

STATE HEALTH ASSESSMENT – DRAFT Meeting Minutes



November 30, 2017

9:30 – 2:00pm

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

Meeting Objectives:

- Subcommittee report-out
- Develop key findings
- Provide recommendations on outline and layout of SHA

Welcome & introductions – *What is something you've appreciated about this process?*

- Erin Fitzpatrick, Pacific Source Health Plans (she/her) – looking forward to sharing with others the work gone into it; it's been a fair process.
- Tim Noe (he/his) OHA PH, Center Administrator for Center for Prevention & Health Promotion (he/him) – appreciate the community meetings and gathering public input.
- Sara Beaudrault, OHA PH (she/her) – grateful for conversations that have taken place in committee.
- Paul Virtue, chair of CAC intercommunity health network (he/him) – was originally worried about steering committee only paying lip service to Social Determinants of Health.
- Cara Biddlecom (she/her) – Diversity of organizations that been involved in this process; honesty; subcommittee members holding us accountable
- Christy Hudson, OHA PH (she/her) – The number of people who have shown up and shared their experience.
- Katrina Hedburg, OHA PH (she/her) – Level of engagement and input
- GUEST -- Cassie Leone, Oregon Dental Association (joining as guest)
- Roberta Riportella, College of PH and Human Sciences at OSU (she/her) – Leadership and staff that have kept this an honest, transparent process throughout.
- Rebecca Pawlak, Oregon Association of Hospitals and Health Systems (she/hers) – PH staff for fully preparing members for every meeting; celebrate by continuing to share with network and staying connected to SC members
- GUEST -- George Adams, OR State DSAC Board & part of Jackson Care Connect (he/his)
- Kelle Little, Coos Bay Indian Tribe (she/hers) – Grateful for work and dedication of PH staff & facilitators in organizing and preparing members for meetings; allowing perspective of Native Americans and non-Portlanders.
- GUEST -- Susanne, Non-Profit org “we can do better” – members have been watching process and had Katrina come speak.
- GUEST -- Becky Jones, Children First for Oregon (she/her) – First assessment I've been a part of, celebrate that there were a lot of diverse voices involved which was such a pleasant surprise. Staff did a wonderful job allowing multiple channels to give input. Being able to empower partners to distribute messages and gather input was great.

- Amanda Singh Bans (she/hers) – has been a good process, looking forward to seeing how it progresses.

Approve September minutes

- Approved without change.

Plan for today

Review draft outline of SHA

- Amanda: Suggests including narratives of impacted persons from online survey responses.
- Katrina: Could think about how we could weave in quotes/stories throughout report (so it's not just data). There were some things that people really wanted an indicator on but we didn't have data, so we could include quotes or story related to it to make sure it's captured.
- Roberta: Looks great – everything I'd expect to be there, and another indication of how thorough this group has been.
- Katrina: FYI, this isn't just a "speak now or forever hold your peace!" – there will be more opportunities to weigh in and provide suggestions

Review Forces of Change Assessment

- Amanda: Question, did we have section on taxation? (Corp sales tax and OR's lack of sales tax) – *Yes, mentioned in the "Factors" under opportunity*
- Roberta: Have we talked about demo changes going on in terms of aging population? – *Yes, it's in "trends"*
- Christy: we will finesse this language a bit
- George: Where would people with disabilities fit in? – *Asked to hold comments until the end, during public comment period as he is not a Steering Committee member.*
- Amanda: Privatization of health care in Josephine Co.
 - Cara: This is not just specific to Josephine Co. so important to add in. Maybe we could add in "Trends" section.
- Paul (addressing George): I encourage you to participate in an official capacity in the next stage/phase of this work, so your voice can be heard.

Subcommittee Report out

Themes & Strengths Assessment

- Demographic breakouts of community meeting attendees were representative of the state
- Amanda: Future SHAs could provide breakout of priority populations
- Paul: Survey respondents seem to have higher education level than the majority of state
- *Yugen Rashad from County Health Dept, PH Division joins*
- Katrina: Percentages in each of the buckets are interesting – 50% being around Social Determinants of Health is something we also heard in the other committee looking at health status indicators

- Amanda: Was at training recently and we discussed social cohesion – they say “loneliness is the new smoking”. If we’re working with communities that feel isolated, might be beneficial to think about how we can build social gathering spaces to help offset some of these health challenges.
- Christy: This is really a preliminary analysis – survey open through tomorrow. Also trying to collect responses from people in the state hospital.
- Have not yet translated the Spanish-language survey responses so they are not included in this analysis

NOTE ON PERSONAL PRONOUNS:

- Paul: There were some people in Newport who disrespected the question about “which pronoun do you prefer?” – In the future, should provide an explanation and intention behind this.
 - This is one area where we can work on improving mental and emotional health for subset of community that struggles with that.

Health Status Assessment

- Categories that will have additional disparity analysis:
 - Communities of Color
 - Economically Disadvantaged Communities
 - LGBTQ Community
 - Rural vs. Urban areas
 - People with disabilities
 - People living with mental illness or substance use issues
- Amanda: Is there any county-specific data available related to the graphs?
 - And what about immigrant communities? Thinking about Reproductive Health Equity Act and the impact that will have – would like to track that
- Katrina: Analysis of data was done by CCO service area. We have some indicators by county, like communicable disease.
 - Don’t have resources to collect additional data, but important to call out where we have gaps and would like to be able to get more.
- Amanda: Think certain clinics are starting to try and gather some of that missing data, too.
- Amanda: Could we look at sexuality vs. gender, too? (Not sure if OHP tracks that)
- Katrina: A lot of data we have is from survey data which can be hard to segment or doesn’t provide that information
- Paul: Was in Minneapolis recently and drove over bridge that collapsed and was rebuilt. Caused a lot of transportation challenges, which made it hard for people to access healthcare providers and services...which can also lead to stress and impact their health.
- Katrina: We do have an indicator on transportation included – but good point about how we frame it and track it, long-term

- Amanda: Does that speak to collaboration between OHA and Oregon Housing Services? OHS doing dialogs across the state this year for housing plan, and have been collecting data regarding the connection between housing and transit...
 - *Example: Ashland police don't actually live in Ashland because they can't afford it. How does that impact their policing when they don't live in the community?*
- Katrina: Great points. Push-pull between what ends up in this spreadsheet (for which we have Oregon-based data) and what belongs in the larger, qualitative framing of the issue.
- All the indicators that have blank cell in last column are NEW ones
- Katrina: Some of the county health ranking indicators had data that was old or combined years – chose not to include those
- *New person joins:* Nita Heimann, OHA -- works with Katrina on data compilation for indicators

Develop Key Findings

What is important to Oregonians?

- Roberta: I think Oregonians think about health at individual and family level and community level, but often don't think about it until it directly impacts them...so what's most important to Oregonians may not be clear to them until they think about it. So in some ways, the work we do might be skewed to people who are already downstream. Don't think there is just one thing that's important to Oregonians. At any time, they could be either downstream or upstream. Depends on where they are in their life and their own health status – constantly evolving, moving target.
- Paul: When I think of Oregonians (and I've only been here 6yrs) in a broad sense, it's "self-determination" – like in broad category of Active Transportation, telling them that they have to ride a bike may not work...so allowing people choice – a lot of Oregonians want that sense of independence and self-determination
- Katrina: I agree with Paul. People are very individualistic and like to take care of themselves. Think it's really the OPPORTUNITIES that people want (not having it done for them, but be able to do it themselves if they want to). Affordable Housing option is important – people want the availability of it, but don't want a handout.
- Kelle: From Coquille Tribe, I think concept of self-determination resonates – independent government, still needs access to care...Independence, individuality, right to choose, make decisions that will impact healthcare services and access for their members.
- Amanda: Think we need to be careful because I see a spectrum between individuality and self-determination – I would say "individuality" does not resonate with me, and I think it's harmful because it could be interpreted as "pull yourself up by your bootstraps; figure it out for yourself." But self-determination means being able to make decisions for yourself, which I highly value. Uniqueness...
 - Can't help but think of Maslow's Hierarchy of Needs – if people don't have basic needs met, they can't think about these other more "upstream" issues/challenges.

- Sarah: Connectedness to community – we are a small state and there are opportunities to live in small, close-knit communities. People seem to have a sense of pride in their own communities.
- Erin: Built infrastructure might be something important to Oregonians, too
- Cara: Making sure that decision-making and leadership roles reflect the community
- *Cara refreshes steering committee on their values, identified in last meeting*

What health disparities exist in our state?

- Paul: People who don't have safe and affordable housing; their abilities to provide labor in their community have been so devalued that they are not able to provide for themselves -- and that creates education disparities
- Katrina: Thinking about where that fits into our categories...
- Roberta: I'm a bit confused by this question because everything we've done in this group was to talk about social determinants that we thought were creating the disparities...
- Paul: Hard to frame this because communities have different disparities – economic part of it is similar throughout.
- Amanda: Regionally, for Southern Oregon, reproductive health education is seen as a barrier across the board and we had seen a spike in teen pregnancy. Oral health is a big thing too – especially for communities of color. And then medical interpretation.
- Sarah: Economic, social & institutional racism, access to opportunities and resources
- Paul: Kids on CHIP who have middle-income families are going to be struggling to put their kids on health insurance
- Katrina: My question was really more about wanting to know if there populations that are more affected by social determinants of health
 - We've talked about race/ethnicity, economic, geography – are there other things that might influence how social determinants play out?
 - Gender
- Paul: One of the things I try to call out in every meeting -- I don't know if anyone else here is living under FPL, but the opportunity to participate in this discussion has limited who is going to be at the table.
 - In our first meeting, Alejandro said “nothing about us without us” -- but again, we're having a conversation mostly for people who aren't in this room
- Roberta: Paul, I hear you clearly and it's obviously an ongoing problem for people working on these assessment and plans. I think staff have done the best they can trying to be as inclusive as possible. I think the only way we move forward is being aware of those voices left out and reminding ourselves that we need to continually thinking about how to do better.
- Paul: I completely agree AND it would be easy for me to leave this room and feel like a white messiah, but we are living in a system and structure that enables us as white people (mostly middle class) to participate in this conversation about trying to help other people.

- Katrina: Yes, we definitely have these structural barriers and need to acknowledge this and include it in the framework. How we address that is a big question that I don't have the answer to.

What assets (relationships, collaborations, resource pooling) does Oregon have that could be (or are being) used to improve community health?

- Katrina: We're big enough we can get things done, but small enough that people know each other – collective impact model works better here than in other places
- Erin: The CCO's, creating collaboration and communication between regions
- Amanda: Our current governor is a huge asset – seeing amazing things coming out of that office (policy-decisions)
 - People talked about relying on friends and family so much – we're a wildly diverse state (urban vs. rural vs. frontier) but it doesn't create as much conflict as I'd imagined it to – people still come together and unify under the "Oregon" umbrella.
- Paul: I mentioned Josh attending from ODOT, people from child health, aging agencies, first nations...that there's this level of diversity in the committee. And I was pleasantly surprised at number of attendees at Newport meeting. I think it's positive that so many people are engaged in this.
- Katrina: I think people are relatively hopeful and feel like we can make a difference.
 - We have a beautiful state and it's a great place to live – people take pride in being an Oregonian.
- Amanda: These things are all true...but how do they relate to improving health?
 - Dental therapists are a thing now – very encouraging. It's easier to be a dental therapist vs. dentist or dental hygienist...
 - Community-based health work – how as a state can we support that process? How can we create solutions w/in the communities themselves (vs. putting something new into the community) – using local resources to help support locals improving health
- Cara: Oregon's natural resources as an asset. Access to those can be difficult in many communities because we don't have the transit to do that (e.g. getting to a mountain to hike)

Public Comment

- Yugen:
 - The state epidemiologist really set me afire. Public health lens to reduce health disparities and focus on vulnerable populations is key. Someone raised a point about health literacy levels...
 - What are the triggers for vulnerable populations around health literacy?
 - Epigenetics conversation has been advancing in public health..
 - Everything that has been said here to inform report makes sense to me.
 - How do we raise literacy level for vulnerable populations? → Increasing education, community health workers, and leveraging faith communities.

- NEXT STEP = finding ways to solve for challenges we're identifying
- It's like mole work – they won't dig up the whole backyard, but you know them when you see them...that's public health

Lunch Break

- Lillian Shirley shares appreciation for steering committee.
 - Focusing on how to attack problem of equity and inclusion, and how to hold ourselves accountable (not just be aspirational)

Finalize Key Findings

- Paul: Maybe take thought of “self-determination” and combine with “pride in community”
- Katrina (in response to Amanda): But I do think there is some “pull yourself up by your bootstraps” mentality in Oregon, and maybe we need to reflect that a bit...So I think individualism is a strong thread here in Oregon.
- Christy: What about “person in environment” context? (people liked this)
- Amanda: Clarify “systems” → “Systems of oppression” – with specific focus of what we articulated in our vision statement

Outline & Layout Recommendations

Review SHA examples from other states

- Paul: Don't use Minnesota's SHA report as a model – it's too text-heavy and not accessible to people. Need more graphics, graphs, tables
 - I really like Colorado's layout.
- Erin: I agree w/ Paul – Colorado is much more visual, which I'm a fan of. They also included photos of the actual community – could be a nice place to add quotes. The graphics Minnesota *does* include are good (simple, positive).
- Paul: The SHA from Ohio is too big and overwhelming.
- If there is a digital copy, hyperlinks could be included that link to appendices with more details/data
- Make sure graphics speak to something significant (not just aesthetics)
- Need to balance ethnographic diversity in imagery (can't all be people of color – needs to reflect the makeup of our state)
- Paul: Strive for accessibility and plain language.
- Roberta: I think we need to think about how this document is going to be used, and by whom. Colorado's version is developed for people who are really going to be able to effect change. However, we also may want to share with other people in all kinds of places in the state. I would be very worried if we limit too severely what this report will look like. But also support wanting to make this simpler so it's understandable by more people. I think we need to present detailed information (at level of Colorado's version). It's needed by policymakers. AND maybe we make another version that is simpler and looks nicer/prettier for community members to use in their own community.

- Cara: I think that what we're talking about would definitely be our approach to this. Recognizing we have several audiences for this...we know different people are going to consume this and need different levels of detail. Have ideas about how to present it that works for both (summary of key points w/ additional detail, too, if needed)
 - We've talked about annual update of indicators online, so they stay up-to-date
- Paul: Is there a standard number of online translations available for different language groups? How does that happen? And what about sight-impaired? Have we thought through accessibility?
- Cara: We have translation widget on website, but doesn't work for PDFs, but people can request it be translated into their language – this is on all OHA materials.

Next Steps:

- Hope to have draft by mid-January and open for public comment period, which will last a month.
- After public comment period is closed, bring Steering Committee together via webinar (in early Spring) to provide summary of comments and get input on how to incorporate that feedback.
- Paul: Committee shrunk in size...I'm concerned. Loss of momentum...who will be left after the public comment period?
 - Christy: Good point. We could open webinar up to subcommittee members, too (Paul thinks this is a good idea)... One important thing to discuss is who will be part of the SHIP committee – hope is that some of you will want to continue in that conversation, and we will ask you about this in the spring.
 - Cara: We have 800 people on our SHA list serv. We could be more intentional about providing key bits of info, timeline, etc. over next few months so that people are more engaged and excited about it.
- Have a larger evaluation effort that will be put out via survey (on partnerships)

Good feedback from committee members on how the meeting was run and organized – very appreciative.