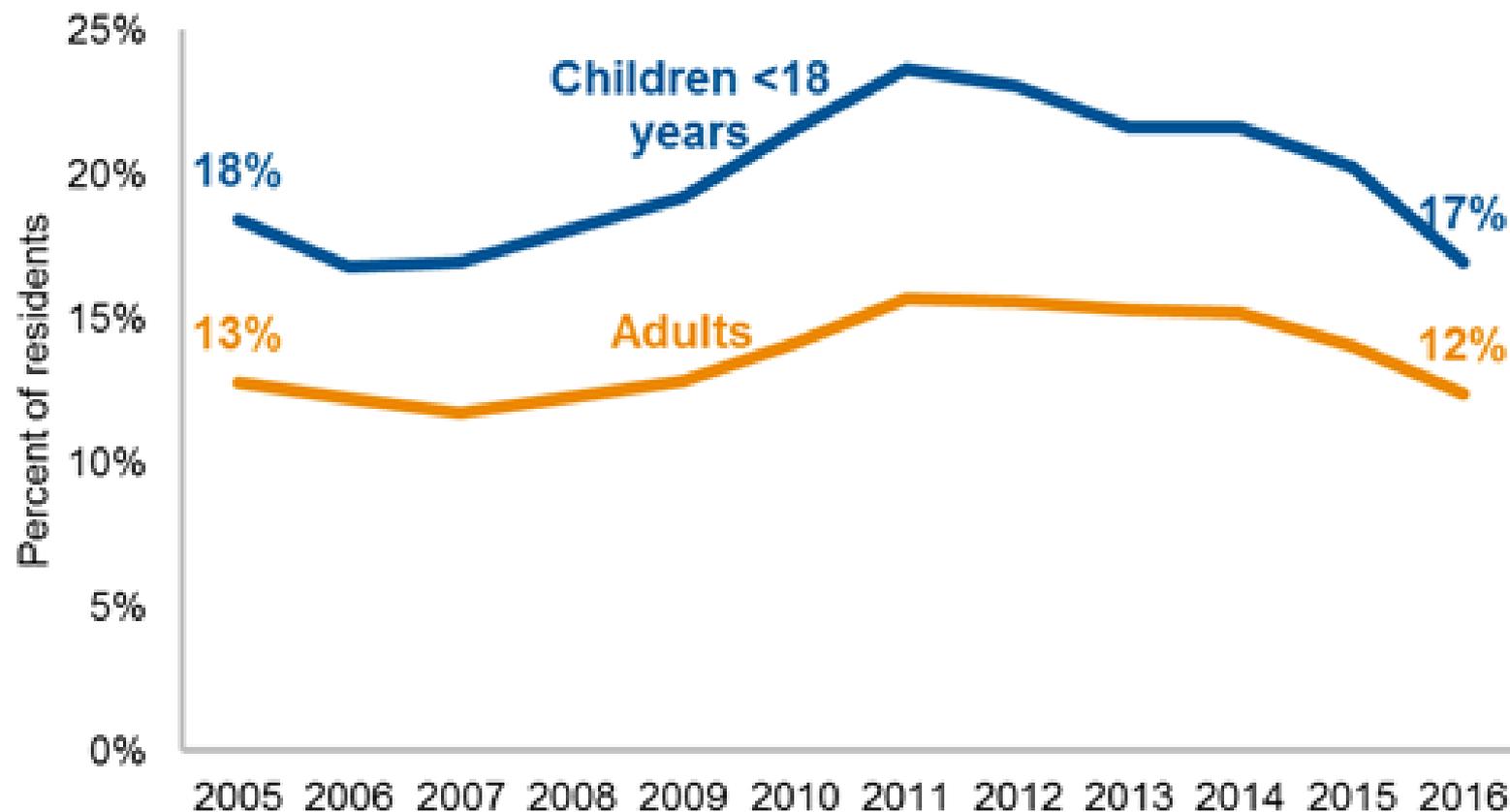
- Overall, social determinants of health appear to be worsening in our state.
- People want to make sure everyone has their basic needs met.
- Systems of oppression, like racism and classism, affect access to opportunities and resources, thereby impacting health.
- We are proud of our natural assets and engaged communities.

Social Determinants of Health

- Economics: poverty, income inequality, employment and wages
- Education: early childhood education, absenteeism and graduation rates, secondary education
- Food insecurity
- Housing and homelessness
- Safety and violence: intimate partner violence and child abuse
- Trauma, toxic stress and resilience
- Transportation
- Incarceration
- Language
- Social cohesion and segregation

FIGURE 2

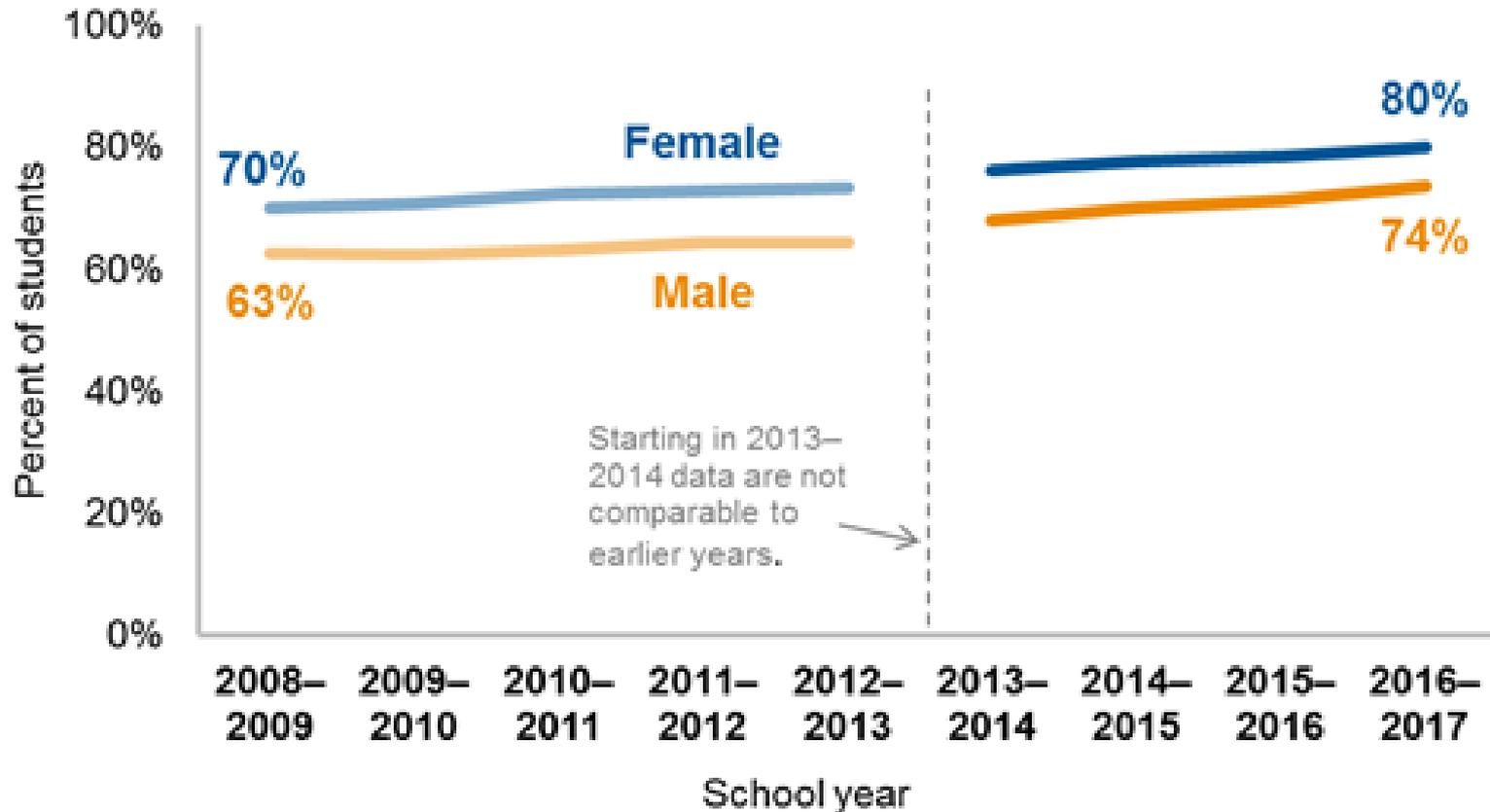
Adults and children <18 years living below federal poverty level by year, Oregon



Source: American Community Survey (ACS)

FIGURE 1

Four-year high school graduation rate by school year and sex, Oregon



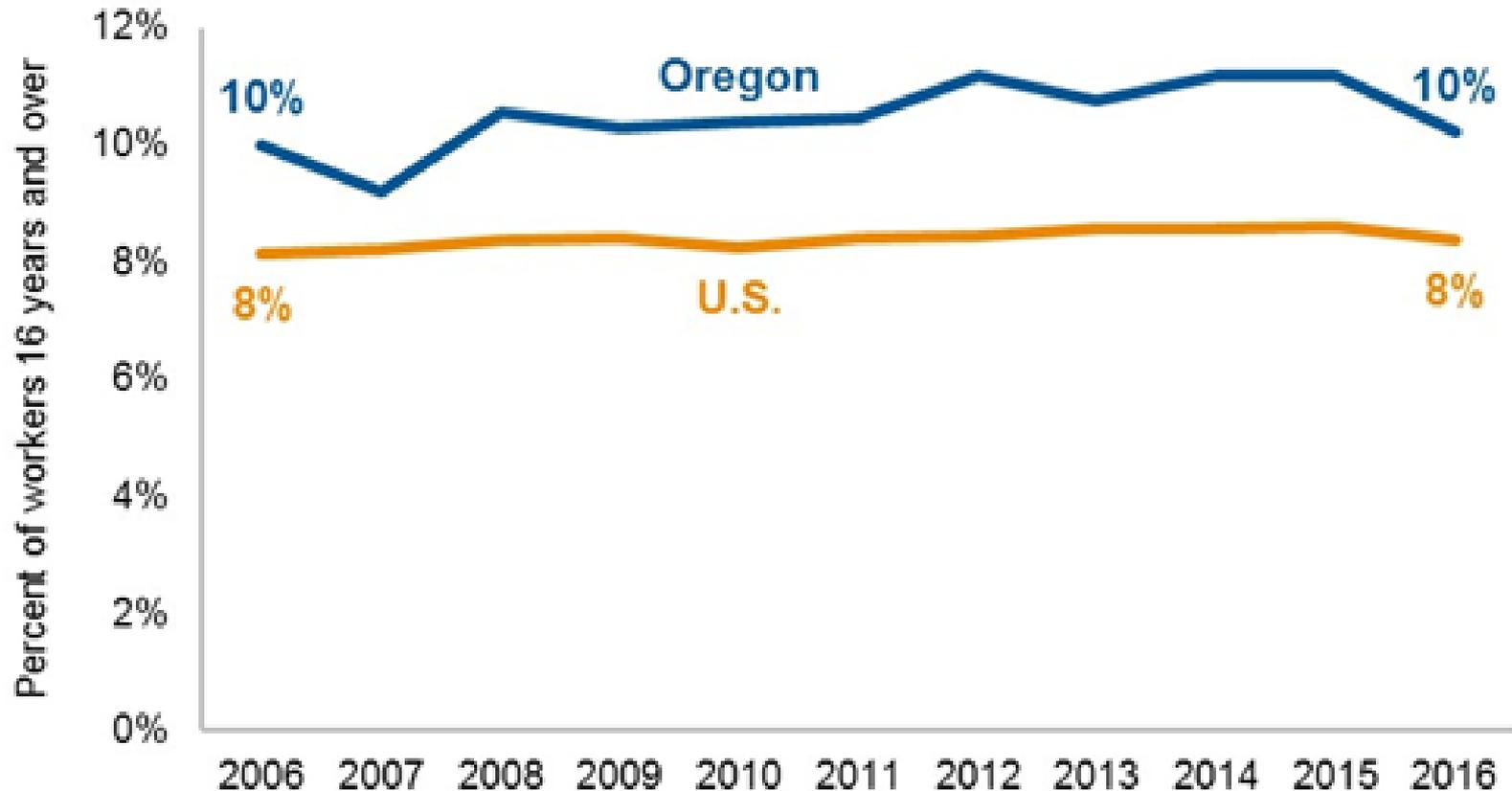
Source: Oregon Department of Education

Environmental Health

- Natural environment: air quality, water security, climate change, natural and human caused hazards
- Build environment: Drinking water, fluoridation, healthy foods, active transportation, healthy and safe housing, access to nature, land use planning
- Occupational environment: Not fatal work related injuries (lead poisoning) and work related fatalities

FIGURE 1

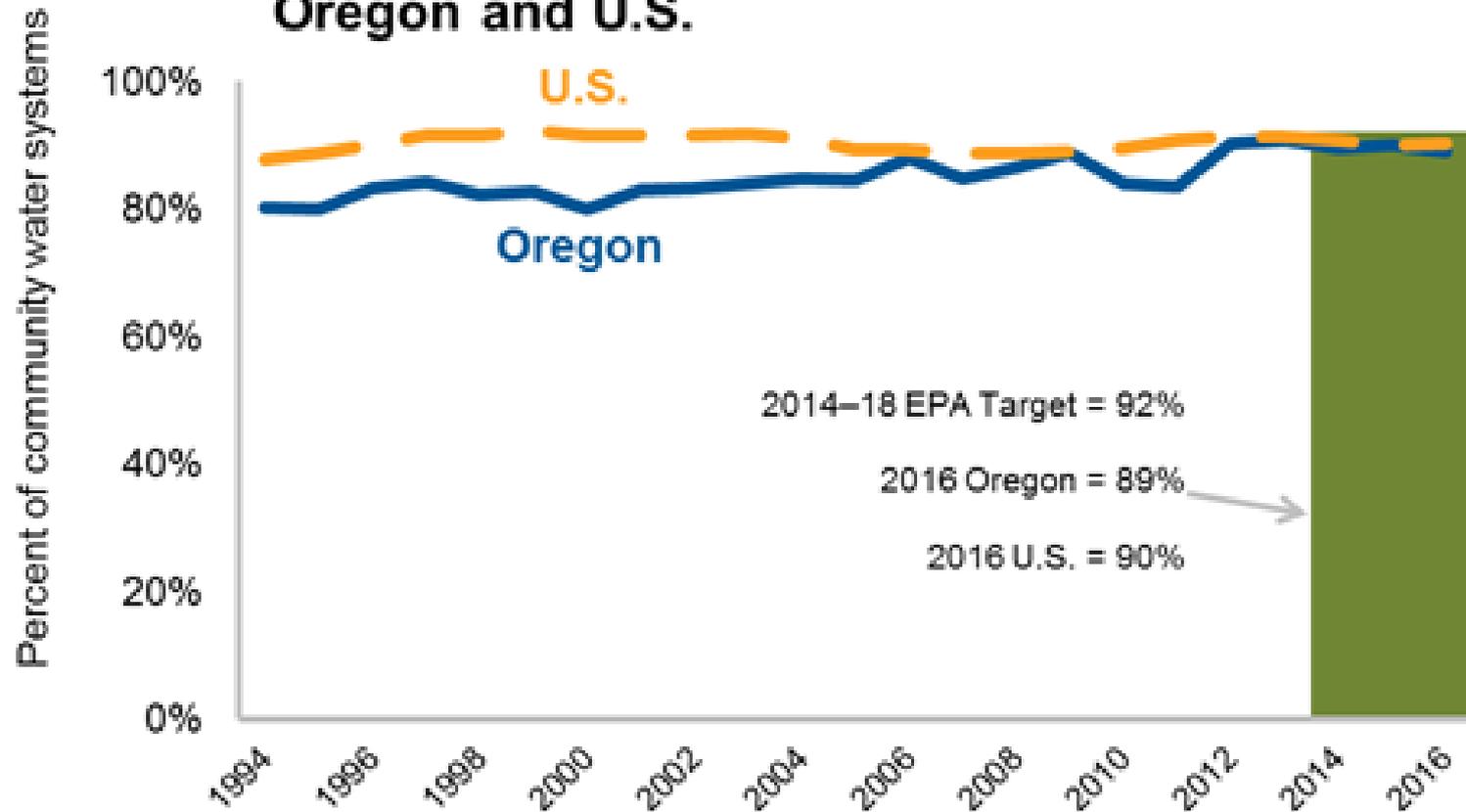
Workers who walk, bike or take public transit to work, Oregon & U.S.



Source: American Community Survey (ACS)

FIGURE 2

Community water systems meeting all health-based standards by year, Oregon and U.S.



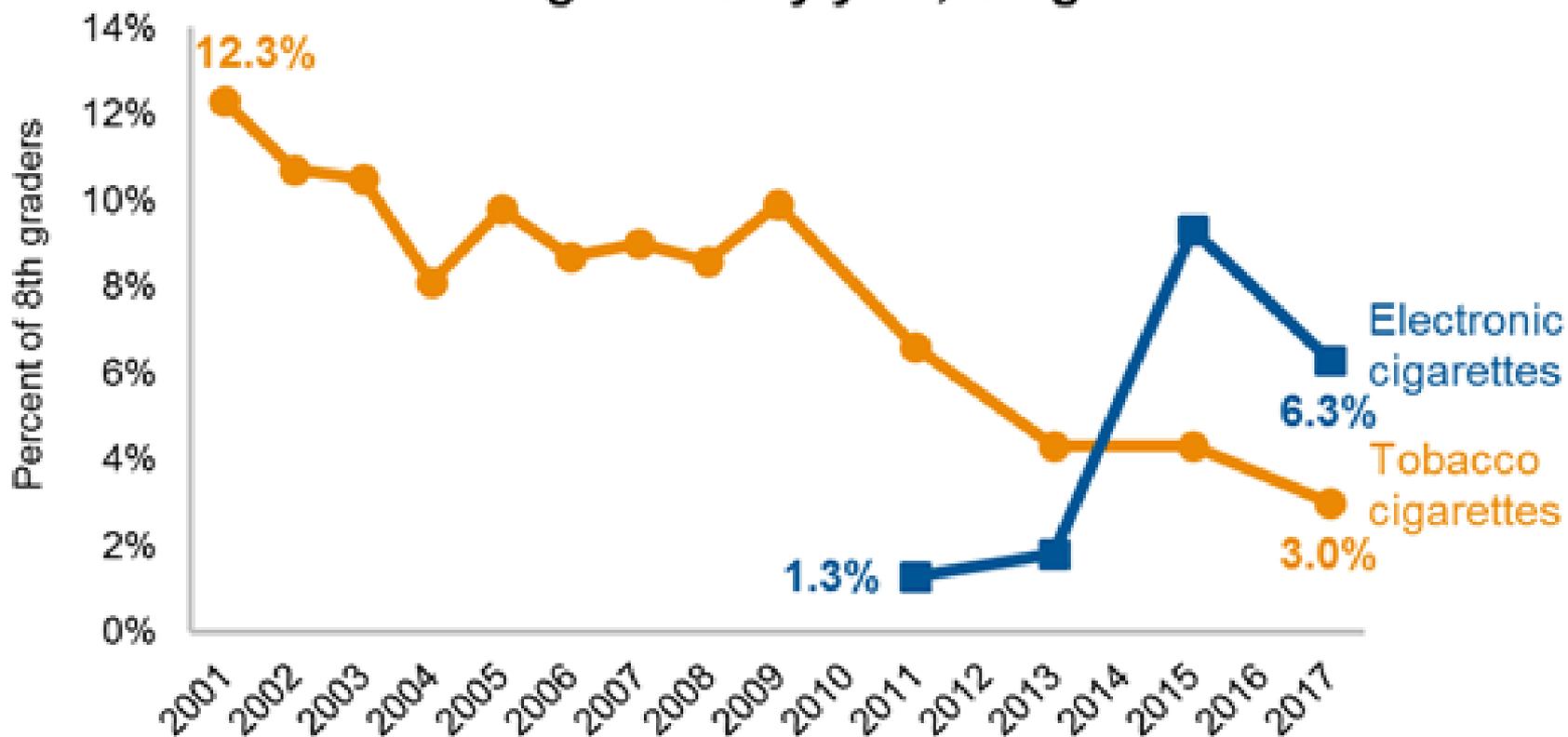
Source: Oregon State & Federal Safe Drinking Water Information Systems

Prevention & Health Promotion

- Overall health
- Maternal, child and adolescent health
- Sexual health
- Health risk behaviors (tobacco, diet/physical activity, alcohol & substance use)
- Emotional health and suicide
- Chronic disease (lung cancer, diabetes, liver disease)
- Injury and death (Motor vehicle crashes, firearms)
- Older adults (falls)
- Causes of death

FIGURE 3

8th-graders who smoke tobacco cigarettes and electronic cigarettes by year, Oregon

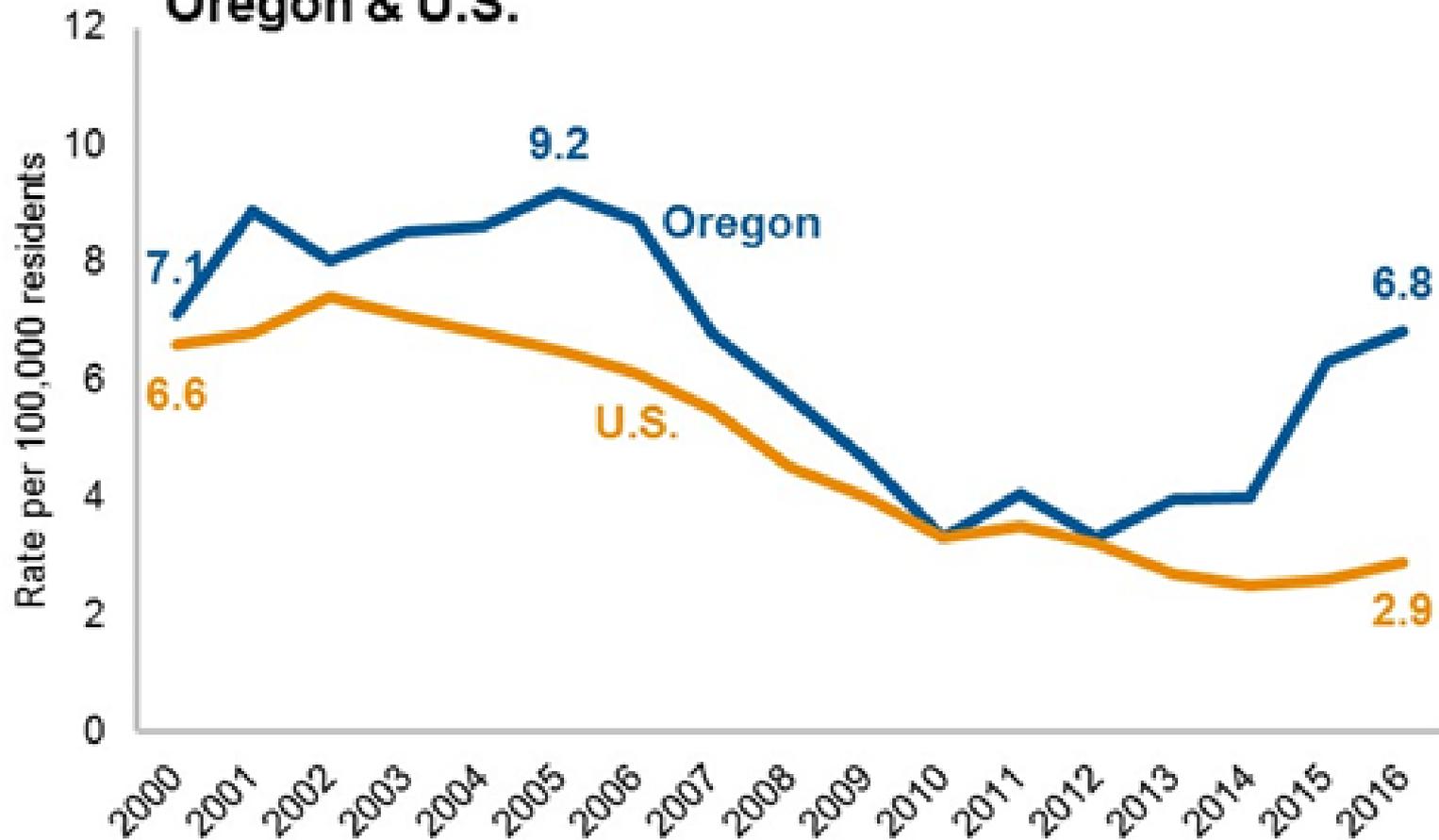


Note: There was no survey in 2010, 2012, 2014 or 2016.

Source: Oregon Healthy Teens Survey

FIGURE 1

Motor vehicle occupant mortality rate by year, Oregon & U.S.



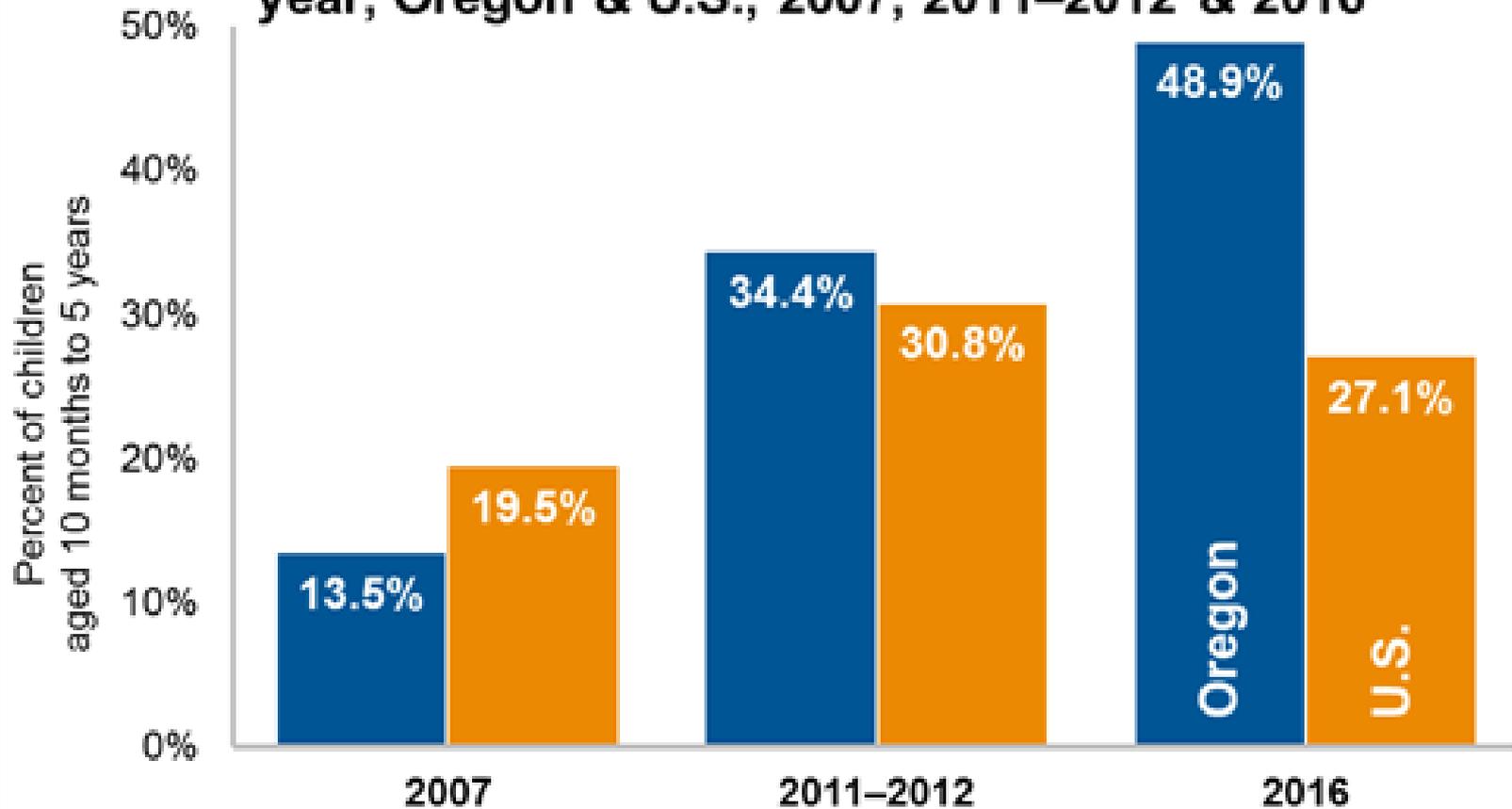
Source: Oregon Death Certificate Data

Access to Clinical Preventive Services

- Health insurance
- Health care providers: behavioral health care, culturally responsive care
- Health literacy
- Preventive Services: well-woman care and reproductive health, child and adolescent health, immunizations, cancer screenings, oral health

FIGURE 1

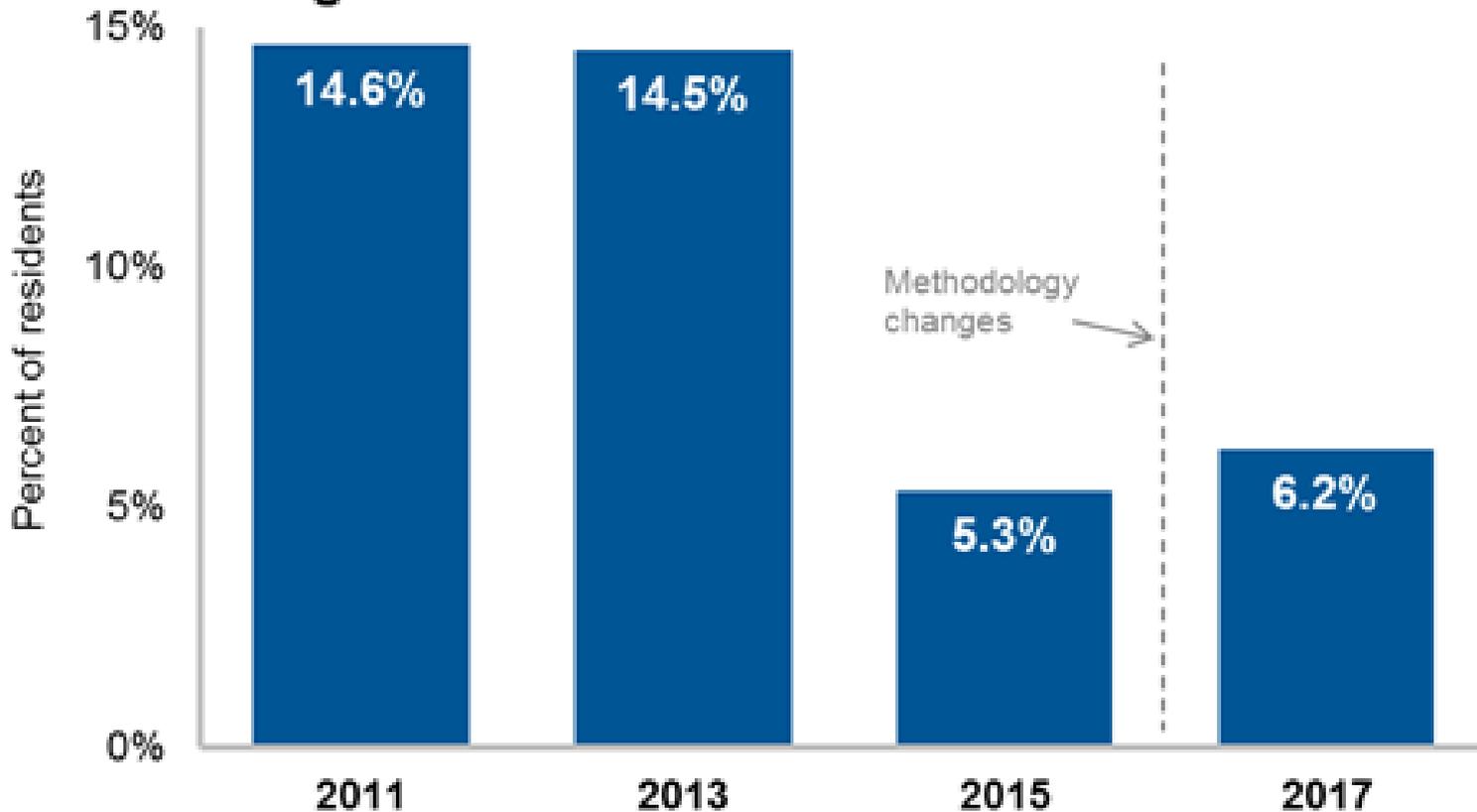
Completed developmental screening in the past year, Oregon & U.S., 2007, 2011–2012 & 2016



Source: National Survey of Children's Health

FIGURE 1

Population without health insurance by year, Oregon



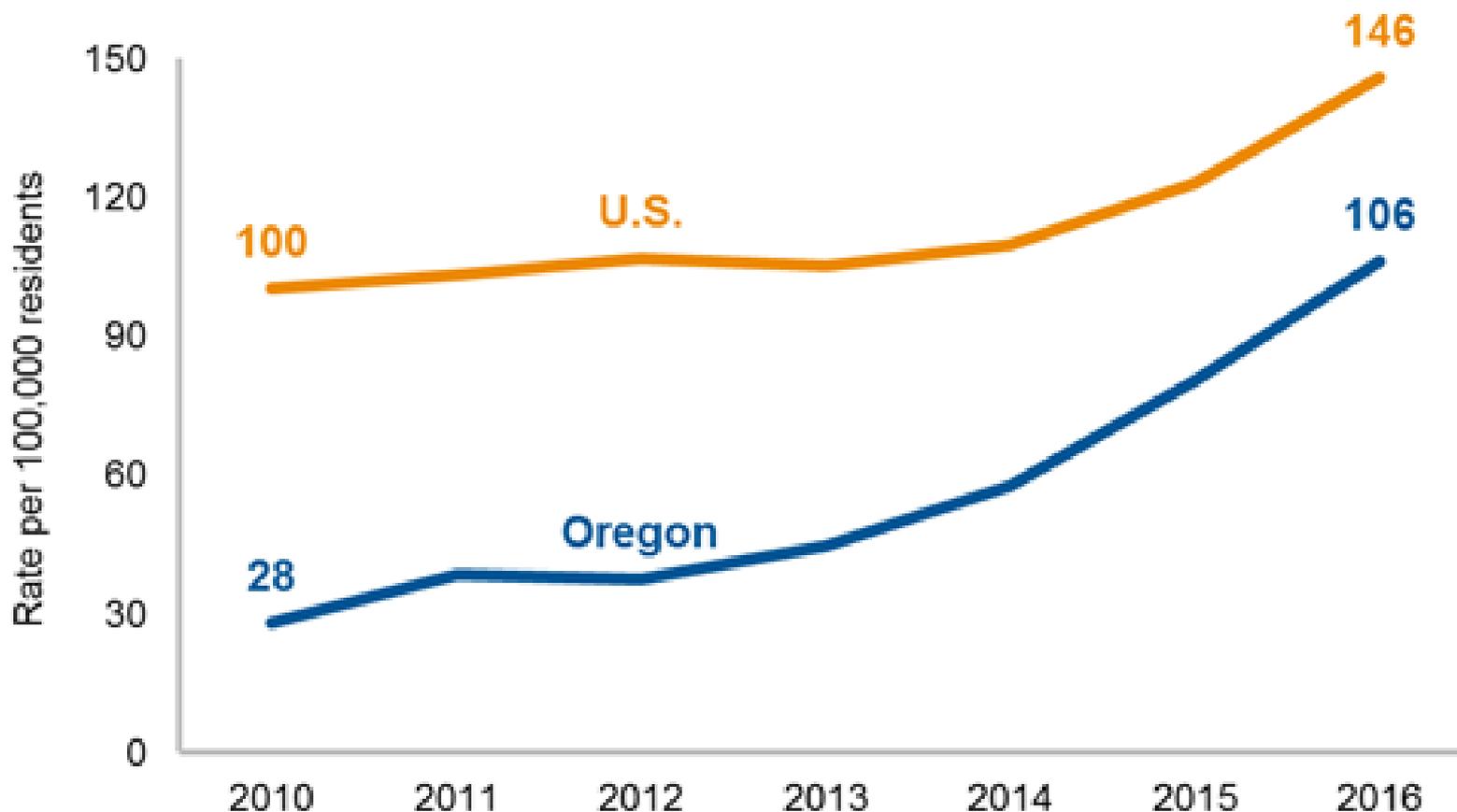
Source: Oregon Health Insurance Survey, Office of Health Analytics

Communicable Disease

- Foodborne and waterborne infections: e.coli, norovirus
- Health care associated infections: C. difficile
- Hepatitis C
- HIV and other STIs: Chlamydia, Gonorrhea, Syphilis, HPV, HIV
- Influenza
- Tuberculosis
- Vaccine-preventable: Pertussis, Meningococcal and mumps

FIGURE 1

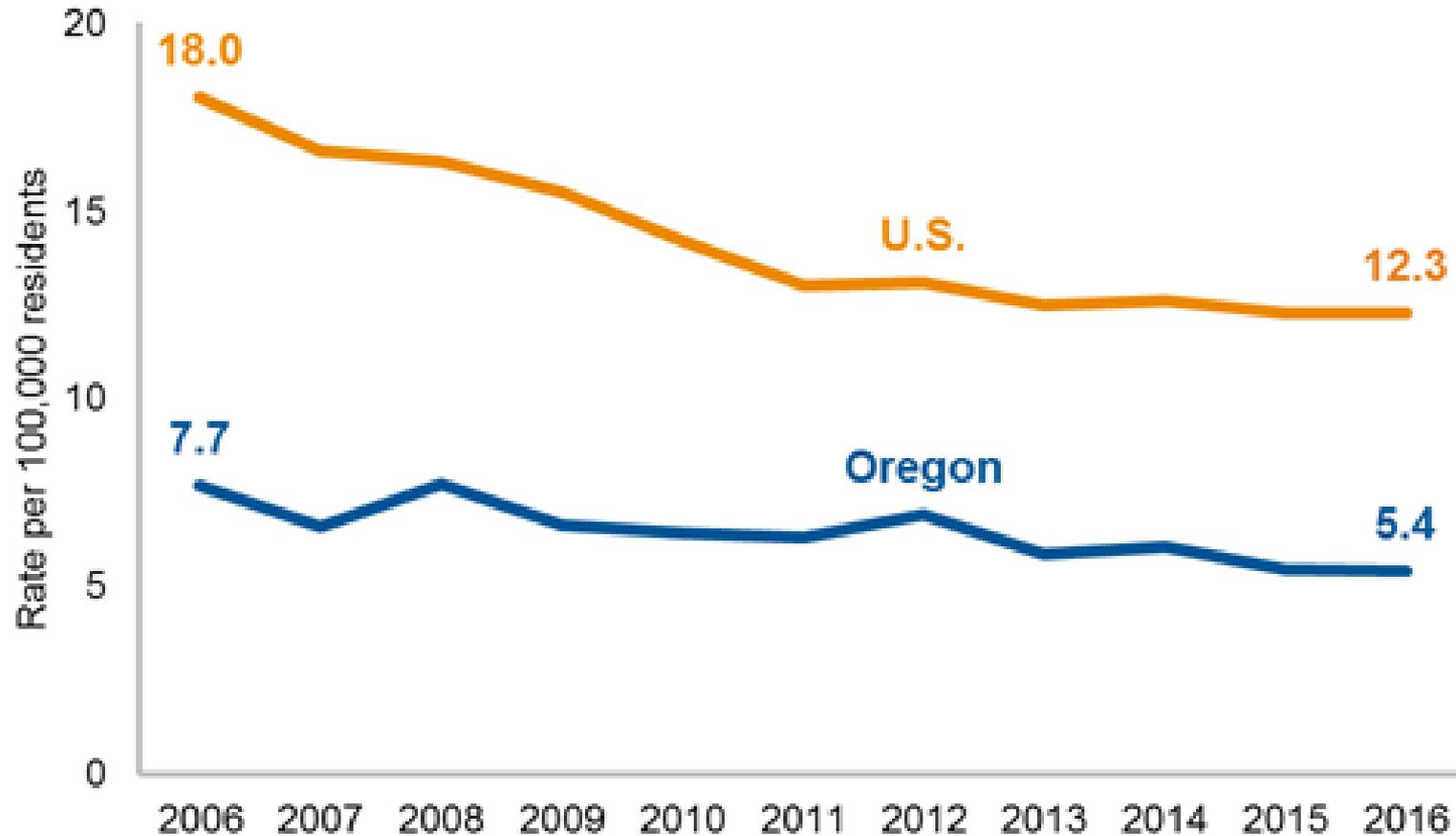
Gonorrhea infection by year, Oregon and U.S.



Source: Oregon Reportable Diseases Database and CDC (U.S. data)

FIGURE 1

HIV diagnoses by year, Oregon and U.S.



Source: Oregon Reportable Diseases Database and CDC (U.S. data)

Conclusion and Appendices

- Next steps
- Data sources
- Alignment with CHAs
- Health equity analysis
 - People of color
 - People living with disabilities
 - People with low income
 - People identified as LGBT
 - People living in urban/rural/frontier areas

Public Comment Feedback

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Survey results

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
--	----------------	-------	---------	----------	-------------------	-------

1 / 8

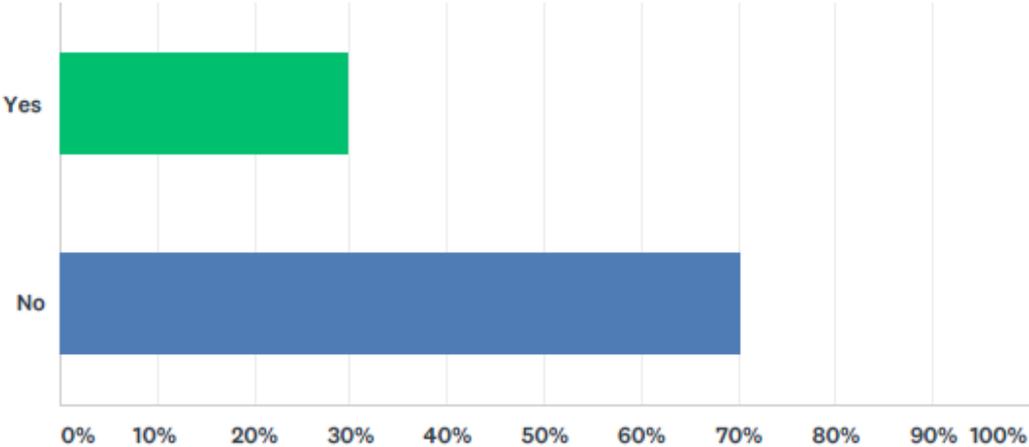
SHA Public Comment

The SHA helped me understand health issues in our state.	29.63% 8	51.85% 14	18.52% 5	0.00% 0	0.00% 0	27
The SHA helped me understand our state's health related strengths and assets.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
The SHA will be a helpful resource for me and my work.	37.04% 10	40.74% 11	11.11% 3	11.11% 3	0.00% 0	27

Survey results

Q2 Is there a key health issue you were hoping to see in the SHA that you didn't see?

Answered: 27 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	29.63%	8
No	70.37%	19
TOTAL		27

Open-ended suggestions/comments

- Air quality related statement
- Children and youth with special health care needs as distinct from adults/youth with disabilities
- Opportunities to decrease stigma within obesity section
- Strengthen weight of behavioral health issues throughout document
- Lack of data specific to migrant/immigrant communities
- Reference to zip codes within SDOH framework is short-sighted
- Discrepancy in homeless student data
- Include bicycle/pedestrian motor vehicle death
- Latinx vs Latina/o
- ACEs & suicide attempts among youth
- Include mention of chronic pain
- More data on trans/agender people
- Include age in vision statement

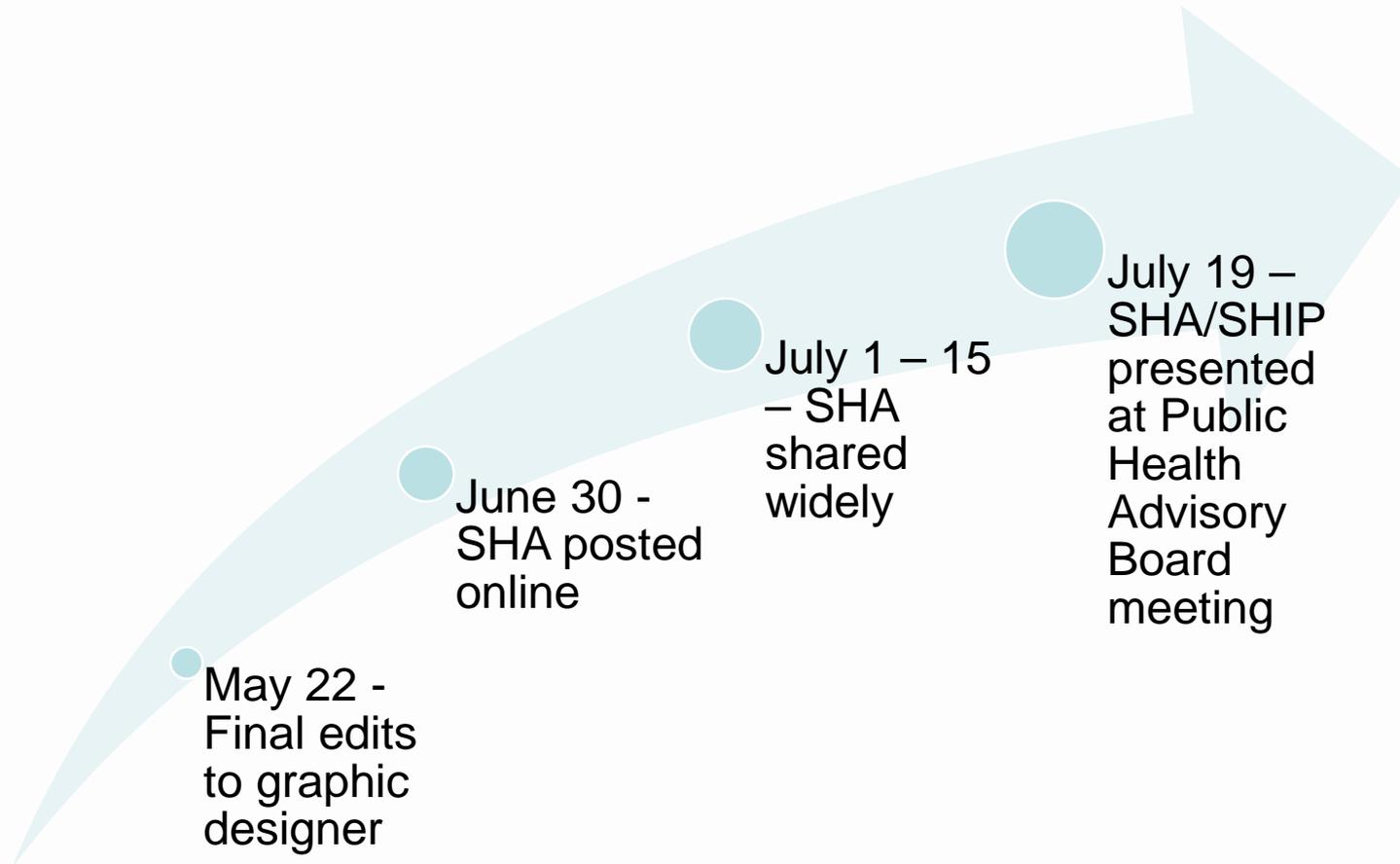
PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Your feedback

- Will the SHA be a useful resource for you?
- Is there a key issue you were hoping to see that you didn't?
- Did we miss the mark on anything?

Finalizing the SHA



PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Building the SHIP

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

PURPOSE

The purpose of Oregon's State Health Improvement Plan (SHIP) is to provide population-wide strategies for improving the health of people in Oregon. The SHIP should reflect the results of a collaborative planning process that includes significant involvement by cross sector partners and addresses the leading issues identified in the State Health Assessment (SHA). The SHIP serves as the basis for taking collective action on key health issues in Oregon.

BACKGROUND

Per Standard 5.2 of the Public Health Accreditation Board, Standards and Measures, accredited health departments are required to participate in or lead a collaborative process resulting in a comprehensive health improvement plan at least once every five years. The improvement plan requires:

- a. A collaborative process that includes a variety of partners
- b. Use of data from the State Health Assessment and consideration for local priorities identified in community health improvement plans (CHIPs)
- c. Identification of assets and resources
- d. Use of measurable outcomes
- e. Use of policy changes

The Oregon PartnerSHIP will provide guidance and oversight of the process to complete a comprehensive SHIP for the period of 2020-2024. The Oregon Public Health Advisory Board provides oversight for the SHIP.

MEMBERSHIP

The Oregon PartnerSHIP is comprised of representatives from a wide range of sectors that are potential partners in SHIP implementation.

LEADERSHIP

The Oregon Health Authority, Public Health Division (PHD) will convene the PartnerSHIP and its subcommittees. The Policy and Partnerships team within the Office of the State Public Health Director will provide meeting support. Co-chairs of the PartnerSHIP will be the State Health Officer (also executive sponsor for the PHD) and one other member to be identified by the PartnerSHIP.

PROCESS

The process will be guided by the [Mobilizing for Action through Planning and Partnerships \(MAPP\)](#) framework, as developed by the National Association of County and City Health Officials (NACCHO). While the SHA was developed over the first three phases of the MAPP, the SHIP will be developed over the second three phases of the MAPP: Identify Strategic Issues, Formulate Goals and Strategies and the Action Cycle.

SCOPE

From July 2018 through January 2020, the PartnerSHIP will provide leadership and engage the public health community in the following efforts to develop a state health improvement plan for Oregon.

- Develop a SHIP that aims to achieve the vision set forth by the SHA steering committee.
- Design a SHIP prioritization process, including identification of criteria that will address health inequities.
- Identify cross-cutting health and strategic issues¹ based on the SHA and priorities identified in CHIPs.
- Inform the development and membership representation for subcommittees based on strategic issues identified.
- Provide input on the community engagement process and assist in sharing engagement opportunities with other stakeholders throughout development with maximum transparency.
- Communicate about the SHIP to stakeholders, networks and the public at large
- Provide input and recommendation for process of implementing the 2020-2024 State Health Improvement Plan.

RESPONSIBILITY

Members of the Oregon PartnerSHIP will use their experience, expertise, and insight to create a SHIP that identifies strategic priorities as defined and interpreted by community members, specifically those experiencing health disparities. Members should have a basic understanding of public health practice, be genuinely interested in the success of the SHIP, and be able to actively participate in the process.

Steering Committee member responsibilities are to:

- Maintain vision, values and direction for the SHIP.
- Bring ideas and solicit input from other stakeholders and the community at large.
- Participate in a subcommittee of interest and provide two-way communication between the PartnerSHIP and subcommittees.
- Approve SHIP measures, objectives and work plans.
- Attend all PartnerSHIP and subcommittee meetings in which an individual member participates.
- Review materials ahead of the meeting and come prepared to discuss and participate.
- Facilitate guided conversation with community groups to gather feedback on strategic issues and strategies.

Chair responsibilities are to:

- Work with PHD staff to develop materials and agendas for meetings.

¹ Defined by MAPP as “fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision”.

- Represent the PartnerSHIP at meetings or presentations with other stakeholders and partners as necessary.
- Facilitate PartnerSHIP meetings with staffing support from the PHD.

DECISION-MAKING PROCESS

Decisions will be based on consensus.

MEETING EXPECTATIONS & TIME COMMITMENT

- Four to five half-day in person meetings (remote meeting options will also be available) to be held between July 2018 and January 2020 with ongoing work as necessary in between meetings (documentation review etc.).
- Subcommittee work January– August, 2019. Will include in-person meetings with a remote option or phone call and documentation review. Subcommittees will likely meet on a monthly basis.
- Meetings will be conducted in accordance with Oregon’s Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the SHIP website: www.healthoregon.org/ship.
- A public meeting notice will be provided to the public and media at least 10 days in advance of each regular meeting and at least five days in advance of any special meeting.
- Written minutes will be taken at all regular and special meetings.
- Option for Steering Committee members to continue participation in the Action Cycle of the State Health Improvement Plan.

CHARTER REVIEW

Charter will sunset at final online posting and distribution of the 2020-2024 State Health Improvement Plan.

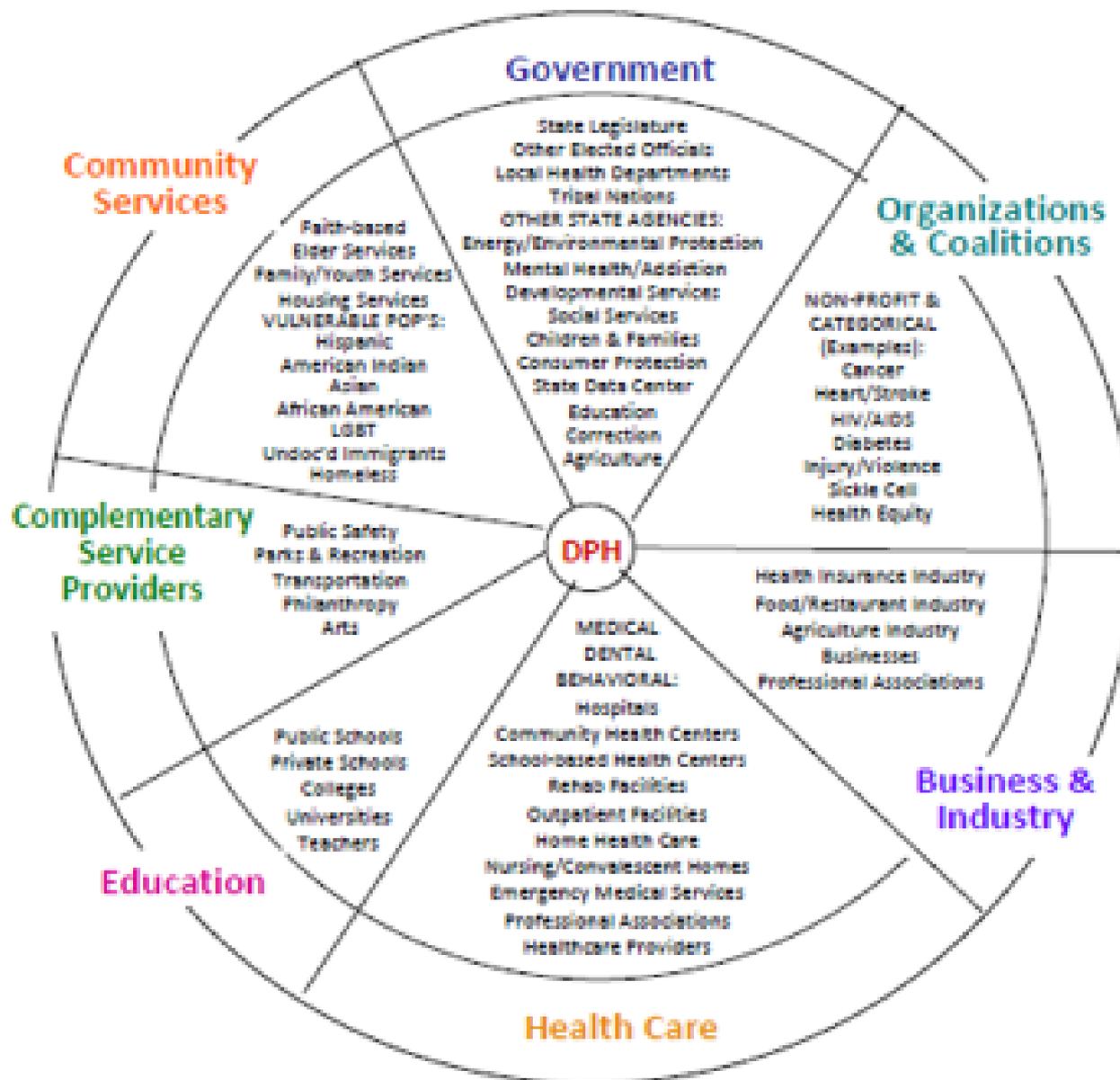
Timeline

MAPP Phase	What	When	Who	Deliverables
Phase 3: SHA Completion	Collect Public Comment	April 21 – May 4th	Community	Feedback on draft of SHA
	Webinar	May 21	SHA Steering & Subcommittee meetings	Feedback on draft SHA, recruit members for SHIP partnership
	Final SHA posted and disseminated	June 30	PHD Core Group	
Phase 4: Identify Strategic Issues	Identify Strategic Issues	June/July	PHD Core Group	Recruit & organize SHIP Partnership
		July	PHD Core Group	Begin mini grant contracting process for community engagement.
		August or September	PartnerSHIP	Present summary of SHA, review existing SHIP & CHIPs, determine method for identifying strategic issues
		October	PartnerSHIP	Identify strategic issues
		October/November	Community at large	Community engagement process: online survey and/or community meetings
		November	PartnerSHIP	Review results community engagement, prioritize strategic issues and identify partners
Phase 5: Formulate	Formulate goals & strategies	December – January	PHD Core Group	Recruit and organize

goals and strategies				subcommittee members per priority, determine process to be used for strategy development.
		February – July	PartnerSHIP Subcommittees	Review history/purpose of SHIP, review current work and gaps per priority, research evidence based and innovative initiatives, develop goals, strategies, process measures and implementation details, facilitate feedback from community on drafted strategies
	Community feedback	August	PartnerSHIP	Review and provide feedback on subcommittee work
	SHIP published	September – December	PHD Core Group	SHIP is drafted, published and disseminated
	SHIP Celebration	November/January	PartnerSHIP & Subcommittees	Celebrate and discuss ongoing governance and implementation needs.

Steering Committee formation

- Are you interested in being a part of the PartnerSHIP
- What other voices should be represented on the PartnerSHIP?



Public Comment

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Wrap up and Next Steps

- Feedback incorporated and sent for final design.
- SHA finalized and posted online (by June 30)
- Disseminated widely (July – August)
 - Local & tribal health authorities
 - CCOs/CACs
 - Hospitals
 - Public Health Advisory Board & Oregon Health Policy Board
 - Community partners & state agencies
 - Press release
- PartnerSHIP outreach and formation (May/June)
- Doodle polls and meetings scheduled (July)