

STATE HEALTH ASSESSMENT: Health Status Assessment

Thursday, August 3rd

2:00pm – 4:00pm

Portland State Office Building, 800 NE Oregon St., Room 1C, Portland, OR 97232

Subcommittee Attendees: Jen Coleman, Mandy Davis, Dawn Emerick, Erin Fitzpatrick, Tom George, Katrina Hedberg, Kelle Little, Alison Martin, Rebecca Pawlak, Roberta Riportella, Josh Roll, Jim Setzer, Rick Treleaven, and Paul Virtue

Oregon Health Authority Staff: Nita Heimann, Christy Hudson and Angela Rowland

Overview of Health Status Assessment Process

-Christy Hudson, Oregon Health Authority

The State Health Assessment is revised every 5 years to describe the health of Oregonians and provide a data resource to improve health outcomes. There is an emphasis on health disparity through data and stories with community input. This will help inform health improvement planning efforts both at the local and state levels. Finally, this assessment will help maintain public health accreditation for Oregon.

The Oregon Health Authority (OHA) will be using the *Mobilizing for Action through Planning and Partnerships* (MAPP) framework for a community-wide strategic planning process with three circles of involvement. The initial circle contains the core group, the next circle represents the steering committee from a variety of sectors and agencies, and the final circle contains the community at large. This process occurs in six phases. Phase 1 and Phase 2 are nearly complete which includes organizational development and visioning. The bulk of the work will be in the four assessments: the Public Health Assessment (See link: [Modernization Assessment Report](#)), the Health Status Assessment, the Themes and Strengths Assessment, and the Forces of Change Assessment.

The Health Status Assessment Subcommittee tasks:

- Review existing indicators
- Identify issues that may have been overlooked and recommend new indicators

- Determine criteria for indicator selection
- Narrow down and prioritize indicators
- Recommend method for displaying data
- Report back recommendations to the Steering Committee

The key questions for the Health Status Assessment:

- How healthy is Oregon?
- What disparities exist in Oregon?
- What measures of social and economic inequality exist in Oregon?
- What indicators are needed to describe the health of Oregon?

Existing Framework and Indicators

-Katrina Hedberg, Oregon Health Authority

The [State Health Indicator Network](#) was created using the Robert Wood Johnson Foundation framework similar to the county health rankings. The key takeaway is that there is not one specific intervention public health can do to change Oregon's health overall since there are many factors. The indicators were chosen from key data sources such as vital statistics, service delivery, surveys and reportable conditions. Currently there are over 70 population health indicators. They do not include everything we measure but rather what indicates health.

Oregon has 4 million people living in the state with 76% White, 12% Hispanic/Latino, 4% Asian/Pacific Islander, 1% African American, 1% American Indian/Alaska Native, and 3% two or more races. The social determinants of health identified include poverty, education, chronic absenteeism, food insecurity and violent crime. The Socio-economic status of Oregon includes a high school graduation of 75%, Poverty 15%, and Food Insecurity of 15%. Katrina provided a brief overview of some of the indicators.

Subcommittee Comments:

Rick inquired if Oregon measures high school graduation rates differently than the nation. Nita noted that the data comes from the Department of Education which uses a standardized metric for the entire nation.

Roberta mentioned that she has a colleague formerly from the University of Wisconsin who could help with the framework.

Josh inquired about the RWJF framework and if *transit* referred to busses/light rail or transportation. Roberta shared a link to the [housing and transit section of the county health rankings](#) which provides a definition of transit including public systems such as city or regional buses, subway systems, and trams as well as cars and bikes, sidewalks, streets, bike paths, and highways. This is a broad measure which closely ties with social determinants of health.

Josh inquired on which broad-spectrum surveys OHA performs and how often they are completed. Katrina listed the larger more robust ongoing data collection of the [Oregon Behavioral Risk Factor Surveillance System](#), [Oregon Healthy Teens](#), [Student Wellness Survey](#), and [Pregnancy Risk Assessment Monitoring System](#) .

Roberta recommends sharing data on where the behaviors are and which populations they affect. This will help minimize the risk factors for better health impact. She also asked if the assessment might include recent findings using longitudinal studies to make a case for health impact. Katrina reminded the subcommittee that this is the quantitative subcommittee and other subcommittee will gather the stories needed to make such a case. OHA is open to any suggestions the subcommittee has to offer.

Rick suggested to connect Behavioral Health data to High School Graduation Rate, Pregnancy Rate, and Adverse Childhood Experiences (ACES) data.

Josh recommended the addition of specific motor vehicle data sets. He is mindful of the inequality among pedestrians without adequate sidewalks who are being hit by cars. Even if the data isn't available there still needs to be arguments and perhaps that can be called out on the assessment.

Alison Martin asked for the data sources for Pertussis. Katrina stated [Oregon Public Health Epidemiologists' User System \(ORPHEUS\)](#) from reportable communicable disease data.

She also inquired on the access to clinical services data source. Katrina stated there is a wide variety of data sources. Alison recommend a few other data sources; National Survey of Children's Health will have updated results in September and adolescent's well-care and dental visits from claims data.

Rick had an idea of emergency department data utilization. Katrina offered [Oregon ESSENCE \(Oregon's Syndromic Surveillance Project\)](#).

Future Framework

Subcommittee Inquiry: Should the framework align with the County Health Rankings or Modernization Foundational Programs?

Rick is familiar with the county health rankings and not with modernization. He inquires if it tracks health conditions in child health. Katrina mentioned the modernization foundational programs were aligned side by side with the county health rankings.

Roberta feels that the modernization framework should be the right direction but include the county health rankings that specifically target social determinants and any outliers.

Rebecca mentioned that she is also a member of the Public Health Advisory Board who helps overlook modernization of public health for the state. She supports the modernization framework. She likes the other idea of *Live, Learn, Work, Play* but feels it should be an implementation strategy and not in the indicator strategy.

A general consensus from the subcommittee to utilize the modernization foundational programs framework.

Next Steps

Please complete the [Survey](#) with attachments which is due by Friday August 11.

Public Comment

There was no public comment by phone or in-person.

Meeting adjourned

The next meeting is scheduled for August 14th 10am-12pm