



AGENDA

STATE HEALTH ASSESSMENT

September 11, 2017

9am – 2:15 pm

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

Join by Webinar: <https://attendee.gotowebinar.com/register/3059608091695899651>

Conference line for audio: 1-877-873-8017

Access code: 767068#

Meeting Objectives:

- Adopt Vision & Value Statements
- Subcommittee report out
- Forces of Change Assessment

9:00 – 9:30 am

John Donovan

Welcome, acknowledgement of 9-11 anniversary, introductions and opening activity

- Approve minutes from July 12th meeting

9:30 – 10:15am

John Donovan &
Christy Hudson

Adopt Vision & Value Statements

- Review of Process
- Proposed Vision and Value Statements
- Discussion and Adoptions

10:15-10:30am

Sara Beaudrault

Public Health System Assessment

- Review key discussion points from July 31 webinar

10:30 – 11:00am

Kelle Little & Rebecca
Pawlak

Health Status Assessment Subcommittee

- Review of Process & Progress
- Proposed Indicators
- Discussion and Feedback

11:00 – 11:15am

BREAK

11:15 – 12:00pm
Amanda Singh Bans

Themes & Strengths Assessment Subcommittee

- Review of Process & Progress
- Proposed objectives and method for community engagement
- Discussion and Feedback

12:00 – 12:30 pm

LUNCH

12:30 – 1:45 pm

John Donovan &
Christy Hudson

Forces of Change Assessment

- Overview of Forces of Change Assessment process and introductory material
- Small group discussions:
 - *What forces might reduce health inequities in Oregon?*
 - *What forces might maintain or worsen health inequities In Oregon?*
- Small group report out to Steering Committee and discussion

1:45 – 1:50pm

Christy Hudson

Public Comment

1:50 - 2:15 pm

John Donovan

Next Steps/Final Thoughts

- Meeting evaluation
- Review next steps and follow-up communication to committee
- Final thoughts from committee co-chairs

State Health Assessment (SHA) Steering Committee Meeting September 11, 2017



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Plan for the Day

Welcome & Introductions

Approve minutes from July meeting

Finalize Values and Vision Statements

Subcommittee Report Out

Forces of Change Assessment

Next Steps

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font.

Introductions

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Welcome & introductions

What is your preferred name and pronoun?

Considering your role in supporting population health, what brings you hope?

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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.***
-

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.

Vision & Value Statements

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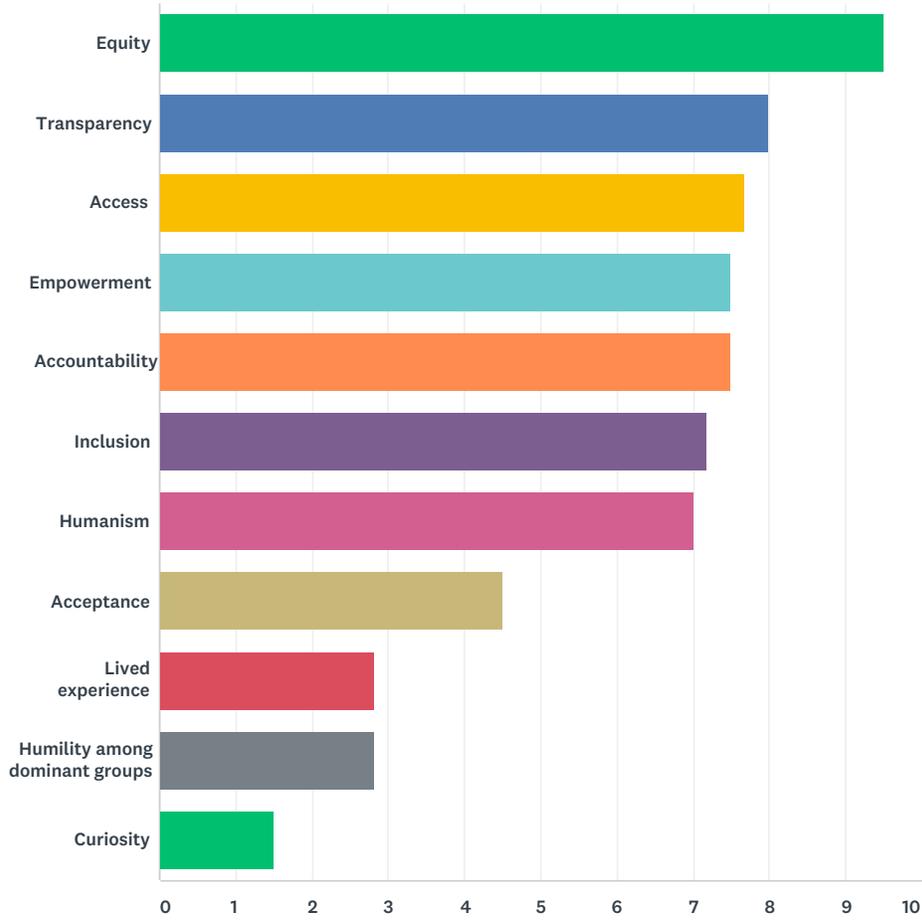
Purpose of Vision & Value Statements

- Collaborative opportunity for steering committee to identify shared vision and common values
- Vision: Statement of what the ideal future looks like for our state
- Values: Fundamental principles and beliefs to guide the process
- Build enthusiasm and communicate purpose with community
- Provide focus, purpose and direction for:
 - State Health Assessment, and
 - 2020-2024 State Health Improvement Plan

SHA Vision and Values

Q1 Rank the following values in order of preference (1 being the most preferred value).

Answered: 6 Skipped: 0



	1	2	3	4	5	6	7	8	9	10	11	TOTAL	SCORE
Equity	33.33% 2	33.33% 2	0.00% 0	16.67% 1	16.67% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	6	9.50
Transparency	0.00% 0	16.67% 1	33.33% 2	16.67% 1	0.00% 0	33.33% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	6	8.00
Access	0.00% 0	0.00% 0	33.33% 2	16.67% 1	33.33% 2	16.67% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	6	7.67
Empowerment	16.67% 1	0.00% 0	16.67% 1	16.67% 1	16.67% 1	0.00% 0	33.33% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	6	7.50
Accountability	16.67% 1	33.33% 2	0.00% 0	0.00% 0	0.00% 0	16.67% 1	0.00% 0	33.33% 2	0.00% 0	0.00% 0	0.00% 0	6	7.50
Inclusion	0.00% 0	16.67% 1	0.00% 0	16.67% 1	33.33% 2	16.67% 1	16.67% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	6	7.17
Humanism	33.33% 2	0.00% 0	16.67% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	33.33% 2	16.67% 1	0.00% 0	0.00% 0	6	7.00
Acceptance	0.00% 0	0.00% 0	0.00% 0	16.67% 1	0.00% 0	16.67% 1	33.33% 2	0.00% 0	0.00% 0	16.67% 1	16.67% 1	6	4.50
Lived experience	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	0.00% 0	33.33% 2	50.00% 3	0.00% 0	6	2.83

SHA Vision and Values

Humility among dominant groups	0.00% 0	33.33% 2	33.33% 2	16.67% 1	16.67% 1	6	2.83							
Curiosity	0.00% 0	16.67% 1	16.67% 1	66.67% 4	6	1.50								

Q2 Do you have any comments you'd like to provide?

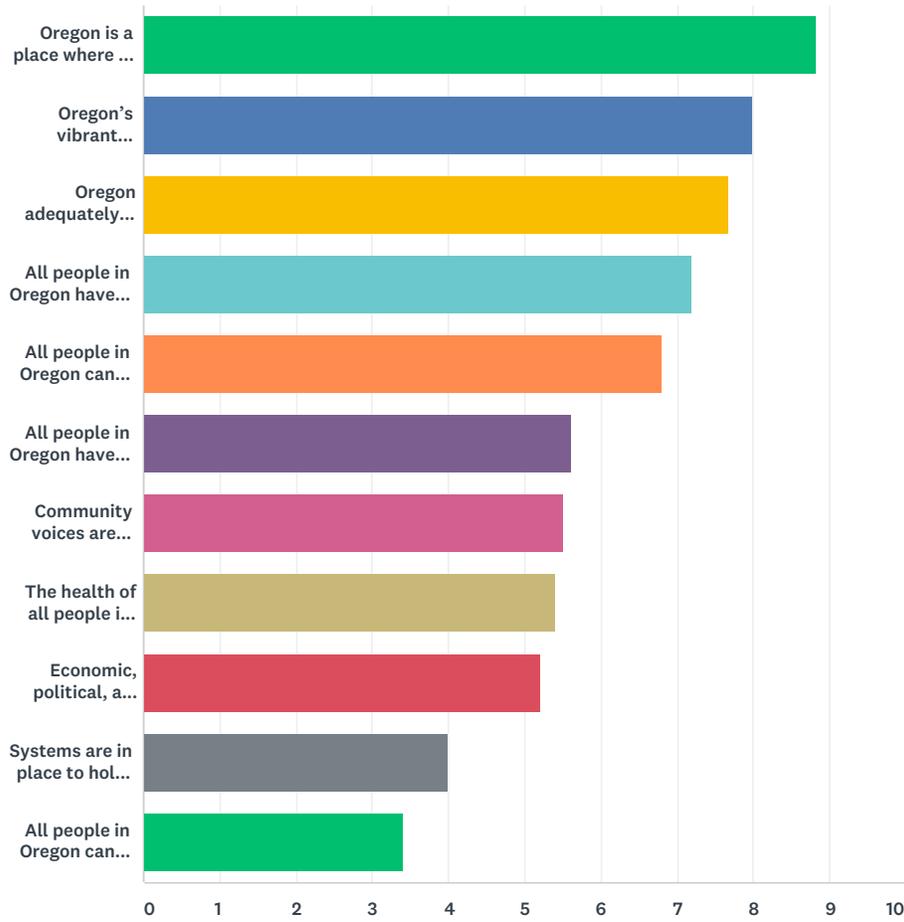
Answered: 3 Skipped: 3

#	RESPONSES	DATE
1	These words are difficult to rank as "values" without context.	8/14/2017 2:33 PM
2	Accountability is key to achieving outcomes.	8/7/2017 12:36 PM
3	How many values are we needing to prioritize? Is there a limit?	8/2/2017 2:29 PM

SHA Vision and Values

Q3 Rank the following vision statements in order of preference (1 being your most preferred).

Answered: 6 Skipped: 0



	1	2	3	4	5	6	7	8	9	10	11	TOTAL	SCORE
Oregon is a place where all are welcome and health is within reach regardless of race/ethnicity, disability, sexual orientation, or socioeconomic status.	33.33% 2	16.67% 1	33.33% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	0.00% 0	0.00% 0	6	8.83
Oregon's vibrant communities work together on policy, systems, and environmental changes that support and maintain health.	20.00% 1	20.00% 1	20.00% 1	0.00% 0	0.00% 0	0.00% 0	40.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	5	8.00

SHA Vision and Values

Oregon adequately invests in prevention priorities like social determinants of health, behavioral health integration, and achieving progress on Public Health Modernization, through an equitable distribution of resources.	16.67%	0.00%	16.67%	16.67%	16.67%	16.67%	16.67%	0.00%	0.00%	0.00%	0.00%	6	7.67
	1	0	1	1	1	1	1	0	0	0	0		
All people in Oregon have access to and can engage with affordable, quality healthcare, and the healthcare system reaches out to non-dominant communities.	40.00%	0.00%	0.00%	0.00%	20.00%	20.00%	0.00%	0.00%	0.00%	0.00%	20.00%	5	7.20
	2	0	0	0	1	1	0	0	0	0	1		
All people in Oregon can fulfill their personal goals because basic needs, like stable housing, food security, a living wage, and safety, are met.	0.00%	40.00%	0.00%	20.00%	0.00%	0.00%	0.00%	20.00%	0.00%	20.00%	0.00%	5	6.80
	0	2	0	1	0	0	0	1	0	1	0		
All people in Oregon have healthy options available to them.	0.00%	20.00%	20.00%	0.00%	0.00%	20.00%	0.00%	0.00%	0.00%	20.00%	20.00%	5	5.60
	0	1	1	0	0	1	0	0	0	1	1		

Oregon State Health Assessment

Vision and Values

Process

- Step 1: Review notes and create high-level categories or themes based on each question
- Step 2: Review themes and look for opportunities to combine and consolidate
- Step 3: Create draft vision and values statements that encompass high-level themes
- Step 4: Distill preferred values and vision statements via survey monkey.
- Step 5: Review survey results with steering committee members and finalize

Vision

Overall themes from State Health Assessment vision discussion. Major themes were categorized as follows: individual, community, system, and process for the SHA.

Theme	Examples
Individual	
Health within reach for all Oregonians	Health within reach for all people in Oregon; Healthy options within reach for all Oregonians; Health disparities are non-existent; Eliminating disparities; Dramatically fewer health disparities; health disparities would be reduced
Oregonians enjoy longer, healthier and happier lives, feel a sense of belonging, and are able to age in place	Peaceful and joyful state of mind; Healthy state of mind, mental health; Longer and/or healthier and happier lives; Don't have to worry about aging independently; Family doesn't have to worry about where care will come from; People have a peaceful mind, sense of belonging; Maximum opportunity to live healthy lives
Basic needs are met so Oregonians can fulfill their personal goals	No one's health impedes their ability to fulfill their aspirations; Basic needs addressed at macro, micro, mezzo levels; Affordable housing; Clean air and water; Clean water, clean air; Affordable healthful food; Food; Childcare; Safety; Self-actualization and ability to plan ahead and have greater use and more control of their time (Maslow's hierarchy of needs); Food security; Housing; Livable wage; Transportation [options]; Improved housing, food security, jobs, and child care
All have access to and engage with affordable and quality healthcare	Inclusion of all services and outreach to all; Affordable and quality healthcare for all; Engagement in healthcare; Healthcare access; Awareness of accessibility; Better access to healthcare
All have healthy choices available to them	Affordable healthful food choices; Healthy options within reach for all Oregonians
Community	
Vibrant, strong communities support and maintain health of members	Vibrant, viable communities that have more capacity and are doing things for all; Strong community

Theme	Examples
Communities work together on policy, systems, environmental change to improve health	Communities working together on policy, systems, environmental change to improve health
Community members are engaged in decision making, community voices and experiences are front and center	Having community panels who heavily influence decision making; Centering community voices; Centering community voices/experiences
Members of affected communities hold elected positions and are represented on decision-making committees / advisory boards	Advisory boards and elected bodies made up of People of Color, people with disabilities, LGBTQ, across all socioeconomic statuses; race/ethnic representation;
Increased family cohesion	Increase family nurture (parents not working multiple jobs)
System	
Increase in population, especially non-dominant groups	More people will be in the state (especially Asians) and will continue to bring people from all other states; Oregon will continue to grow with a steady influx of migration, more people will call Oregon home, just Asian growth alone is 47% increase from 2010 census
Full and equal cross-sector responsibility for Oregonians' health with shared vision and commitment	Pluralist representation of all sectors of government, law, health, policy, education; All sectors take action (schools, businesses, LPHAs, government, corrections, CBOs, health care, etc.); full and equal participation in all sectors and institutions; More collectivism (less individualistic); It will be a united system representing or caring for all. A system with shared vision and commitment; More organizations taking responsibility for their roles and their work has positive impacts on health of Oregonians
Healthcare system reaches out to affected communities with community health workers	Inclusion of all services and outreach to all; More community health workers, more outreach to unengaged
Economic, social, and political structures support rather than hinder health and are driven by society best interest	Social and economic systems and infrastructure actively reduces or eliminates barriers that prevent positive health outcomes; Health in All Policies; Laws and regulations not based on power of lobby, but are driven by society best interest; More humanistic; Much less power divide; less abuse of power and disconnect between have and have-nots
State has money to increase investment in prevention priority areas like SDOH, integration of behavioral health, and progress on Public Health Modernization, and equitably distributes these resources for local improvement	State would have more money/resources to invest in health promotion; Investment in ongoing support and preventive efforts rather than direct service/responders; Local-level funding for improvement plans; More equitable distribution of resources needed for individuals, families, communities to create health; More investment in social determinants of health; More investment in mental health; Making progress with public health modernization, working towards how we fund communities for public health work; we have met all our SHA/SHIP/Modernization/Strategic Plan goals; Public Health Modernization efforts are underway; More resources for implementation of public health modernization; Behavioral health integration; increased investment in mental health; More investment in addressing social determinants, such as resources for

Theme	Examples
	housing, food, transportation access, and living wages; Not just direct service (but not exceeding that), but on policy/systems level; Short- and long-term behavioral and mental healthcare, not imprisonment; Mental and behavioral healthcare
Resources shared equitably	Resources are shared equally
Actively recruit and retain members of affected communities for public health committees	Concerted effort to recruit and retain representation on all public health committees; Find ways to include those who would not normally be in positions of power
Easier identification of structural barriers to health	Structural barriers to improve health and overall well-being could be more easily identified and could create pressure on elected officials to reduce or eliminate existing barriers
Agency accountability structures for equity	Accountability or rating system for agencies that have low equity scores (public shaming process, tap into people’s competitive level); Accountability/rating system for agencies who have low equity scores
State Health Assessment Process	
Engage, empower, and enable people from non-dominant communities to participate	Engage, empower, and enable people to participate, need to address with appropriate resources; Ensure groups are represented and ideas are elicited; We must have representatives from communities affected by health disparities at the table; Focus groups of community groups, perhaps carried out by Community Advisory Councils and other community groups; More representation of folks that are affected by these inequities; Focus groups to gauge community voice, perhaps carried out by CACs, advisory groups, etc.
Materials are made available and are accessible in format, language, and learning style	Access to informative materials is multiple, accessible languages, and models that address different learning styles (visual and other models); Need to address with appropriate resources
Formats of community participation are accessible	Accessible to consumers who can’t miss work, can’t travel or aren’t healthy enough to participate
Review current data, be clear about data limitations and availability, and elicit creative ways to fill gaps	Being very clear about limitations with the data that we have available; transparent about limitations with data and process (i.e., why we can’t get hyper-local) and identify ways to fill gaps; Review data of current state
Decision makers are flexible and responsive to community input	Willingness in part of core steering committee members to be flexible to different community perspectives as they become apparent

Draft Vision statements based on identified themes

- Oregon is a place where all are welcome and health is within reach regardless of race/ethnicity, disability, sexual orientation, or socioeconomic status.
- Oregonians enjoy longer, healthier and happier lives, feel a sense of belonging, and age in place.
- Oregonians fulfill their personal goals because basic needs, like stable housing, food security, a living wage, and safety, are met.

- All Oregonians have healthy options available to them.
- All Oregonians have access to and engage with affordable and quality healthcare, and the healthcare system reaches out to non-dominant communities.
- Oregon’s vibrant communities work together on policy, systems, and environmental changes that support and maintain health.
- Economic, political, and social structures in Oregon support rather than hinder health and are driven by society’s best interest.
- The health of all Oregonians is a shared responsibility across sectors of government and healthcare with a shared vision and commitment.
- Community voices and experiences are front and center in decision making processes through active recruitment of non-dominant groups to elected and voluntary positions of power and formal convening of community members to advise on policy and programmatic decisions
- Oregon increases investment in prevention-focused priorities like addressing social determinants of health, behavioral health integration, and achieving progress on Public Health Modernization, and equitably distributes these resources for local improvements.
- Systems are in place that hold agencies accountability for health equity work.

Values

Themes from State Health Assessment values discussion

Theme	Examples
Values to ensure equitable participation, community-driven process	
Human interests, values, and dignity predominate the process	Humanism
Include, empower, and support affected communities	Nothing about me without me; Inclusion; Empower; Shared responsibility; Assistance to participate; Equal access; Collectivism
Value lived experience and communities people live in	Value lived experience; Valuing the community people live in
Members of dominant groups are humble, curious, non-judgmental, and open to differences	Seeking out what we don’t know and being open about not having the answers; Appreciate differences; Non-judgmental; Listen; Respect
Agencies are accountable to non-dominant communities, transparent about process, and communicate barriers	Accountability; Be transparent and forthright; Recognize barriers;

Draft Values based on identified themes

Humanism

Empowerment

Inclusion

Lived experience

Humility among dominant groups

Curiosity

Non-judgmental

Accountability

Transparency

Equitable (not equal - confirm with below).

Accessibility

Stand out quotes:

In the context of engaging the community in the process –

“Nothing about me without me”

“Centering community voice and experience”

Themes from State Health Assessment by discussion question

Theme	Examples
A healthy and equitable state	
Individual	
Health within reach for all Oregonians	Health within reach for all people in Oregon; Healthy options within reach for all Oregonians; Health disparities are non-existent; Eliminating disparities
Oregonians have a peaceful and joyful state of mind	Peaceful and joyful state of mind; Healthy state of mind, mental health
Basic needs, like stable housing, food security, and safety, are met so Oregonians can fulfill their personal goals	No one’s health impedes their ability to fulfill their aspirations; Basic needs addressed at macro, micro, mezzo levels; Affordable housing; Clean air and water; Clean water, clean air; Affordable healthful food; Food; Childcare; Safety
All have access to and engage with affordable and quality healthcare	Inclusion of all services and outreach to all; Affordable and quality healthcare for all; Engagement in healthcare

Theme	Examples
All have healthy choices available to them	Affordable healthful food choices; Healthy options within reach for all Oregonians; Maximum opportunity to live healthy lives
Community	
Strong community	Strong community
System	
Cross-sector collaboration and representation	Pluralist representation of all sectors of government, law, health, policy, education
Healthcare system reaches out to affected communities	Inclusion of all services and outreach to all
Economic, social, and political structures support rather than hinder health and are driven by society best interest	Social and economic systems and infrastructure actively reduces or eliminates barriers that prevent positive health outcomes; Health in All Policies; Laws and regulations not based on power of lobby, but are driven by society best interest
Resources shared equitably	Resources are shared equally
Difference if everyone in Oregon could live healthy and flourishing lives	
Individual	
Fewer health disparities	Dramatically fewer health disparities; health disparities would be reduced
Longer, healthier, happier lives	Longer and/or healthier and happier lives
Healthy aging in place	Don't have to worry about aging independently; Family doesn't have to worry about where care will come from
Individual peace of mind and sense of belonging	People have a peaceful mind, sense of belonging
Individuals achieve their full potential with basic needs met	Self-actualization and ability to plan ahead and have greater use and more control of their time (Maslow's hierarchy of needs); Food security; Housing; Livable wage; Transportation [options]
Health care access and awareness of access	Healthcare access; Awareness of accessibility
Community	
Increased family cohesion	Increase family nurture (parents not working multiple jobs)
Vibrant communities support and maintain health of members	Vibrant, viable communities that have more capacity and are doing things for all
Communities work together on policy, systems, environmental change to improve health	Communities working together on policy, systems, environmental change to improve health
System	
State has money to invest in health promotion	State would have more money/resources to invest in health promotion
Full and equal cross-sector collaboration and action	All sectors take action (schools, businesses, LPHAs, government, corrections, CBOs, health care, etc.); full and equal participation in all sectors and institutions
All people and groups equally represented in positions of power	
Individual	

Theme	Examples
All feel welcome in Oregon	A place all would feel welcome
Community members are engaged in decision making	Having community panels who heavily influence decision making;
Members of affected communities hold elected positions and are represented on decision-making committees / advisory boards	Advisory boards and elected bodies made up of People of Color, people with disabilities, LGBTQ, across all socioeconomic statuses; race/ethnic representation;
All schools multilingual	All school multilingual
Affordable healthful food	Affordable healthful food
System	
Less power divide and abuse of power	Much less power divide; less abuse of power and disconnect between have and have-nots
No financial benefit from individual health	No financial profit in health of individuals/groups
Collectivist and humanist with shared vision and commitment	More collectivism (less individualistic); It will be a united system representing or caring for all. A system with shared vision and commitment; More humanistic
Actively recruit and retain members of affected communities for public health committees	Concerted effort to recruit and retain representation on all public health committees; Find ways to include those who would not normally be in positions of power
Investment in prevention over direct service	Investment in ongoing support and preventive efforts rather than direct service/responders
Mental and behavioral healthcare over incarceration	Short- and long-term behavioral and mental healthcare, not imprisonment; Mental and behavioral healthcare
Easier identification of structural barriers to health	Structural barriers to improve health and overall well-being could be more easily identified and could create pressure on elected officials to reduce or eliminate existing barriers
Three to five years	
Individual	
Basic needs met for individuals	Improved housing, food security, jobs, and child care
Better access to healthcare	Better access to healthcare
Community	
Community voices and experiences are front and center	Centering community voices; Centering community voices/experiences
System	
Increase in population, especially minority groups	More people will be in the state (especially Asians) and will continue to bring people from all other states; Oregon will continue to grow with a steady influx of migration, more people will call Oregon home, just Asian growth alone is 47% increase from 2010 census
More organizations taking responsibility for health of Oregonians	More organizations taking responsibility for their roles and their work has positive impacts on health of Oregonians

Theme	Examples
Funding for local improvement plans	Local-level funding for improvement plans
Equitable distribution of resources to communities	More equitable distribution of resources needed for individuals, families, communities to create health
Increased investment in priority areas like SDOH, integration of behavioral health, and progress on Public Health Modernization	More investment in social determinants of health; More investment in mental health; Making progress with public health modernization, working towards how we fund communities for public health work; we have met all our SHA/SHIP/Modernization/Strategic Plan goals; Public Health Modernization efforts are underway; More resources for implementation of public health modernization; Behavioral health integration; increased investment in mental health; More investment in addressing social determinants, such as resources for housing, food, transportation access, and living wages
Focus on policy and systems changes in addition to direct service	Not just direct service (but not exceeding that), but on policy/systems level
Agency accountability structures for equity	Accountability or rating system for agencies that have low equity scores (public shaming process, tap into people's competitive level); Accountability/rating system for agencies who have low equity scores
Increased outreach to unengaged with more community health workers	More community health workers, more outreach to unengaged
Needs for equitable, transparent, inclusive process	
Engage, empower, and enable people from non-dominant communities to participate	Engage, empower, and enable people to participate, need to address with appropriate resources; Ensure groups are represented and ideas are elicited; We must have representatives from communities affected by health disparities at the table; Focus groups of community groups, perhaps carried out by Community Advisory Councils and other community groups; More representation of folks that are affected by these inequities; Focus groups to gauge community voice, perhaps carried out by CACs, advisory groups, etc.
Materials are made available and are accessible in format, language, and learning style	Access to informative materials is multiple, accessible languages, and models that address different learning styles (visual and other models); Need to address with appropriate resources
Formats of community participation are accessible	Accessible to consumers who can't miss work, can't travel or aren't healthy enough to participate
Review current data, be clear about data limitations and availability, and elicit creative ways to fill gaps	Being very clear about limitations with the data that we have available; transparent about limitations with data and process (i.e., why we can't get hyper-local) and identify ways to fill gaps; Review data of current state
Decision makers are flexible and responsive to community input	Willingness in part of core steering committee members to be flexible to different community perspectives as they become apparent

Review of Process

- Steering committee participated in initial brainstorm in July
- PHD staff reviewed notes from meeting and created high-level themes based on each question
- Themes were consolidated where appropriate
- Draft vision statements and values created encompassing themes
- Preferred statements and values distilled via survey monkey

Today:

- Formal adoption of vision statement and values

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Proposed Vision Statement & Values

Vision: Oregon is a place where all are welcome and health is within reach for everyone.

Values: Equity, Accountability & Inclusion

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Subcommittee Updates

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Public Health System Assessment

Key questions from July 31st public health system assessment webinar:

1. What did we learn from the 2016 public health modernization assessment about how foundational capabilities and programs are provided across the state?
2. How can the assessment help us understand and address disparities?

Public Health System Assessment

Key points of discussion:

1. Participants valued the opportunity to learn more about the public health system and about public health modernization.
2. The public health accountability metrics established for public health modernization are narrower in scope than steering committee members want to see for the SHA.
3. More discussion is needed about how the public health modernization assessment findings can be used to understand and address health disparities.

Health Status Assessment

- Aims to answer 4 key questions:
 - How healthy is Oregon?
 - What health disparities exist in our state?
 - What measures of social and economic inequality exist in our state?
 - What indicators are needed to describe the health of our state?

Health Status Assessment

- Reviewed existing state health indicators
- Responded to survey:
 - Ranked existing indicators in terms of importance
 - Recommended additional indicators for consideration
- Recommended using public health modernization as framework for future indicators
 - Social Determinants of Health
 - Environmental Health
 - Prevention and Health Promotion
 - Communicable Disease
 - Access to Clinical Services

Health Status Assessment

Ambiguous/Unsettled Items for Discussion:

- Need to include more framing and context for what makes people healthy
 - Social vs structural determinants of health
 - Include more cross cutting indicators specific to the social determinants
- Presentation of data so that it's accessible and meaningful
 - Number of indicators that should be selected
 - Usefulness of national comparison benchmarks
 - How to prioritize matrix: weighting and definition of criteria
- Relevant themes to share with community meetings

Themes & Strengths Assessment

- Aims to answer 4 questions:
 - 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 health?
 - How do vulnerable communities experience the effects of health inequities?
- Reviewed existing community engagement reports for common themes
- Discussed how to best conduct community engagement given the wealth of information that already exists with common findings

Previous Efforts

- 2015-19 State Health Improvement Plan Listening Sessions
- Oregon Office of Rural Health Listening Tour
- OHA Behavioral Health Town Halls
- CCO Listening Sessions
- Areas of Unmet Health Care Needs Report
- Oregon's Children and Youth with Special Health Care Needs Assessment
- Oregon State Plan on Aging
- Local Health Assessments and Health Improvement Plans

Themes Across Previous Efforts

- Access to care/high cost of care/lack of insurance (13)
- Social determinants of health (11)
- Maternal/family/child health (8)
- Mental/behavioral health (7)
- Oral health (5)
- Health equity (5)
- Alcohol and drug use (4)
- Impact of trauma (4)
- Chronic diseases (4)
- Obesity (3)
- Care coordination (3)
- Older adults/aging-related needs (3)
- Urban/Rural/Frontier Differences (3)

Themes Across Previous Efforts

- Self-management skills (2)
- Payment reform/increasing capacity and innovation (2)
- Tobacco use (2)
- Healthy eating/active living (2)
- Caregiver education, peer/family support specialists (2)
- Young adults in transition (2)
- Built environment (1)
- Vision health (1)
- Falls prevention (1)
- Health literacy (1)
- Core public health work (1)
- Integration of physical/behavioral/oral health (1)
- Governance structures and transparency (1)
- Workforce recruitment/retention (1)

Community Meetings

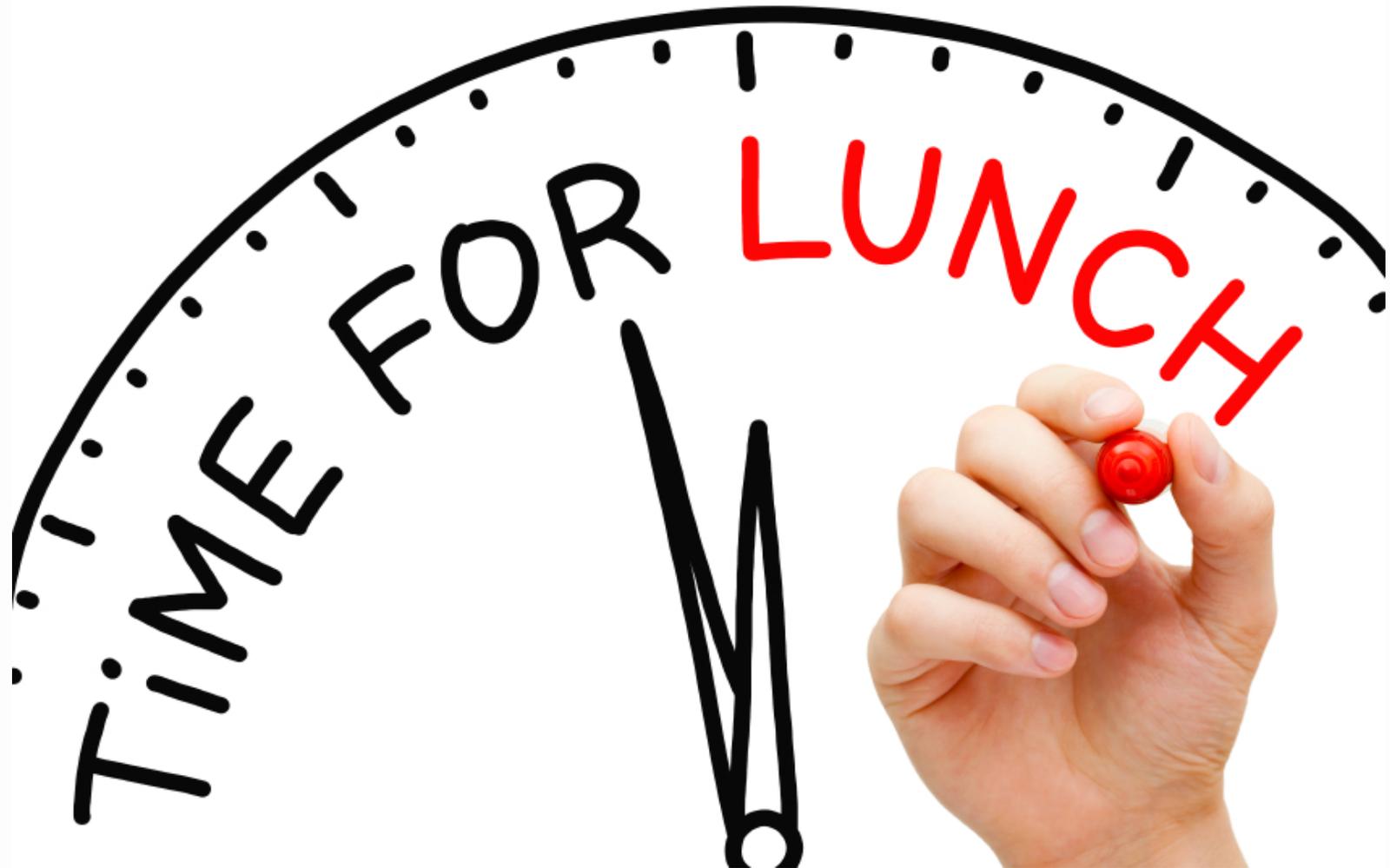
- Updated approach based on Themes and Strengths Subcommittee feedback
- Three methods:
 - Targeted regional meetings
 - Individual feedback from organizations representing specific populations
 - Electronic survey
- Need to consider timeframe, available resources and participation among steering committee and subcommittee members

Community meeting dates and locations

- October 4, 1:00-3:00 pm: La Grande – Northeast Oregon Network
- October 10, 5:30-7:30 pm: Eugene – HIV Alliance
- October 11, time TBD: Medford or Grants Pass - SO Health-E Regional Health Equity Coalition
- October 13, time TBD: Newport – Samaritan Health Education Building
- To be confirmed: Portland, Madras Salem

Steering Committee discussion

- What communities/organizations are the highest priorities given limited resources?
- Would you be willing to assist with either having feedback on the state health assessment at a board or committee meeting, serving as a host site, or helping to recruit participants?
- What else do we need to consider?



Forces of Change Assessment

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Forces of Change Assessment

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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Purpose

- Identifies forces, opportunities, and threats, both current and in the future, that could impact health. Forces can be:
 - Events – one time occurrence
 - Trends - patterns over time
 - Factors - geographic or socio-economic elements
- Key Questions
 - What forces affect health inequities?
 - What opportunities and threats are associated with these forces?

Process

- Individually identify forces of change on worksheet & report back to group.
- Form 3 groups (events, trends and factors) and identify opportunities and threats for identified forces.
- Report back to group
- Discussion and notes will be summarized and shared back to steering committee members via email



Forces of Change - Threats and Opportunities Worksheet

Key Questions

- What forces affect health? What forces create health inequities?
- What opportunities and threats are associated with these forces?

Identify forces, including trends (patterns over time), factors (geographic/socio-economic elements) and events (one-time occurrences). Be sure to consider things like: social, economic, political, technological, environmental, scientific, legal, and ethical forces. Then, for each category, identify the threats and opportunities for the public health system or community created by each.

1. Individually, identify forces of change

Think about forces of change — outside of our control— that affect the health of our state.

Force	Guiding Questions	Your Ideas
Events – One time occurrences (e.g. natural disaster, passage of legislation)	What events have occurred recently (in the past two-three years) that are affecting the health of the people who live within Oregon? What may occur in the future?	
Trends – Patterns over time (e.g. migration, gentrification)	What patterns of decisions, policies, investments, rules and laws affect the health of our state? Describe the trends.	
Factors – Geographic/socioeconomic elements (e.g. waterways, urban areas, large immigrant populations)	What characteristics of Oregon are directly impacting the health of the people? Who is benefiting from these elements? Who is being harmed?	

Trends	Threats Posed	Opportunities Created

Factors	Threats Posed	Opportunities Created

Evaluation & Next Steps

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Evaluation

- Take 5 minutes and complete the evaluation.
- Did you answer no or unsure to any of the questions? Do you have any suggestions on what could be changed or improved?
- How will we celebrate success?



STATE HEALTH ASSESSMENT STEERING COMMITTEE MEETING

September 11, 2017

MAPP Process Evaluation

Phase 2: Visioning	Yes	No	Unsure
Did we use a collaborative process that has resulted in a shared vision and values?			
Phase 3: Four Assessments			
Do you understand the purpose and direction of the Public Health System Assessment?			
Do you understand the purpose and direction of the Health Status Assessment?			
Do you understand the purpose and direction of the Themes & Strengths Assessment?			
Do you understand the purpose and direction of the Forces of Change Assessment?			
Will the proposed process for community feedback align with our shared values?			
Do you sense a tone of openness and sustained commitment among steering committee members?			
Do you feel engaged as an active partner?			
Do you think the planning process is making good use of your time?			
Is the process aligning with the identified vision and values?			

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

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

Next Steps & Final Thoughts

- Subcommittee work continues on!
- Participation in community engagement efforts as you are able.
- Provide final feedback on summary of forces of change assessment
- Next steering committee meeting will be held November 30th in Portland