



# MINUTES

## STATE HEALTH ASSESSMENT: Health Status Assessment

Thursday, November 2, 2017

1:00pm – 3:00pm

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

**DRAFT**

*Subcommittee Attendees:* Janet Callahan, Jennifer Coleman, Jill Dale, Many Davis, Dawn Emerick, Erin Fitzpatrick, Thomas George, Joe Marek, Alison Martin, Laura McKeane, Amanda Peden, Roberta Riportella, Belle Shepherd, John Warrick, Jenny White, Juliana Huff, Jim Setzer, Paul Virtue, Joshn Roll

*Oregon Health Authority Staff:* Nita Heimann, Julia Hakes, Christy Hudson, Katrina Hedberg, Tim Noe

### **Approval of Minutes**

The August 14, 2017 meeting minutes were approved with the change that no meeting was held on October 5.

### **Introductions**

Subcommittee attendees and Oregon Health Authority (OHA) Staff went around, gave introductions, and said if they were able to attend a community meeting:

- Katrina Hedberg: Attended Newport and Madras community meetings.
- Christy Hudson: Attended La Grande, Eugene, and Newport community meetings.
- Josh Roll: Unable to attend any community meetings.
- Paul Virtue: Attended Newport community meeting.
- Nita Heimann: Unable to attend any community meetings.
- Tim Noe: Attended Grants Pass and Medford community meetings.

*Via phone:*

- Dawn Emerick: Unable to attend any community meetings.
- Jim Setzer: Unable to attend any community meetings.
- Alison Martin: Unable to attend any community meetings.
- Mandy Davis: Unable to attend any community meetings.
- Belle Shepherd: Attended the Grants Pass community meeting.
- Erin Fitzpatrick: Sent two of her team members to a community meeting.

- Roberta Riportella: Attended the Newport community meeting.
- Jenny Coleman: Unable to attend any community meetings.

**Themes from Community Meetings**

Olivia Stone and Candace Johnson from Metropolitan Group facilitated a series community meeting around the state. The first half of the meeting included introductions and an overview of the process and framework for Oregon’s State Health Assessment, as well as emerging themes specific to the area. The second half of the meeting focused on gathering input from attendees on the health priorities in their community. Attendees were asked to discuss two key questions: 1) “What does well-being mean to you?” and 2) “What does it take for everyone in your community to be healthy?”

The objectives of this meeting were as follows:

- Listen to community members about strengths and needs related to health.
- Describe what the state health assessment and State Health Improvement plan are and how they are used to improve health in Oregon.
- Share topline findings from quantitative and qualitative assessments of the health of people in Oregon and the public health system in order to engage participants in a dialogue about how statewide findings resonate with their local experience.

The following provides high level summary of challenges and opportunities across the 5 domains of the State Health Assessment Framework:

CATEGORY	CHALLENGE	OPPORTUNITY
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Environmental concerns and natural disasters contributing to poor health outcomes</li> <li>• Chemical management, agriculture and extreme weather changes due to climate change.</li> </ul>	<ul style="list-style-type: none"> <li>• Parks and outdoor recreation provide opportunities for physical activity and spiritual renewal</li> </ul>
<b>Communicable Disease</b>	No emergent themes.	No emergent themes.
<b>Prevention &amp; Health Promotion</b>	<ul style="list-style-type: none"> <li>• Traffic safety</li> <li>• Barriers to participating in physical activity</li> <li>• Food deserts, lack of healthy food in school</li> <li>• General safety concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Preventative care, especially among elderly, is priority</li> <li>• Food stamps now accepted at farmers markets, farm to school programs</li> </ul>

	<ul style="list-style-type: none"> <li>• Drug abuse concerns (opioid and meth)</li> </ul>	
<b>Access to Clinical Services</b>	<ul style="list-style-type: none"> <li>• Access to physical and behavioral health care is needed in both schools and community</li> <li>• Access to culturally relevant healthcare (with translation/interpretation)</li> <li>• Oral health is poor</li> </ul>	<ul style="list-style-type: none"> <li>• Strong behavioral health care system in some part of the state</li> </ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Stable employment, living wages &amp; economic security</li> <li>• Access to high quality, affordable childcare</li> <li>• Stigma experienced by social service recipients</li> <li>• Policy related changes in Federal Poverty Level</li> <li>• Health literacy and education is poor</li> <li>• Racism, homophobia, sexism – and other forms of discrimination</li> <li>• Paid sick leave/time to make doctor/dentist appt.</li> <li>• Trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Close-knit communities w/ strong social cohesion</li> <li>• Faith community is engaged</li> <li>• Holistic view of health</li> <li>• Eager for more engagement with elected officials</li> <li>• Momentum to end homelessness and increase affordable housing</li> <li>• Minority communities (Tribes and Hispanic Interagency Committee) are engaged in some parts of the state</li> <li>• Communities are working collaboratively - many addressing equity, disparities and discrimination.</li> <li>• Growing opportunities for youth development</li> <li>• Improving sex education in schools</li> </ul>

Christy reminded all attendees that there is a subcommittee meeting on Monday 11/6 from 9 AM-11 AM to review themes from community meetings in more detail. [Register here.](#)

Katrina Hedberg noted that community meeting attendees were sometimes confused about what access to clinical services was and made the recommendation that the language be changed to access to *preventative* clinical services.

Josh Roll asked if any community meeting attendees discussed [Blue Zones](#)—specifically in Southern Oregon. Community meeting attendees said Blue Zones were not discussed.

Christy Hudson said some meeting attendees wanted more data presented to them.

Paul Virtue recommended that the subcommittee alter the question around affordable house to specify that housing be both healthy and affordable.

### ***Review Purpose and Process for Identifying Indicators***

Christy Hudson reviewed the purpose and process of the identifying indicators.

#### **Purpose:**

- Quantitative data source for state health priorities
- Used in measure development for 2020-2024 SHIP priorities
- Completes 1 of 4 assessments in the MAPP process
  - **Health Status Assessment**
  - Themes & Strengths Assessment
  - Public Health System Assessment
  - Forces of Change Assessment

#### **Process:**

- Reviewed existing indicators & rated their importance
- Determined criteria to inform indicator prioritization
- Completed indicator matrix based on criteria
- Provide feedback on recommended categories and key indicators

### ***Review & Discuss Proposed Categories, Indicators & Justification***

Christy Hudson and Katrina Hedberg discussed and updated [this spreadsheet](#) with subcommittee members.

### **Social Determinants of Health**

Members asked about transportation, environmental health, and access to healthcare. Christy showed that those subtopics existed in other topic buckets. All members agreed that all subtopics listed under social determinants of health should remain. Josh Roll noted that examining wage data was more valuable than examining employment rates. Roberta Riportella cited the [US County Health Rankings](#) metrics and asked if we could list some college under educational attainment. Paul Virtue recommended the subcommittee be intentional with how they display chronic absenteeism data to ensure appropriate interventions are taken and not just the hiring of additional truancy officers. Jenny Coleman recommended that we loop incarceration with employment along with incarceration and being bumped off Medicaid. When discussing social support, subcommittee members brought up concerns over gentrification and racial segregation.

Action Item: Tim Noe to research data sources around social support. Allison Martin recommends [OHEA](#).

Action Item: PHD staff to look at subcommittee recommendations around incarceration and will make recommendation to subcommittee.

Action Item: Nita to send the definition of kindergarten readiness from the U.S. Census Bureau.

### **Environment**

Paul Virtue recommends that pesticide exposure needs to be included as not just work-related exposure. Joe Marek recommended that number of vehicle and bicycle crashes could be a possible indicator for active transport. Katrina noted that some indicators were shelved due to some making more sense in urban vs. rural environments. Jenny Coleman expressed concerns over indicators that are missing in this bucket and recommends OHA connect with DEQ.

The subcommittee recommends that any gaps in a good data source be included in the initial framing.

### **Communicable Disease**

Both internal and external stakeholders did not rank this topic as high. Paul Virtue asked about meningitis outbreaks. Katrina explained they typically happen in relatively infrequent clusters and therefore do not serve us well as an indicator.

### **Prevention and Health Promotion**

Paul Virtue asked if we should clarify marijuana use as smoking marijuana. Katrina said studies show marijuana users overwhelmingly consume marijuana by smoking. There is interest in seeing all drug related deaths, not just opioids. Heart disease was added as an indicator with heart attack hospitalizations being the data source. Paul Virtue asked if we could track [Naloxone/Narcan](#) use. Katrina says we cannot yet but we may be able to in the future and we will put this data gap in the framing. Josh Roll suggested that motor vehicle occupant fatalities include bike and pedestrians, not just occupant deaths.

Maternal and Child Health - All subtopics approved by the subcommittee.

### **Access to Preventative Clinical Services**

Roberta Riportella recommends we add number of uninsured as an indicator. Paul Virtue recommends we look into compensation for primary care providers and

behavioral health care providers to see if poor compensation is linked to shortages of PCPs and BHCPs in rural communities. Josh Roll recommended quality of health insurance as an indicator. Paul Virtue recommends number of beds available in psychiatric hospitals as a possible indicator.

**Questions from webinar chat:**

Mandy Davis:

- I am sorry but I have to leave. I will stay alert for next steps or homework

Alison Martin:

- The NSCH are coming out for 2016 and will be available at a state level every other year.
- I can verify that the 2016 data should be released by February 2016 (just participated in a webinar by the US Maternal and Child Health Bureau about these data).
- Related to the Social Support, Segregation/Racism row: PRAMS asks about mothers' experiences of racism.
- I agree with including incarceration, too.
- Some research has associated this with health outcomes (Schrager et al., 2016).
- Yes, I agree that these are the big buckets. Behavioral health care provider access -- I think that also could be obtained from the NSCH under unmet need for mental health services for children 3-17

Roberta Riportella:

- Are we going to make sure RWJ county health ranking data elements are included. They seem to be a reasonable comparative starting point

Belle Shepherd:

- I had to leave for another call. My only other comment is that I would love to see a rural metric to define that disparity.

**Next Steps**

Katrina thanked all subcommittee members for their participation. There will be additional follow up from OHA staff to subcommittee members to gain more feedback.

**Public Comment**

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

Meeting adjourned. This concludes meetings for the HSA Subcommittee.

Commented [HCJ1]: Add questions from chat box?