



AGENDA

STATE HEALTH ASSESSMENT STEERING COMMITTEE MEETING

July 12, 2017

9:00am -2:00 pm

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

Join by Webinar: <https://attendee.gotowebinar.com/register/8429710842570583554>

Conference line: (914)614-3221

Access code: 670-446-148

Meeting Objectives:

- Complete Phase 1 and 2 of the MAPP process
- Familiarize committee members with MAPP process and purpose of the SHA
- Define core elements of vision and values for SHA.
- Form subcommittees and identify process for community involvement.

9 – 9:30 am **Welcome, introductions and opening activity**

9:30 – 10:15 am **Orientation to the MAPP process**

- Identify Need
- Overview of MAPP (Purpose, benefits, paradigm shift, and phases)
- Introduce Circles of Involvement (Core, Steering and Community at large)
- Approve steering committee charter
- Review and approve rules of engagement for steering committee process

10:15 – 10:40 am **Overview of Health Assessments**

- Requirements of a SHA
- Review Oregon SHA/SHIP
- Landscape of CHA/CHIPS in Oregon

10:40 – 11:00 am **Break**

11:00 – 12:15 pm **Visioning**

- Overview of visioning process within MAPP
- Define core elements of vision and values through health equity reflection

12:15 – 12:45pm **Lunch**

12:45 – 1:45 pm

Organize & Logistics

- Identify co-chair for steering committee
 - Form two subcommittees and identify process for community involvement for each assessment
 - Discuss timeline and communication plan
 - Evaluate phase 1 and phase 2 of MAPP
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1:45 – 2:00 pm

Next Steps/Final Thoughts

- Review upcoming process and follow-up communication to committee
- Final thoughts from committee co-chairs

State Health Assessment (SHA) Steering Committee Kick Off Meeting



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Plan for the Day

Welcome & Introductions

Orientation to the MAPP process and SHA

Visioning

Lunch

Get Organized

Next Steps

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Introductions

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Welcome & introductions

What is your preferred name and pronoun?

What is your profession and where do you work? What draws you to this work?

Describe a moment when you saw a health disparity playing out in your life.

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Orientation to the MAPP Process

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Why are we here? What is the need?

- Describe the health of Oregonians
- Provide a data resource for anyone interested in improving health outcomes in Oregon
- Call attention to health disparity through data and stories.
- Incorporate significant community input
- Inform health improvement planning efforts, both at the local and state levels
- Maintain public health accreditation

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Overview of the MAPP process

- Mobilizing for Action through Planning and Partnerships (MAPP)
- Community wide strategic planning process for improving public health
- Three circles of involvement: Core Group, Steering Committee & Community at large
- Six phases, from assessment through plan implementation
- Developed by National Association of County & City Health Officials (NACCHO)

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- Mobilizing – community engagement
- Action – implementation of a Health Improvement Plan
- Planning – built on strategic planning concepts
- Partnerships – the public’s health is more than the concern of the health department

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Benefits of MAPP



- Brings communities together
- Increases public health collaboration
- Increases visibility of public health.
- Creates advocates for public health.
- Creates a healthy community and better quality of life.
- Anticipates and manages change.
- Creates a stronger public health infrastructure.

*Adapted from MAPP Overview, NACCHO

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The MAPP Paradigm Shift

| From | To |
|-------------------------------|--|
| Operational planning | Strategic planning |
| Focus on Public Health system | Focus on any system concerned about health |
| Needs assessment | Emphasis on assets and resources |
| Medically oriented model | Broad, upstream definition of health |
| OHA is responsible for health | Everyone is responsible for health |
| Equality | Equity |

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*Adapted from MAPP Overview, NACCHO



Phases of MAPP

| State Health Assessment | Organize for Success & Partnership Development |
|-------------------------------|--|
| | Visioning |
| | Four Assessments |
| State Health Improvement Plan | Identify Strategic Issues |
| | Formulate Goals & Strategies |
| | Action Cycle |

Phases of MAPP: SHA

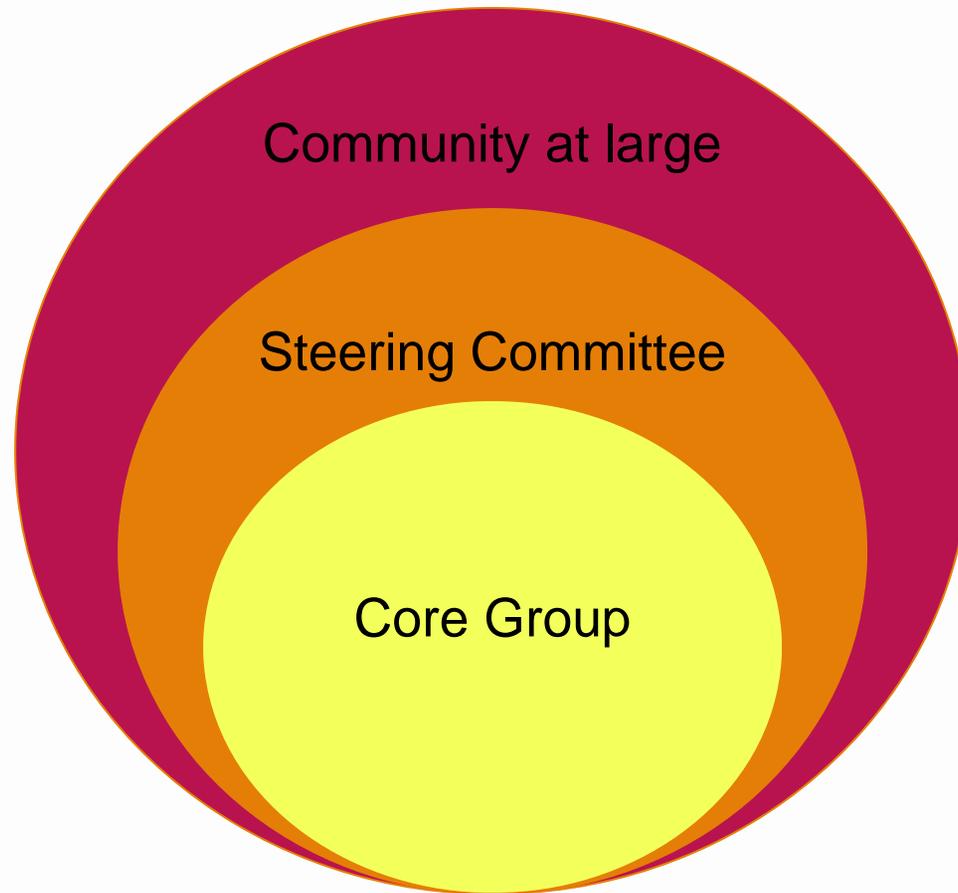
| Phase | Deliverables |
|--|--|
| Organize for Success & Partnership Development | Identify participants, determine planning process |
| Visioning | Determine focus, purpose and direction |
| Four Assessments | Public Health Assessment Health Status Assessment Themes & Strengths Assessment Forces of Change Assessment |

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Circles of Involvement



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Core Group - Public Health Division staff who will support the work

| Staff | Role |
|-----------------|---|
| Christy Hudson | Lead coordinator for SHA |
| Angela Rowland | Coordinate logistics for meetings |
| Katrina Hedberg | Executive Sponsor of SHA for Public Health Division Staff Health Status Assessment |
| Cara Biddlecom | Staff Themes & Strengths assessment |
| Danna Drum | Staff Themes & Strengths assessment |
| Sara Beaudrault | Staff Public Health Assessment |
| Tim Noe | Ensure health equity lens is applied throughout SHA |



Steering Committee

Representation from:

- Public Health Advisory Board
- Regional Health Equity Coalitions
- Federally recognized tribes
- Local Public Health Departments
- Coordinated Care Organizations
- Public Health Division
- Culturally Specific Organizations
- Hospitals
- Consumer Advisory Councils
- Schools of Public Health

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Charter Approval & Ground Rules

- What type of working environment is necessary for the committee to be successful?
- What are some ground rules we want to set to ensure we are all working effectively to achieve our vision?

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PURPOSE

The State Health Assessment (SHA) is one of three prerequisites for public health accreditation. The SHA describes the health of the population and identifies areas for improvement, contributing factors that impact health outcomes, and assets and resources that can be mobilized to improve population health. Per Standard 1.1 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 community health assessment at least once every 5 years. This assessment requires:

- a. Participation from a variety of state sectors
- b. Regular communication with partners
- c. Data and information from a number of sources
- d. Opportunity for public review and input

While the Public Health Division updates the [State Health Profile Indicators](#) annually, the last [state health assessment](#) was published in 2012. The SHA steering committee will provide guidance and oversight of the process to complete a comprehensive SHA, with particular attention to communities experiencing health inequities.

MEMBERSHIP

The SHA Steering Committee is comprised of representatives from a wide range of sectors that are potential consumers of the SHA and subsequent State Health Improvement Plan. The steering committee members have complementary experience in assessment, are representative of the entire public health system and are committed to the process.

LEADERSHIP

The Oregon Health Authority, Public Health Division (PHD) provides staffing and support for the SHA Steering Committee and its subcommittees. The Policy and Partnerships team within the Office of the State Public Health Director will provide support. PHD will use an external facilitator for assistance in development and facilitation of Steering Committee and community meetings. Co-chairs of the Steering Committee will be the State Health Officer (also executive sponsor for the PHD) and one other member to be identified by the Steering Committee.

PROCESS

The SHA 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). In brief, the SHA will be developed over the first three phases of the MAPP: Organizing for Success & Partnership Development, Visioning, and Conducting Four Assessments. The four assessments are as follows: Public Health System Assessment, Community Health Status Assessment, Community Themes & Strengths Assessment, and Forces of Change Assessment. The second three phases of MAPP are for development and

implementation of the State Health Improvement Plan (SHIP); Identifying Strategic Issues, Formulating Goals and Strategies, and Activating the Plan.

SCOPE

From July 2017 through March 2018, the SHA Steering Committee will provide leadership and engage the public health community in the following efforts to conduct a comprehensive assessment of the health of Oregonians.

- Identify, collect, share and analyze health status data, with particular attention to social determinants of health
- Collect and analyze stakeholder and community input data, particularly in communities experiencing health inequities
- Assess forces of change on the public health system, including strengths, weaknesses, opportunities and threats
- React to and interpret findings from the 2016 Public Health Modernization Assessment
- Facilitate community engagement at each phase of the assessment process through maximum transparency.
- Summarize, present and communicate findings with stakeholders and the public at large.
- Provide input and recommendation for process of creating the 2020-2024 State Health Improvement Plan

RESPONSIBILITY

Members of the SHA Steering Committee will use their experience, expertise, and insight (and those of other individuals from organizations they represent) to create a State Health Assessment that identifies needs as defined and interpreted by communities experiencing health disparity. Members have a broad understanding of public health practice, are genuinely interested in the partnership initiatives, and understand the strategic implications and outcomes of the efforts being undertaken.

Steering Committee member responsibilities are to:

- Set vision and direction for the SHA.
- Maintain a health equity lens throughout process.
- Bring ideas and solicit input from stakeholders and the community at large.
- Engage in sub-committee activities and provide two-way communication between the Steering Committee and the subcommittee.
- Approve major products from the SHA.
- Assist in broad communication about the SHA, which may include presentations to the Public Health Advisory Board and leadership within the Oregon Health Authority and Public Health Division.
- Attend all steering committee and all subcommittee meetings in which an individual member participates.
- Review materials ahead of the meeting and come prepared to discuss and participate.

Chair responsibilities are to:

- Work with PHD staff to develop materials and agendas for meetings.
- Represent the SHA Steering Committee at meetings or presentations with other stakeholders and partners as necessary.

DECISION-MAKING PROCESS

Decisions will be based on consensus or the majority vote of the members present at the meeting, as determined by the co-chairs. The final SHA will be reviewed and approved by Oregon Health Authority leadership.

EXPECTATIONS & TIME COMMITMENT

- Three to four in person meetings (Skype meeting will also be available) to be held between July and November with ongoing work as necessary (phone calls, documentation review etc.) through March, 2018.
- Sub-committee work July – November. Could include in person meetings, online meetings/phone calls, and documentation review.
- 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 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 development of the next State Health Improvement Plan.

CHARTER REVIEW

Charter will sunset at final online posting and distribution of the State Health Assessment.

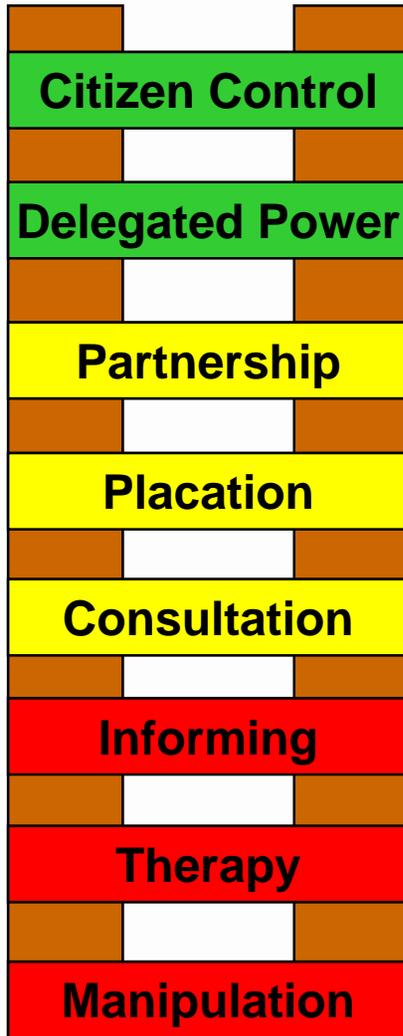
Community at Large



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A Ladder of Citizen Participation



- Does the ladder work for this conversation?
- Where do you feel your community has historically been placed in conversations regarding public health?
- What will it take to move communities up the ladder?

*Ladder developed by Sherry Arnstein, former Director of Community Development Studies for the Commons in 1969

Building the community

- Who needs to be at the table in order to assess and address the root causes of health inequities?
- How do we reach people most negatively affected by health inequities to involve them in the process?
- How do we connect to these groups? Do you have a connection?

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Your name _____

- Who needs to be at the table in order to assess and address the root causes of health inequities?
- How do we reach people most negatively affected by health inequities to involve them in the process?
- How do we connect to these groups? Do you have a connection?

Potential stakeholder sectors include: Government (State, county, local,) Tribes, Health Care (Professional Associations, Providers, Hospitals, School Based Health, Community Health, Behavioral Health), Organizations & Coalition (Health Equity, Injury/Violence, Disease focused), Complementary Service Providers (Public Safety, Parks, Transportation, Philanthropy, Art), Community Services (Serving youth, housing, vulnerable populations), Consumers/Others

| Recommended Representation: Please identify any voices that you would like to invite into the subcommittee process. | | Engagement Plan – Please indicate if you would like to extend the invitation, or if you would like assistance from PHD staff. | | Recommended Subcommittee: TSA or HSA |
|--|----------------------------|--|--|---|
| Name (if known) | Organization/Sector | I have a direct contact and will conduct outreach. | I would like assistance from the PHD in extending the invitation. | |
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Your name _____

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Health Assessment & Planning in Oregon

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What are your experiences?

- Share your experiences in community health assessment and planning
- Have you used the State Health Assessment or State Health Improvement Plan? Why or why not?

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Requirements of State Health Assessments

Per the Public Health Accreditation Board, the SHA must contain:

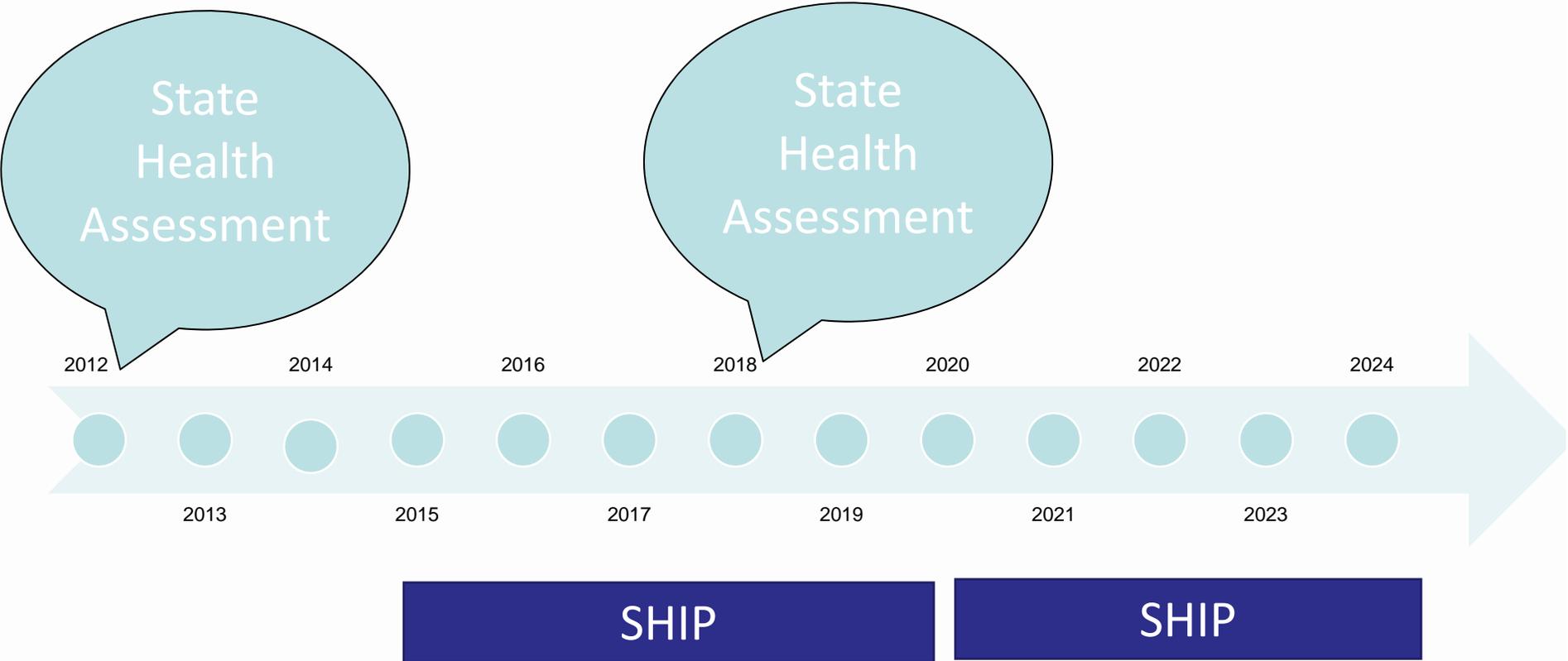
- Data and information from various sources. Qualitative and quantitative data must be used, as well as primary and secondary data.
- Description of population demographics
- Description of health issues and specific population groups that experience health disparities
- Description of factors that contribute to population health challenges
- Description of existing state assets or resources to address health issues
- Opportunity for the community to review drafts and contribute to the assessment

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History of SHA & SHIP in Oregon



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Most recent State Health Assessment

- Published in September, 2012
- Advisory group included representation from Northwest Health Foundation, Washington County Health Department, Governor's office, Cow Creek Band of the Umpqua Tribe, Office of Equity and Inclusion, Coalition of Local Health Officials, OHA Health Policy & Research
- Consisted of the State Health Profile & Public Health Division Assessment
- Indicators included Mortality, Quality of life, Chronic disease, Communicable disease, Health behaviors, Maternal & child health, Environmental health, Occupational health & safety, Health care access, Policy environment
- Disparity described among racial & ethnic populations, economically disadvantaged, underinsured, LGBT, & persons who are incarcerated

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State Health Improvement Plan 2015-2019 Priorities

- Prevent and reduce **tobacco use**
- Slow the increase of **obesity**
- Improve **oral health**
- Reduce harms associated with **substance use**
- Prevent deaths from **suicide**
- Improve **immunization** rates
- Protect the population from **communicable diseases**

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Landscape of Community Health Assessments and Improvement Plans

- Local Health Departments, CCOs and Hospitals also produce CHAs & CHIPS
- CHA/CHIP development and implementation varies across the state. Differences in:
 - Timeline
 - Level of coordination with other jurisdictions
 - Identified health priorities & alignment with the SHIP



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Common health priorities from Oregon CHIPs

- Substance abuse & mental health
- Access to health care
- Chronic disease
- Obesity, physical activity & access to healthy food
- Early childhood development
- Housing & built environment
- Oral health

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Visioning

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Visioning

- What does a healthy state mean to you? What does an equitable state look like to you?
- What would be different if everyone in Oregon had circumstances in which they could live healthy and flourishing lives?
- What would our state look like if all people and groups were equally represented in positions of power and decision making within institutions (e.g. local health departments, local and state governments, schools, prisons, hospitals, and corporations)?
- Where do we, as a state, see ourselves in three to five years?
- What must be in place to ensure **our process** is equitable, transparent and inclusive, particularly of those affected by inequity?

Values

- What values must we uphold to ensure equitable participation?
- What values must we uphold so that we do not inadvertently create, contribute, or support decisions, policies, investments, rules and laws that contribute to health inequities?
- What values must we uphold to ensure the community drives and owns the process?
- What values must we uphold to ensure we can share power to those affected by inequity?



Getting Organized

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Identify a co-chair

Co-chairs of the Steering Committee will be the State Health Officer (also executive sponsor for the PHD) and one other member to be identified by the Steering Committee.

Chair responsibilities are to:

- Work with PHD staff to develop materials and agendas for meetings.
- Represent the SHA Steering Committee at meetings or presentations with other stakeholders and partners as necessary.

Completing the Four Assessments

| Assessment | Key Questions | Next Steps |
|--|--|---|
| Public Health System Assessment | <p>How are the foundational programs/capabilities being provided across the state?</p> <p>How can foundational programs/capabilities of public health help us understand and address health inequities?</p> | PHD will host webinar July 31st |
| Forces of Change Assessment | <p>What is occurring or might occur that affects the health of the state?</p> <p>What specific threats or opportunities are generated by these occurrences?</p> <p>What forces affect health inequities?</p> <p>What opportunities and threats are associated with these forces?</p> | Steering Committee will complete assessment at September 11 th meeting |

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Completing the Four Assessments

| Assessment | Key Questions |
|--|--|
| Health Status Assessment (Quantitative focus) | How healthy is Oregon? What health disparities exist in our community? What measures of social and economic inequity exist in our community? |
| Themes & Strengths Assessment (Qualitative focus) | What is important to Oregonians? How is quality of life perceived across the state? What assets does Oregon have that can be used to improve community health? How do vulnerable communities experience the effects of health inequities? |

Health Status Assessment: Subcommittee Tasks

| Tasks | Time Commitment |
|---|---|
| <ul style="list-style-type: none"> • Invite additional members to the table • Review existing health indicators • Identify issues that are overlooked • Recommend new data indicators • Determine criteria for indicator selection • Narrow down and prioritize indicators • Recommend method for displaying data • Report back recommendations to Steering Committee | 3 – 4 meetings between now and September meeting |
| | Next Steps |
| | Form Subcommittee and identify additional community members to invite to subcommittee PHD will send out doodle poll to schedule meetings |

Themes & Strengths Assessment: Subcommittee Tasks

| Tasks | Time Commitment |
|--|--|
| <ul style="list-style-type: none"> • Invite additional members to the table. • Review themes from existing assessments • Identify method for collecting community input, including asset mapping • Interpret key themes and findings from community input process • Report back to subcommittee | 3 – 4 meetings between now and November meeting |
| | <h3>Next Steps</h3> |
| | <p>Form Subcommittee and identify additional community members to invite to subcommittee</p> <p>PHD will send out doodle poll to schedule meetings</p> |

Timeline

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2017 – 2018 State Health Assessment: Proposed Timeline

| When | What | Who & Where | Deliverables | MAPP phase |
|----------------------------|---|--|--|--|
| July 12 th | Kick-off meeting & Visioning | Steering Committee (Portland) | In person meeting for all steering committee members to complete orientation to the MAPP process, develop rules of engagement and charter, review the planning process & timeline, review history of SHA/SHIP processes in state, local CHA/CHIPs and examples from other jurisdictions, form three subcommittees to complete assessment phase, identify process for community involvement for each assessment, determine focus, purpose and direction for MAPP process, and evaluate phase 1 & 2. | Phase 1: Organize for Success & Partnership Development & Phase 2: Visioning |
| July 31 st | Public Health System Assessment | Steering Committee (webinar) | Review results from 2016 Public Health Modernization Assessment, AIMHI meeting summaries, and Modernization Plan. Identify challenges and opportunities. | Phase 3: Four MAPP Assessments |
| July - August | Health Status Assessment | HSA Subcommittee (in person/webinar) | Review and provide feedback on existing State Health Profile Indicators and identify need for additional indicators. | |
| July - November | Themes & Strengths Assessment | TSA Subcommittee (in person/webinar) | Review existing data sources, determine objectives and method for completing assessment and community engagement | |
| September 11 th | Subcommittee report out & Forces of Change Assessment | Steering Committee (in person) | Complete Forces of Change Assessment. Subcommittees will report out on recommendations. | |
| Early October | Community Engagement | Community at large (TBD) | Engage community for feedback | |
| November 30 th | Review assessment results | Steering Committee (in person/webinar) | Review & interpret results from assessment and community engagement process, provide input on final assessment. | |
| January, 2018 | Draft assessment ready for review | Steering Committee (by | Review and provide feedback on draft assessment | |

| | | | | |
|----------|--|---|---|--|
| | | webinar or email) | | |
| February | Public Comment | Community at large | Assessment posted online, public comment received and incorporated. | |
| March | Final SHA posted, Recommendations & Next Steps | Steering Committee (in person or webinar) | Celebration of accomplishments, evaluation of phase 3, provide recommendations for next phases of MAPP and development of the SHIP. | |

| State Health Improvement Plan (Draft Timeline) | | | | |
|--|--|--|----------------------|--|
| Phase 4: Identify Strategic Issues | Identify Strategic Issues | | April 2018- Dec 2018 | Determine method for completing this phase, present summary of the SHA, brainstorm & prioritize strategic issues, disseminate results, evaluate phase 4. |
| Phase 5: Formulate Goals & Strategies | Formulate Goals, Strategies & Measures | | Jan 2019 – Dec 2019 | Determine process for completing this phase, develop goals, generate strategies & adopt strategies, including implementation details, develop objectives, establish accountability, develop work plans, evaluate phase 5 |
| | SHIP completed | | By January 2020 | |
| Phase 6: Action Cycle | Action Cycle | | Jan 2020 – Dec 2024 | Review plans for opportunities to coordinate, monitor progress, evaluate phase 6. |

Communications Plan

- Who?
- What?
- When?
- How?

STATE HEALTH ASSESSMENT STEERING COMMITTEE MEETING

July 12, 2017

MAPP Process Evaluation

| Phase 1: Organize for Success/Partnership Development | Yes | No |
|--|-----|----|
| Do you have a shared understanding of the activities that will be undertaken, your responsibilities, how long it will take, and the results that are expected? | | |
| Do you feel the planning process will engage you as an active partner? | | |
| Do you think the planning process will make good use of your time? | | |
| Do you think the proposed structure will build commitment for the State Health Assessment? | | |
| Do you sense a tone of openness and sustained commitment among committee members? | | |
| Will the proposed process for community feedback ensure transparency? | | |
| Phase 2: Visioning | | |
| Did we use a collaborative process that has resulted in identifying the core elements of a shared vision and values? | | |

If you answered no to any of the above, please provide suggestions on what could be changed or improved.

Looking forward to the next two Steering Committee meetings, do you have any suggestions on how we might adjust or improve the experience?

Evaluation

- Did you answer no to any of the questions? Do you have any suggestions on what could be changed or improved?
- How will we celebrate success?

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Next Steps & Final Thoughts

- Outreach and invitation to additional subcommittee members.
- Doodle polls will be sent out to schedule subcommittee meetings
- Public Health Systems Assessment webinar July 31st, 2 – 4pm
- Core Group will draft vision and value statements based on your thoughts for additional feedback.
- Co-chairs will participate in agenda development for steering committee meetings
- Next steering committee meeting will be held September 11th in Portland

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