



STATE HEALTH ASSESSMENT STEERING COMMITTEE MEETING

Draft Meeting Minutes

September 11, 2017

9am – 2:15 pm

Meeting Objectives:

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

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- 9:00 – 9:30 am** **Welcome, acknowledgement of 9-11 anniversary, introductions and opening activity**
- Approve minutes from July 12th meeting
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Katrina asked for the second bullet under “Orientation to MAPP” be clarified – Cara said they’ll make more specific. Minutes approved with that correction

- 9:30 – 10:15am** **Adopt Vision & Value Statements**
- Review of Process
 - Proposed Vision and Value Statements
 - Discussion and Adoptions
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VISION:

- Proposed vision is: Oregon is a place where all are welcome and health is within reach for everyone.
 - Katrina has questions about vision statement – is it for the SHA or the SHIP? Should vision be more specific to task at hand? Katrina likes to have vision that says why this work is important – she’s okay with having a broader vision focused on what we want to achieve eventually.
 - Paul received questions last week via email. Seems like there is some vagueness about how community engagement is going to work. Perhaps we went so broad with vision and values in short amount of time – could someone address?
 - Christy clarified that according to MAPP process, vision and values continue through SHIP.
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- Alejandro shares vision we have is end place we want to go. I think Katrina is right that we need more of a strategy. Think we're on right track, but need to separate out elements that are process versus vision.
 - Amanda appreciates the conversation as she was struggling with this concept when pitching communities about the engagement process. We have a lot of listening sessions and groups that come to ask for community input, but then what happens after? Will community see how their feedback is reflected in SHA? She is also realizing that this is a state level assessment. We might have radical visions of what we want to see in the world and that might be different than what's possible. Need to have some realistic expectations of what needs to take place. I'm totally okay with limitations of OHA staff, and I welcome transparency (e.g. "This is great idea, *AND* I'm not going to be able to sign off on it.")
 - Alejandro shared challenges with vision statement as it is too broad. Wants to include geography. What is purpose of "all are welcome" statement? Think it's already captured in value of "inclusion". Not sure we need it in there. Liked original statement better.
 - Rebecca also struggling with a broad vision statement vs. a statement specific to the as a specific product. Questions if a sub-vision that's about process is needed. Feel like we're missing something...
 - Paul feels same way as Alejandro regarding missing specific language about subgroups that are experiencing inequity. Can we wordsmith it to include?
 - Amanda agrees. Is there a way to re-work it? Because "all are welcome" isn't really true (and historically hasn't been). Feel like it's strategic to use "equity" and "inclusion" in values statement because it's such a buzz word. Thinks equity can include inclusion. Also missing something about self-empowerment.
 - Roberta is still struggling with what we are doing with SHA. Is our vision "to have an assessment that ensures we're collecting data and giving direction so that all people in Oregon can have health within reach? This vision statement will drive strategy regarding what type of data needs to be collected.
 - John suggests that intention is values are about process; vision is intended to cover where whole process is headed.
 - Christy clarifies it is okay for steering committee to do something different than what MAPP suggests.
 - Katrina appreciates Roberta's suggestion.
 - Cara suggests that what is missing is a mission statement for the SHA.
 - Erin agrees that we're missing a mission statement – but is still struggling with the "where all are welcome" piece of proposed vision statement.
 - Core group will take comments from today and draft a mission statement for group and edit vision statement based on discussion.
 - Alejandro wants to include geography – to call out race and ethnicity. That is very important.
 - Holden asked for clarification on scope of what we're being charged to do, and suggested that be reflected in a mission statement.
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- Christy clarified that according to MAPP framework, they usually have one steering committee from Phase 1 to Phase 6 (7 years) which may be why a vision/values statement through 2024 feels out of scope for this group.
 - Cara: New draft we've come to: "Oregon is a place where health is within reach for all regardless of race, ethnicity, disability, gender, sexual orientation, socioeconomic status and geography"
 - Accept language as working vision – table discussion for the moment.

VALUES:

- Proposed values are: equity, accountability & inclusion
- Amanda suggested changing inclusion to empowerment
- Rebecca likes inclusion but wants to add empowerment.
- Roberta asks if list has to be limited. Seems silly not to include more of them – let's just add them.
- Katrina remarks it's not about length of list but what we are communicating to others. Harder to communicate 10 different things vs. 3.
- Amanda suggests that additional values could be captured in a mission statement.
- John reflects that group is landing on addition of values that are really important. Suggests empowerment and transparency.
- Erin agrees - supports expanding them a little bit.

10:15-10:30am

Public Health System Assessment

- Review key discussion points from July 31 webinar

10:30 – 11:00am

Health Status Assessment Subcommittee

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

11:00 – 11:15am

BREAK

11:15 – 12:00pm

Themes & Strengths Assessment Subcommittee

- Review of Process & Progress
 - Proposed objectives and method for community engagement
 - Discussion and Feedback
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- Christy reviewed themes Public Health System Assessment
 - Rebecca and Kelle provided update from the Health Status Assessment Subcommittee and recommended framework for organizing indicators.
 - Roberta would like more examples to determine whether she can fit all the kinds of indicators she wants in the categories. I think I can – I think we go forward with it and modify as we go.
 - Katrina clarifies that framework doesn't exclude other data can't be used in our work. Indicators are only part of the work.
 - Amanda asks whether gender identity or expression is being tracked. This is an issue with CCO's in her area. Is there a way to disaggregate data by gender expression?
 - Katrina answers yes, to the extent possible with the data sets. For some we can't, for example air quality is only reported by geography. It varies, but we will do that to extent possible.
 - Roberta would like this process to allow us to think about what types of data the state needs to collect going forward.
 - Katrina is fine to do that. All the data we collect have specific statues around them, and we'd like to collect more granular data on a number of things – but it's governed at a Federal level. If we had extra resources to do some of this different research, we'd be very interested – but we can't advocate for that.
 - Roberta appreciates what's possible at a state level, but in this SHA work we're going to be thinking about what types of data is needed/helpful to create a healthier state – to inform our legislature about what we may need and why we may need them.
 - Paul offers we have an ambiguous issue about not having data on transgender health and no pathway to get it.
 - Katrina doesn't want to put damper on brainstorming – just wants to share, transparently, the realistic constraints. We can certainly point out gaps – just wants to make clear that to do something about them is a much longer, bigger process
 - Katrina points out that there are things important for SHIP and things important for SHA
 - Amanda believes it's important to show how social determinants of health are connected to health promotion and chronic disease prevention issues.
 - Katrina completely agrees, however we have any Oregon-specific data that shows this.
 - Amanda asks if there is a way to look at vacancy rates.
 - Katrina doesn't know answer.
 - Alejandro would like more context regarding the community meetings. These indicators are trying to answer "how healthy is Oregon?" I think we need to show these communities data that is relevant to them...but how are we soliciting their feedback? How are we addressing? How is the data from these meetings being incorporated in our process? Because all we can say, then, is "this is what we think based on what we're able to collect?"
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- Amanda suggests use of pre- and post-evaluation/surveys? Does this data address concerns in your communities? Could also help us to identify the gaps
 - Cara: This is going to be discussed in Themes & Strengths committee portion of agenda later today
 - After break, new draft vision is shared: Oregon is a place where optimal health is achieved by everyone and outcomes are not determined by race, ethnicity, disability, gender, sexual orientation, socioeconomic status, nationality or geography.
 - Amanda provides report out from Themes & Strengths Subcommittee.
 - Intention of meetings is to hear from individuals and groups regarding experience of health disparities - especially from those that haven't been represented in data.
 - Committee wants to make sure that attendees are compensated in some way (food, childcare, etc.) but know that there are constraints – trying to get creative about it now.
 - TSA also looked at existing community engagement efforts, and reviewed community health improvement plans & assessments.
 - Where is the body of work between bullet 1 (access to care/high cost of care/lack of insurance) & 2 (social determinants of health), and how do we carve out how to work in that space? Trying to tease this out in community engagements.
 - Paul offered that some CBOs that attended are very interested in specific issues, which is concerning. I was suggested to invite CAC members, but need to make clear that this is about public health, so we don't get focused on health care delivery.
 - Proposed locations are La Grande, Eugene, Medford or Grants Pass, Newport, Portland, Madras, Salem
 - No resources are available to repay CBOs for their time helping with this
 - Electronic survey also proposed as a method to hear from people who can't get to a meeting.
 - Paul discussed using survey for Holden's organization because there are so many different languages
 - Holden offered alternative of having the staff of organizations that represent different populations completing the survey and being their voice.
 - Engagements are not limited to this list. In addition to regional meetings, will extend invite to individual organizations representing specific populations (have a list of over 100 organizations), and electronic survey will be provided.
 - Kelle observes that southeast corner of Oregon is not covered by this list. Focus is on the I-5 corridor, which excludes big chunk of area with health disparities, especially tribes.
 - Paul shared this conversation was also in subcommittee. It would be hard to get those voices equally represented. Idea of survey came out of idea that listening sessions will be a lot of same voices that show up to these types of meetings, and that survey allows us to get more input.
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- Roberta shared she does some traveling around the state and will be in Lakeview on Thursday to sit in on a CHIP meeting. She's not on the agenda, but perhaps she could share things and get input?
- Cara clarifies it's less about sharing and more about engaging in a dialog, asking. Don't yet have questions finalized for community meetings.
- Kelle asks if steering committee members get some talking points so they can start talking about the SHA in communities, and asking them how they could be engaged.
- Cara says that staff will be putting together a whole package for steering committee members with dates, link to survey, etc.

What communities/organizations are the highest priorities given limited resources?

- Paul reminds group that a long list of organizations was developed in our last meeting – take a look at this.

Would you be willing to assist with gathering feedback at board meeting, serving as host site, helping recruit?

- Katrina definitely want to help.

What else do we need to consider?

- Amanda asks about availability of translation of materials. Know we can't translate into every language, but we have a large Spanish-speaking population.
- Rebecca observes that access has come up first in a lot of engagement sessions. If you're putting together some talking points, would be good to address that – how do we get them to public health? Not sure how to finesse that without ignoring it.

12:00 – 12:30 pm LUNCH

12:30 – 1:45 pm 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

- **EVENTS:**
 - Presidential election
 - Threat to repeal ACA
 - Repeal of DACA
 - Student loan debt crisis/bubble about to pop
 - Climate change events / natural disasters

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- Transition in state government (from Kitzhaber to Brown)
 - Transition in OHA leadership
 - Rent control legislation not passing
 - OHP/Medicaid & Health Kids continuation
 - Creation of Coordinated Care Organizations
 - Tobacco 21
 - Cannabis legalization
 - TRENDS:
 - Growth and rent control issues
 - Californians moving to Oregon and driving up price of housing and rental market
 - Increase in diversity (more Latinos in Amanda's area)
 - Tourism promotion (e.g. Portlandia)
 - Valuing coverage over benefits
 - Increased awareness of health inequities
 - Struggles recruiting and retaining health professionals (specialty & behavioral health care, especially in more rural parts of Oregon)
 - Wrongful billing of people
 - Modernization of public health
 - Poorest HS graduation rates in country
 - Increased funding for education
 - Increased investment in early education
 - Increased power of the pharmaceutical industry
 - Increase in hate crimes (after election)
 - Increased homeless population
 - Decrease in affordable housing
 - Access to mental health services
 - Decline in vaccination rate
 - Oral health rates (utilization still low on OHP)
 - Decrease in funding and direction for HIS
 - Influx of skilled workforce
 - Increase in veterans returning from war, bringing with them challenges
 - Increasing access to Behavioral Health Care – in some rural areas
 - FACTORS:
 - Limited state revenue (no sales tax or sustainable funding sources)
 - Urban v. Rural divide (disparities & long distance to get to care)
 - Steady influx of immigrants from Asia (65% increase)
 - Socio-economic segregation and gentrification
 - Strong history of racism in Oregon
 - Migration of people from rural communities
 - The way Oregon's government is set up is different from other states (strong local control)
 - High rates of poverty, unemployment
 - Cascade mountains – impacts transportation
 - Water access could become an issue
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- No alcohol tax (but big alcohol culture)

Opportunities and threats identified with topline with forces will be summarized and shared with Steering Committee members for additional comment.

1:45 – 1:50pm Public Comment

There was no public comment.

1:50 - 2:15 pm Next Steps/Final Thoughts

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

Members appreciated organization and pace of meeting. Roberta requested a later start time. OHA staff will follow up with draft minutes, and next steps related to Forces of Change Assessment. Steering Committee members invited to attend and participate in community engagement efforts as able.