



STATE HEALTH ASSESSMENT STEERING COMMITTEE MEETING

DRAFT MEETING MINUTES

July 12, 2017

9:00am -2:00 pm

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.***
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9:00 – 9:30 am Welcome, introductions and opening activity

- Steering Committee members, Oregon Health Authority (OHA) staff, and Metropolitan Group contractors provided a brief introduction.

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

- Mobilizing through Access and Planning Process
 - There are different models for community health assessment and improvement planning – MAPP is one created by the National Association of County & City Health Officials (NACCHO)
 - 6 phases – first three are for the State Health Assessment (SHA); second three are for developing and implementing SHIP (see slide for details)
 - The Steering Committee will start the first two phases today
 - OHA is in the middle of an existing State Health Improvement Plan (SHIP)
- Extensive assessment created in 2016 that takes care of one of the four assessments (the public health assessment) – Sara will present in webinar later this month.
- Two subcommittees will hold bulk of the assessment work:
 - Health Status = Quantitative assessment
 - Themes & Strengths = Qualitative assessment

- The fourth assessment, Forces of Change, will be completed by Steering Committee in September.
- The Steering Committee was asked if there are concerns or questions about the scope – there are none.
- The Steering Committee was asked if there are concerns or questions about the rest of the items in the charter – one recommendation from Rebecca Pawlak to expand purpose of the SHA. Core staff will incorporate changes. With these edits in mind, the Steering Committee was asked for consensus on this charter – there is (no dissent).
- The Steering Committee reviewed and consented to the ground rules. The Steering Committee reviewed the ladder of citizen involvement and reflected on how it plays into the State Health Assessment process.
- The Steering Committee was introduced to the stakeholder brainstorm worksheet, which will be used throughout the day and shared back at end of day. Who are individuals and organizations who should be engaged in this process? Steering Committee members were asked to provide names as individuals occur to you.

10:25 – 10:40

Overview of Health Assessments

- The first State Health Assessment was completed in 2012.
- Coordinated care organizations, local public health authorities and nonprofit hospitals are all involved in creating community health assessments and community health improvement plans.
 - Coordinated care organizations are required to do this work as a part of their contract with OHA at least every five years.
 - Local public health authorities seeking public health accreditation are required to have a community health assessment and community health improvement plan every five years.
 - Nonprofit hospitals are required to have a community health needs assessment and implementation strategy every three years per IRS requirements.
- The Steering Committee discussed how to make the State Health Assessment a valuable product to assist with local community health assessments.
- Katrina shared that when the last State Health Assessment was completed, OHA did a special data drill-down on that included racial/ethnic disparities, LGBTQ, socioeconomic status, and people in and out of the criminal justice system.

- Katrina reviewed the seven priorities in the current State Health Improvement Plan: tobacco, obesity, oral health, substance use, suicide, immunizations and communicable disease.
- Roberta referenced the importance of a Health in All Policies approach to this work.

10:50 – 11:05 am Break

11:05 – 12:15 pm Visioning

- Steering Committee members were asked to provide input on the creation of a vision for the State Health Assessment and subsequent State Health Improvement Plan. The Steering Committee will provide the elements of vision so that the core team will then build the statement.
- ***What does a healthy state mean to you? What does an equitable state look like to you?***
 - No one's health impedes their aspirations
 - Where basic needs are being addressed on macro, micro, meso level
 - Pluralist state in all levels
 - Herd immunity
 - People have a peaceful and joyful state of mind – their life is much better
 - Engagement in healthcare – healthy state of mind, mental health
 - Inclusion of all services and outreach to all
 - There are no barriers to health outcomes
 - Healthy options are within reach for all Oregonians
- ***What would be different if everyone in Oregon had circumstances in which they could live healthy and flourishing lives?***
 - Food security, housing, health care access, transportation, awareness of accessibility
 - Nurturing families (parents not working multiple jobs)
 - Self-actualization and ability to plan ahead and having more control of their time
 - Vibrant, viable communities that have more capacity and are doing things for all
 - People are not fighting among each other, but are sharing what they have. Don't have to worry about aging independently. Family doesn't have to worry about where care will come from.

- o State would have more money to invest in health promotion
- ***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)?***
 - o No financial profit in health of individuals/groups; mental and behavioral health care; all schools multilingual
 - o Less power divide, more collective efforts; less abuse of power; more investment in preventative efforts
 - o Structural barriers would be more easier identified and leverage politicians to decrease barriers
 - o People have sense of belonging, hope, dream of future; means to participate; get what need when need it
- ***Where do we, as a state, see ourselves in three to five years?***
 - o More organizations taking responsibility for their roles and their work has positive impacts on health of Oregonians
 - o Local-level funding for improvement plans
 - o Centering community voices; more investments in addressing social determinants of health; more investment in mental health; accountability or rating system for agencies that have low equity scores (public shaming process! Tap into people's competitive level)
 - o Making progress with public health modernization; working towards how we fund communities for public health work
 - o Better access; behavioral health integration; more community health workers; more outreach to unengaged; health promotion and education
 - o More people will be in the state (especially Asians) and will continue to bring people from all other states, so there will be more opportunities but also more challenges
- ***What must be in place to ensure our process is equitable, transparent and inclusive, particularly of those affected by inequity?***
 - o Access to informative materials in multiple, accessible languages and models that address different learning styles.
 - Focus groups to engage community groups, perhaps carried out by Community Advisory Councils and other community groups
 - o Being very clear about limitations with data that we have available
 - o More representation of folks that are affected by these inequities

- o Engage, empower, enable people to participate – need to address with appropriate resources
- ***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?***
 - o Universal value: nothing about me without me
 - o I was looking at all the bios, looking at the list thinking I don't have any background in health – just a consumer and a concerned Dad...in this room, it's mostly a lot of professional people who have their background in this field – how are we representing this lived experience?
 - o Well, there is a community engagement process that we could steer to be more intentional, engaging and honest about limitations – but I agree, I don't think we have that represented around the table.
 - o I will say that I also have lived experience, too...but I'll also say that the language we use is very isolating. How do we open that conduit and loop it back around?
 - o That was part of the point I was trying to make earlier – with resources we have for this work, people who are working two jobs aren't able to come...which is why we're trying to engage organizations who work with these people in these communities.
 - Part of our job as steering committee is thinking about how we engage community
 - One thing we're thinking about is county fairs – that's one place where people go out
 - That's something we're trying to figure out as a steering group
 - o On the Community Advisory Committee we're on, there are people from Guatemala who don't speak English and we keep talking about how to help them...but there's still a factor that we're trying to figure out.
 - o I'm not at all disputing what you're saying, but I'm a pragmatic and looking at the bottom question here which is “what can we do to ensure our process is equitable?”
 - o Best practice is to work with those organizations and agencies that are working with those communities and not rely solely on ourselves. Need to explore what this means in many contexts – rural communities, tribes, etc.

- o Humility – seeking out what we don’t know and being open about not having the answers
 - Before making decision on that, check with communities
- o Paul: Hard for me to think that way because big pharma has the money to MAKE their voice heard!
- o Paul: Trump voters I know would say “this is a feel-good, waste of time spending money on people I don’t think should have money spent on them” so VALUES we should have are those that are counter to them
 - Valuing human capital
- o Collectivism
- o Radical humanism

12:15 – 12:45pm Lunch

12:45 – 1:45 pm Organize & Logistics

- Paul Virtue offered to be the co-chair with Katrina Hedberg.
- The Public health system assessment webinar will be open to anyone who wants to view it on July 31
- Christy clarified that the subcommittees are open to others not on steering committee and there will be a process for subcommittees reporting back to steering group.
- Steering Committee members volunteered to participate in subcommittees:
 - **Health Status Assessment:**
 - Erin
 - Roberto
 - Alejandro
 - Rebecca
 - Kelle
 - Paul
 - **Themes and Strengths Assessment:**
 - Paul
 - Amanda
 - Holden
- Steering Committee members discussed the community engagement that will be a part of the Themes and Strengths Assessment.
 - o Six to seven community meetings will be held across the state.

- OHA will work on securing meeting times and locations as soon as possible in order to allow plenty of time for advertisement. OHA will work with the members of the Themes and Strengths Assessment subcommittee on the community meetings.
- OHA will look into logistics such as interpretation, meeting location and travel costs.
- Steering Committee members are encouraged to participate in meetings held in their community.
- Christy shared the timeline for completing the State Health Assessment. No concerns were voiced.
- Christy shared organizations that have been already been invited to participate in the subcommittees:
 - Oregon Housing and Community Services
 - Department of Transportation
 - Invites to Department of Ed
 - Department of Environmental Quality
 - Trauma informed Oregon
 - Early Learning Council
 - OHSU group on youth
 - Early Learning Division
- Jonathan Modie discussed communication needs related to the State Health Assessment. Steering Committee members discussed: Who are our audiences? What do we want from them? What do we want them to do? What kind of input do we want them to provide? Through what channels?
- Alejandro clarified that the purpose of communications related to the State Health Assessment is outreach to communities, especially those experiencing health disparities.
 - We will need specific talking points about what we're doing, why we're doing it, why they should join this process.
 - We need to think about non-traditional approaches to communication – depending on community, it's different. Not relying too much on internet and social media.
- Amanda asked when talking points be ready for us to use in outreach to these partners. Christy clarified that OHA has started drafting them and will have them ready for the Steering Committee soon.
- Paul asked if OHA can send a formal invitation to participate in subcommittees; OHA can do this.

1:45 – 2:00 pm **Next Steps/Final Thoughts**

- Christy reminded the Steering Committee that all meeting materials are available online at www.healthoregon.org/sha.
- The next Steering Committee meeting is scheduled for September 11, 2017 from 9:00 am-2:00 pm at the Portland State Office Building.