



# AGENDA

## STATE HEALTH ASSESSMENT: Themes & Strengths Assessment Subcommittee

November 6, 2017

9:00-11:00 am

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

Join by Webinar: <https://attendee.gotowebinar.com/register/5366789207224162562>

Conference call line: 1-877-848-7030

Access Code: 2030826#

Meeting Objectives:

- Review community engagement feedback to date
- Develop themes in community engagement feedback
- Discuss next steps for the State Health Assessment and State Health Improvement Plan

<b>9:00-9:15 am</b>	<b>Welcome and introductions</b> <ul style="list-style-type: none"> <li>• Introduce subcommittee members and staff</li> </ul>	Cara Biddlecom, Oregon Health Authority
<b>9:15-9:20 am</b>	<b>Review minutes from September 1 meeting</b> <ul style="list-style-type: none"> <li>• Adopt minutes</li> </ul>	Cara Biddlecom, Oregon Health Authority
<b>9:20-10:00 am</b>	<b>Review community engagement feedback to date</b> <ul style="list-style-type: none"> <li>• Discuss community engagement meeting summaries</li> <li>• Share initial responses from community survey</li> </ul>	Christy Hudson, Oregon Health Authority
<b>10:00-10:30 am</b>	<b>Develop themes in community engagement feedback</b> <ul style="list-style-type: none"> <li>• Discuss similarities and differences in responses</li> <li>• Identify themes</li> </ul>	All
<b>10:30-10:40 am</b>	<b>Finalizing the community engagement process</b> <ul style="list-style-type: none"> <li>• Individual organization meetings</li> <li>• Community survey</li> </ul>	Cara Biddlecom, Oregon Health Authority
<b>10:40-10:50 am</b>	<b>Public comment</b>	
<b>10:50-11:00 am</b>	<b>Next steps</b> <ul style="list-style-type: none"> <li>• State Health Assessment draft to be shared for comment in early 2018</li> <li>• State Health Improvement Plan process</li> </ul>	Christy Hudson, Oregon Health Authority

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# Themes & Strengths Assessment



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# Plan for today

Welcome & Introductions

Review community engagement feedback

Develop themes & finalize the process

Next steps

# Introductions

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# Introductions

- Your preferred name and pronoun
- Were you able to attend a community meeting?

# Review Feedback

# Community Feedback

- Findings
  - Community meetings
  - Online survey
  - Other community feedback

# Community Meetings



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# Findings – Community Meetings

- La Grande
- Portland
- Eugene
- Grants Pass
- Medford
- Newport
- Madras

Olivia Stone and Candace Johnson from Metropolitan Group facilitated a series community meeting around the state. The first half of the meeting included introductions and an overview of the process and framework for Oregon’s State Health Assessment, as well as emerging themes specific to the area. The second half of the meeting focused on gathering input from attendees on the health priorities in their community. Attendees were asked to discuss two key questions: 1) “What does well-being mean to you?” & 2) “What does it take for everyone in your community to be healthy?”

The objectives of this meeting were as follows:

1. Listen to community members about strengths and needs related to health.
2. Describe what the state health assessment and state health improvement plan are and how they are used to improve health in Oregon.
3. Share topline findings from quantitative and qualitative assessments of the health of people in Oregon and the public health system in order to engage participants in a dialogue about how statewide findings resonate with their local experience.

The following is a thematic summary of the challenges and opportunities identified at each location.

## **La Grande**

**Tuesday, October 4<sup>th</sup>**

**Attendees: 33**

### Challenges:

- Unique experiences within rural communities in Oregon
- Access to affordable housing
- Trouble finding employment that pays a living wage, and affordable child care.
- Physical access to healthcare services, including mental health workers.
- Safety and security – due to drug and alcohol abuse.
- Social service stigma
- Disqualification from social services and support systems due to changes in Federal Poverty Level eligibility.

- Elderly community needs transportation and in-home care.

Opportunities:

- La Grande is a close-knit community that works together to collectively address community challenges.
- Clear understanding of balanced, holistic health
- The La Grande Parks and Recreation is expanding
- The faith community is heavily relied upon to provide support and resources.
- Community members are hungry for more engagement with their elected officials

**Eugene, OR**

**Tuesday, October 10<sup>th</sup>**

**Attendees: 7**

Challenges:

- Traffic safety (caused by drinking and driving and needed road repairs)
- There are not enough mental health counselors in schools
- Lack of access to high quality childcare
- Few livable wage jobs and a lack of affordable housing
- Transitional support for people who are in the hospital or addiction rehabilitation
- Youth could use more after school programs

Opportunities:

- Tribal communities seek increase engagement and deepening of relationships.
- Lane County has a strong behavioral healthcare system
- There is a poverty and homeless community advisory board that is championing efforts to end homelessness and increase affordable housing

- Farm-to-school programs and “Double Up Food Bucks”, which partners schools with local farmer’s markets.
- Preventive care is a priority—especially fall prevention for the elderly.

**Grants Pass, OR**

**Tuesday, October 11<sup>th</sup>**

**Attendees: 9**

Challenges:

- Healthcare information, resources and materials need to be more culturally relevant.
- Lack of time, affordability and long distance are barriers to physical activities.
- Adequate nutrition, food deserts and lack of healthy food in schools.
- Lack of school-based health centers and comprehensive sex education
- Economic insecurity due to changes in the timber industry
- Residential segregation has contributed to institutional and overt racism
- Environmental factors and natural disasters (e.g. forest fires) have exacerbated health conditions such as asthma and COPD.
- Reduced budget for law enforcement has resulted in a lack of safety in neighborhoods.
- Small pool of healthcare providers inhibits access.
- Patients of color and women have experienced racism and sexism during doctor visits.
- Social services stigma.
- Correctional justice systems overcrowded with people who have substance abuse and/or mental illnesses.
- Low quality jobs and non-livable wages

- Health professionals feel public health is too prescribed by the state and Portland-centric.
- Distrust of education (anti-intellectualism) and distrust of government

#### Opportunities:

- Healthcare Coalition of Southern Oregon is doing good work
- The good work of community based organizations could be better connected via some website portal that would allow them to compare the health of their community and services offered.
- Farmers markets are now accepting food stamp vouchers
- Opportunity for more youth engagement and early job training
- Safe, communal living spaces for multigenerational families could be a healthier alternative to trailer parks.
- Multitude of outdoor recreation opportunities
- Importance of taking personal ownership of one's health (individual responsibility and accountability).

#### **Medford, OR**

**Wednesday, October 11<sup>th</sup>**

**Attendees: 23**

#### Challenges:

- Opioid and meth epidemic in Medford, and a need for substance abuse/addiction services.
- Affordable housing.
- Affordable, safe and quality childcare with accessible hours.
- Environmental justice - concerns about chemicals management, agriculture and extreme weather due to climate change.

- Access to culturally relevant resources, accessible translation/interpreter services and healthcare literacy
- Fear of job loss for use of sick time.
- Social exclusion because of race, ethnicity, sexuality and/or zip code.
- Oral health is poor.

Opportunities:

- Southern Oregon Health Coalition works closely with community members and is helping reduce health disparities.
- Opportunity for community-based organizations to work collectively in addressing issues of racism and homophobia
- The Hispanic Interagency Committee is growing and providing more services for people from Mexico or Central America and agricultural workers.
- Increase access to sex education in high schools
- Interest in incorporating inclusive practices in schools and workplaces.

**Newport, OR**

**Friday, October 13<sup>th</sup>**

**Attendees: 19**

Challenges:

- Affordable housing
- Living wages are difficult to find, seasonal employment.
- Climate change is affecting health through extreme weather and changes in agriculture. Concern regarding chemicals used in forest management.
- Health literacy and cultural responsiveness among health care providers.
- Lack of physical and mental healthcare providers.

- Accessibility concerns for persons who are disabled.

Opportunities:

- Sensitivity to tribal communities in surrounding areas and the potential to collaborate and address health needs related to trauma.
- There are many promising community-based initiatives, organizations and programs that address issues related to health and health equity, including:
  - Newport 2040 Vision Planning (collecting data via surveys and community meetings)
  - Project Homeless Connect
  - Stepping Up
  - Family Promise
  - Building two hospitals in Lincoln County
  - Center De Ayuda
  - Legislation preventing chemical spraying
  - Cease Fire Oregon
  - My Sister's Place
  - Samaritan House
- Outdoor recreational activities.
- Many eager to collaborate on an ongoing basis to avoid duplication.
- Community members are eager to provide more organized activities to engage young people.

## **Madras, OR**

**Tuesday, October 24<sup>th</sup>**

**Attendees: 38**

### Challenges:

- High rate of poverty and lack of employment that pays a living wage.
- Rising homeless population and lack of homeless shelters and services,
- Lack of affordable housing, especially for those with a criminal record or addiction.
- Drug abuse impacts community members' ability to access safe parks, housing and community spaces.
- Barriers to accessing preventive care due to few providers and limited transportation options.
- High rate of tobacco use
- Lack of comprehensive education for young people in high school.
- Tribal communities in Central Oregon have additional health-related challenges, including domestic violence, trauma and early childhood development issues.
- Lack of Spanish interpreters in the doctor and dentist offices
- Lack of health insurance coverage creates barriers to health - Many families are experiencing increased premiums.

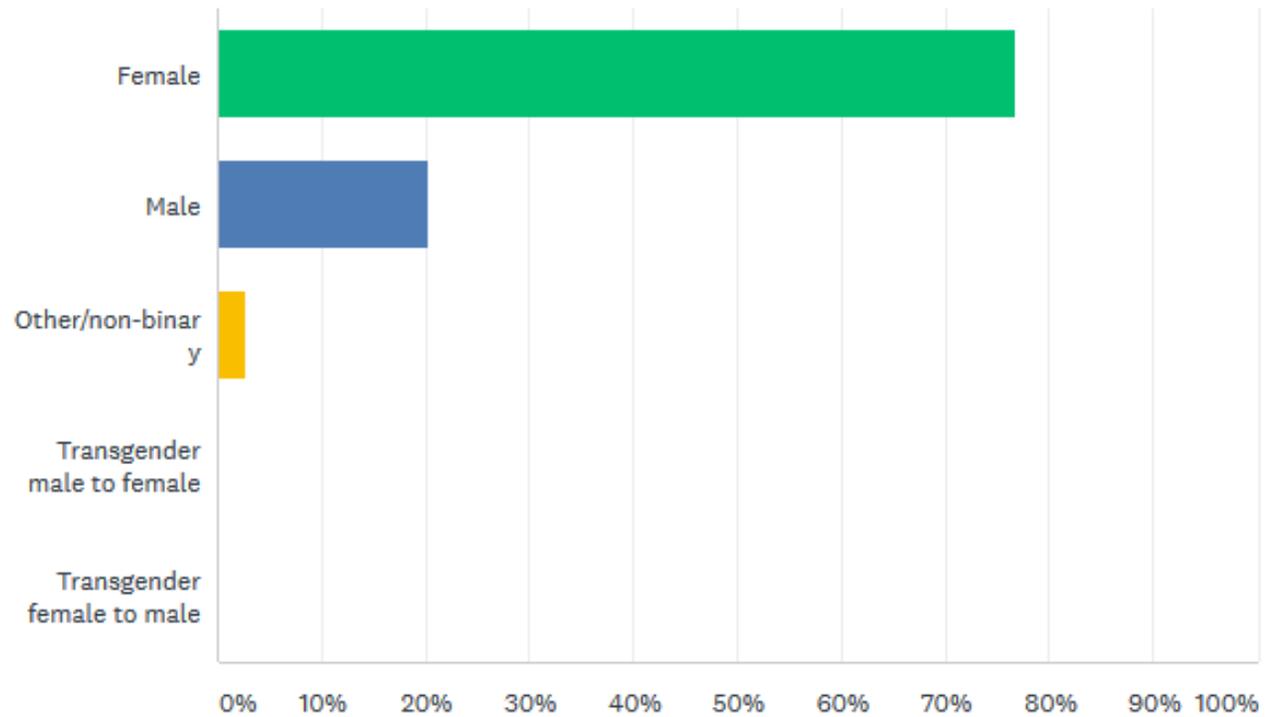
### Opportunities:

- Equity and cultural competency training is a high priority among health care providers and community members.
- There are several community-led initiatives, organizations and programs that address issues related to health and health equity.
- Increase peer mentor programs

- St. Charles Health System loan repayment program is increasing funding for healthcare providers in rural areas.
- Community members are eager to find ways for community organizations in Central Oregon to work more closely together, especially when applying for grants. There are several positive community programs and organizations, but often not enough funding to support the need.

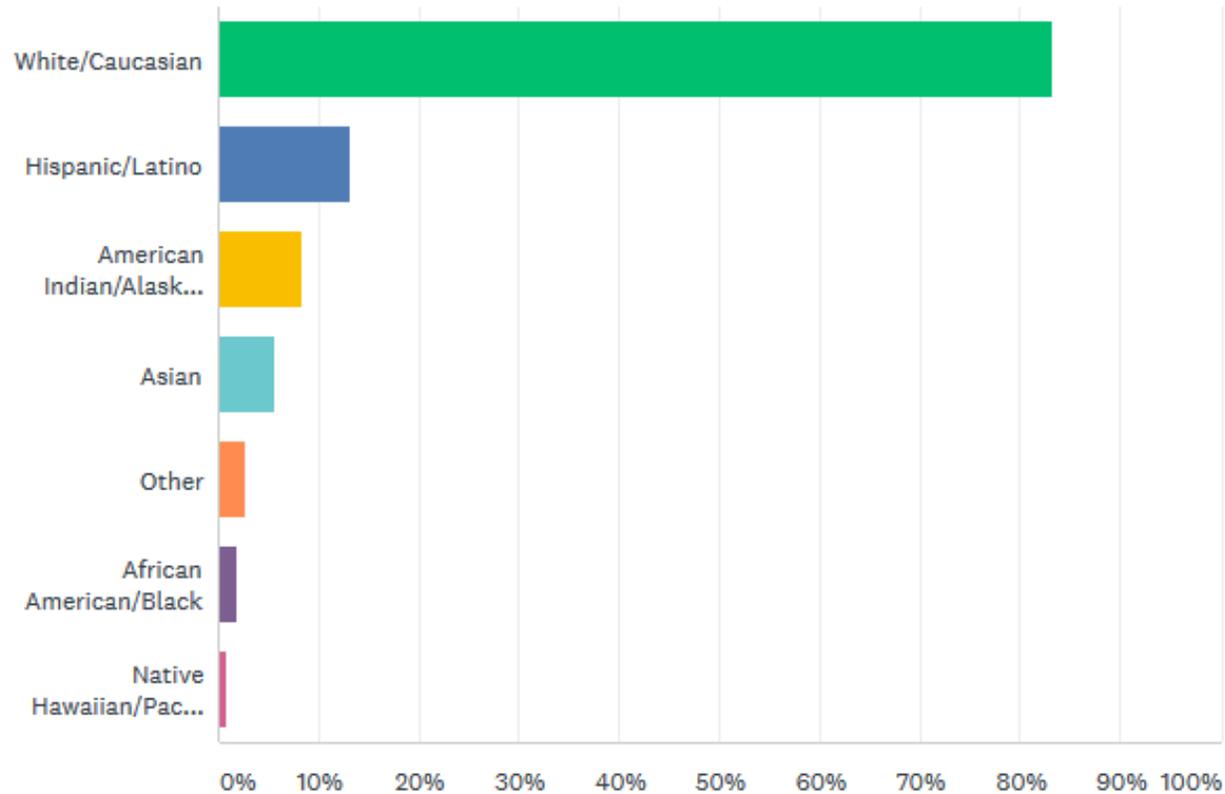
# Community Meetings - Gender

Answered: 108 Skipped: 1



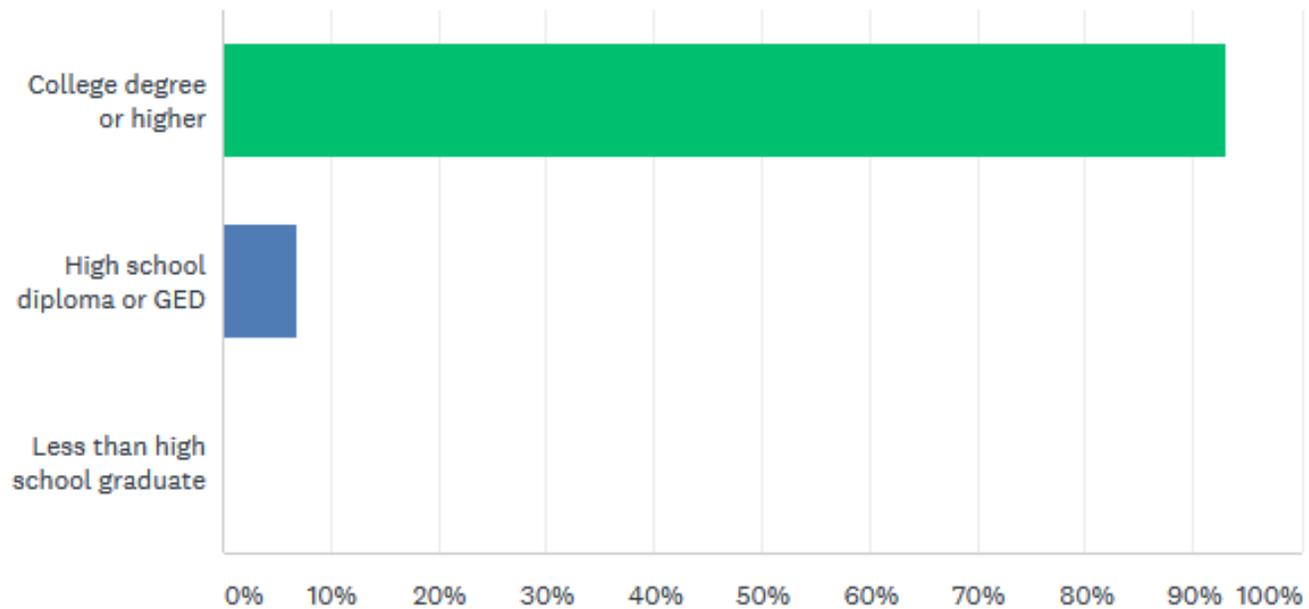
# Community Meetings – Race/Ethnicity

Answered: 107 Skipped: 2



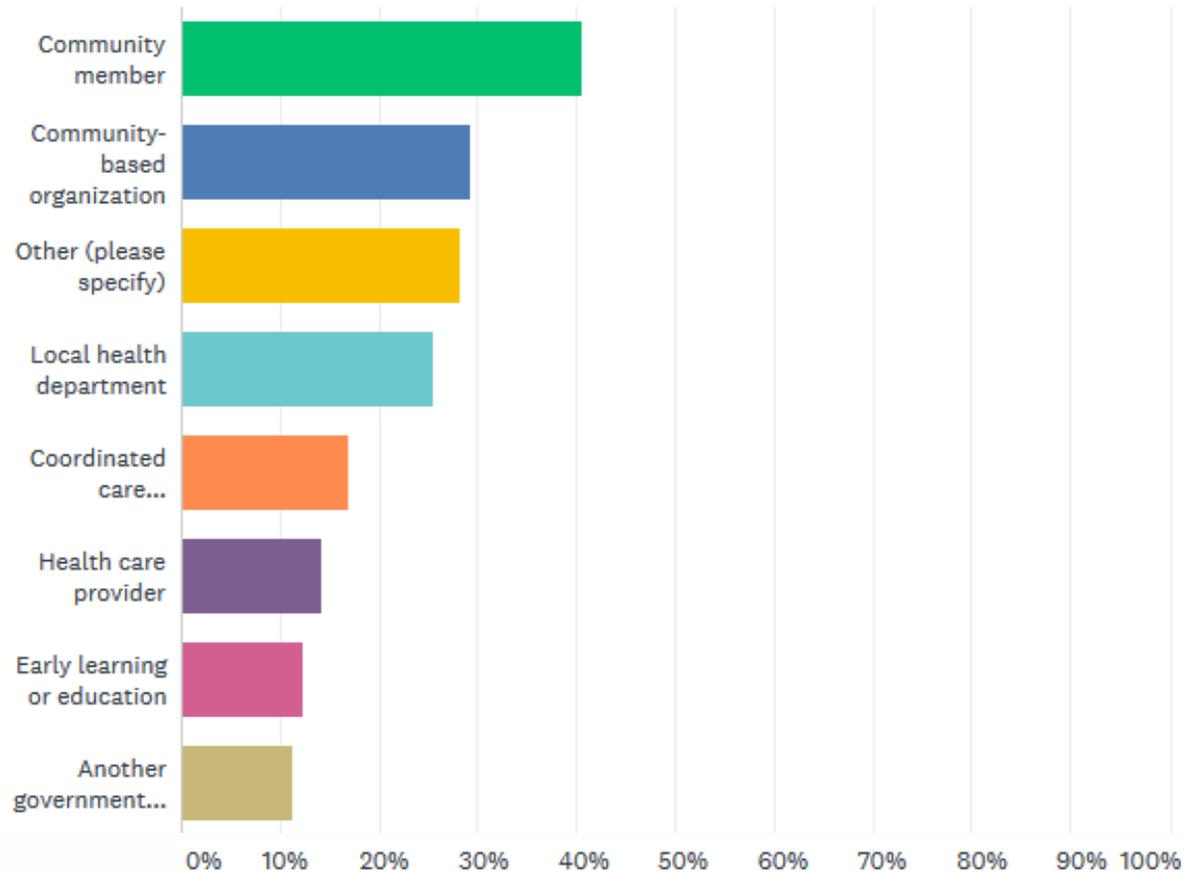
# Community Meetings – Education

Answered: 102 Skipped: 7



# Community Meetings – Affiliation

Answered: 106 Skipped: 3



# Evaluation – What did you like about today?

ANSWER CHOICES		RESPONSES	
▼ Opportunity to collaborate with others in my community		31.52%	29
▼ Other (please specify)	Responses	31.52%	29
▼ The conversation		26.09%	24
▼ Small group activity/brainstorming		23.91%	22
▼ Facilitation		9.78%	9
▼ Food		2.17%	2
▼ Learning about the SHA		1.09%	1
▼ Venue		1.09%	1
▼ Asked for preferred pronoun in introduction		1.09%	1
▼ Handouts		1.09%	1
▼ Presentation		1.09%	1
▼ Length of meeting		0.00%	0
<b>Total Respondents: 92</b>			

# Evaluation – What could we do differently?

ANSWER CHOICES	RESPONSES
Other (please specify) <span style="float: right;">Responses</span>	57.35% 39
Increase diversity of participants	35.29% 24
Increase outreach/advertising	13.24% 9
Meeting was too short	8.82% 6
Accommodation concerns	2.94% 2
Increase structure of meeting	2.94% 2
Venue concerns	1.47% 1
Meeting was too long	0.00% 0
<b>Total Respondents: 68</b>	

# Online Survey

## State Health Assessment

About the Public Health Division

Leadership Team

Public Health Advisory Board (PHAB)

Public Health Modernization

Public Health Accountability Metrics

State Health Improvement Plan

State Health Assessment

State Health Indicators

Strategic Plan

Jobs

Contact Us

Community Survey

Community Meetings in October

### Revised State Health Assessment (SHA)

The SHA is one of three prerequisites for public health accreditation. The assessment describes the health of the population, identifies areas for improvement, contributing factors that impact health outcomes, and assets and resources that can be mobilized to improve population health.

- Health departments are required to participate in or lead an assessment process at least once every 5 years; Oregon is currently going through this process. The updated SHA will inform the next iteration of the [State Health Improvement Plan \(SHIP\)](#).
- The Public Health Division will use the *Mobilizing for Action through Planning and Partnerships* (MAPP) framework, widely used by CCOs and local health departments. The MAPP framework uses six phases. The SHA is developed over the first three phases, while the SHIP is implemented over the second three phases. [Get more details: SHA Overview \(pdf\)](#).
- The last SHA was completed in 2012 and consisted of the [Public Health Division System Assessment \(pdf\)](#) and the [State Health Profile \(pdf\)](#).

[Subscribe for updates about the State Health Assessment](#)

#### VISION

By 2024, Oregon will be a place where optimal health is achieved for everyone regardless of race, ethnicity, disability, gender, sexual orientation, socioeconomic status, nationality and geography.

#### VALUES

- Equity
- Accountability
- Empowerment
- Transparency
- Inclusion

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# Findings – Online Survey

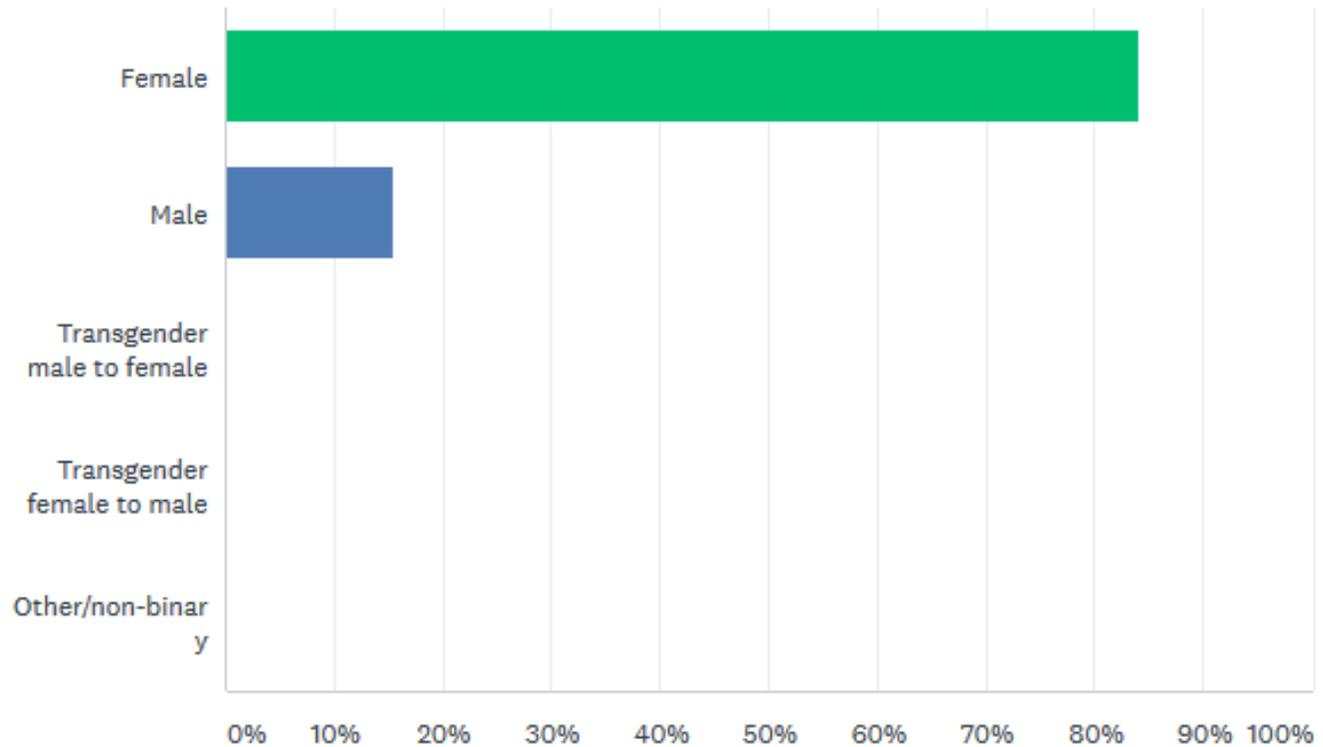
	Agreement	Disagreement
It's easy to be healthy in my community.	62%	38%
Oregon is a good place to grow old.	78%	22%
I feel safe in my community.	81%	19%
Oregon is a good place to raise a child.	86%	14%
The quality of life in our state is good.	83%	17%
I can find support from friends and family during times of stress and need.	88%	12%

# Findings – Online Survey

Safety Oregon Mind Medical Services Balance Content Life Education  
Access Eat Physical Health Well-being Means  
Healthy Positive Needs Self Happy Support System  
Health Care Absence Living Vitality Feeling Safe Secure

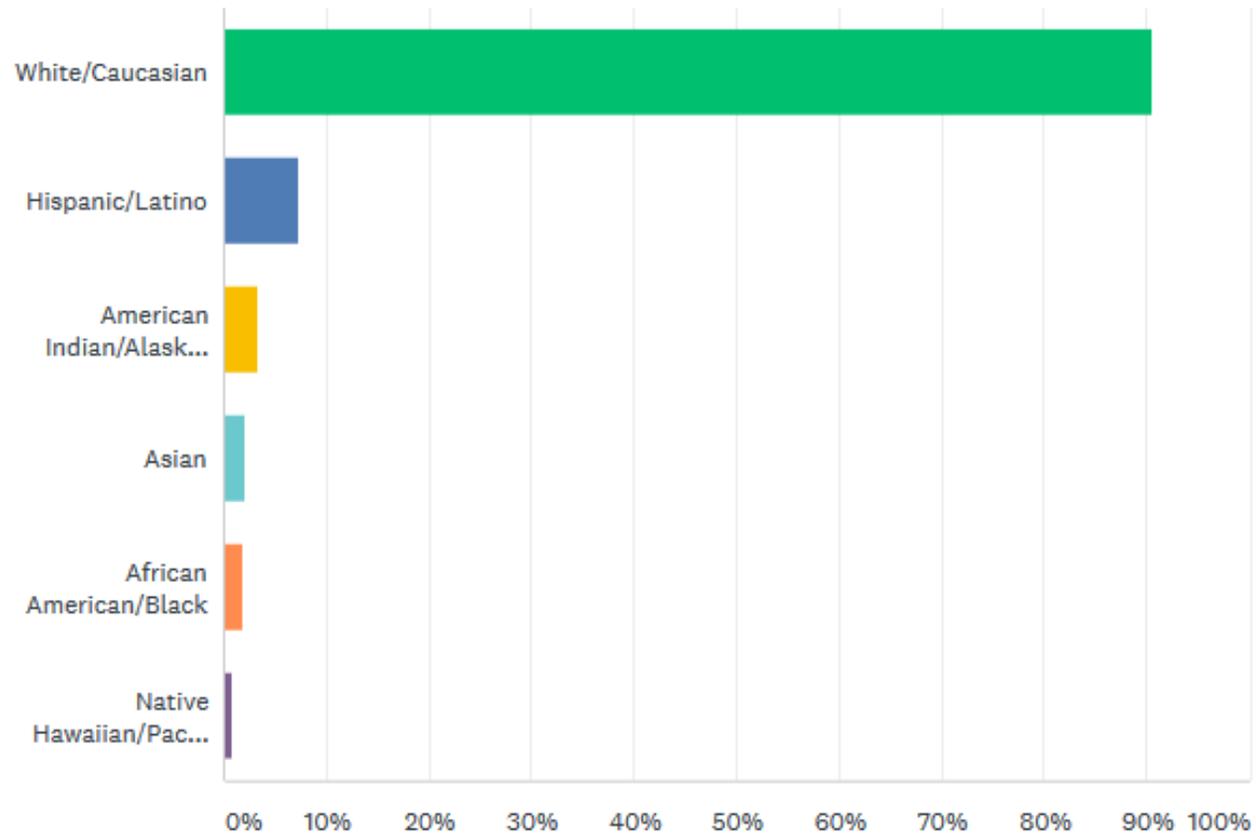
# Online Survey - Gender

Answered: 329 Skipped: 86



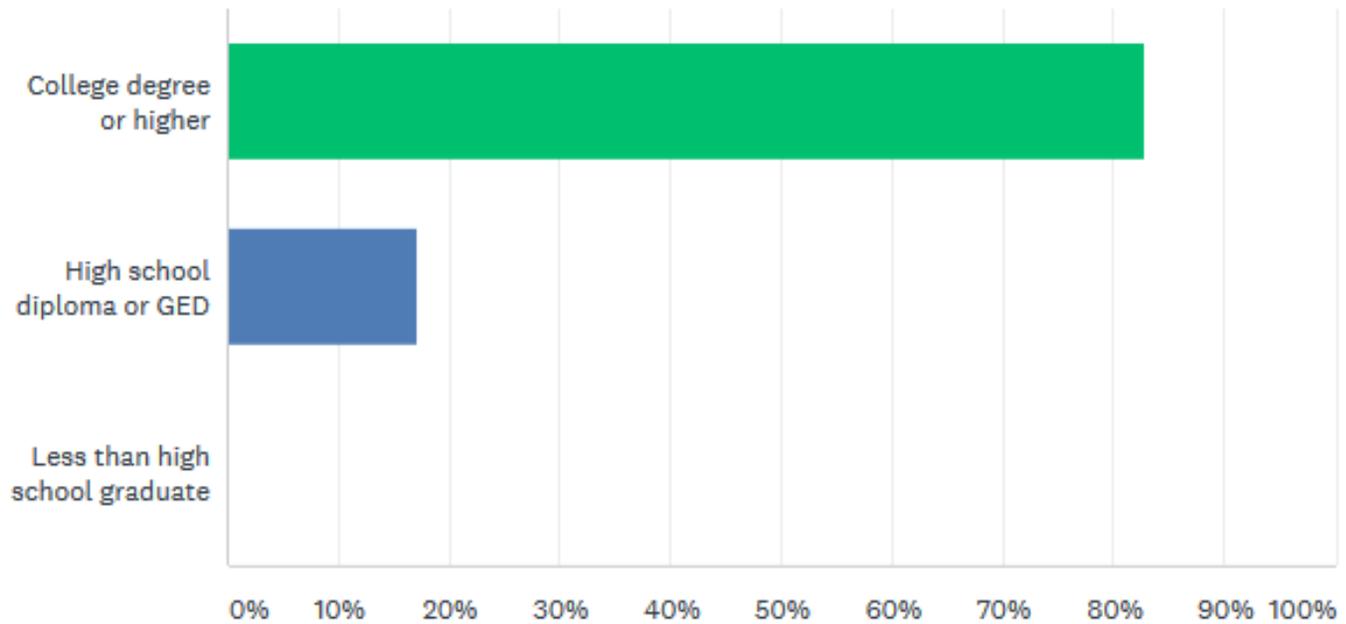
# Online Survey – Race/Ethnicity

Answered: 328 Skipped: 87



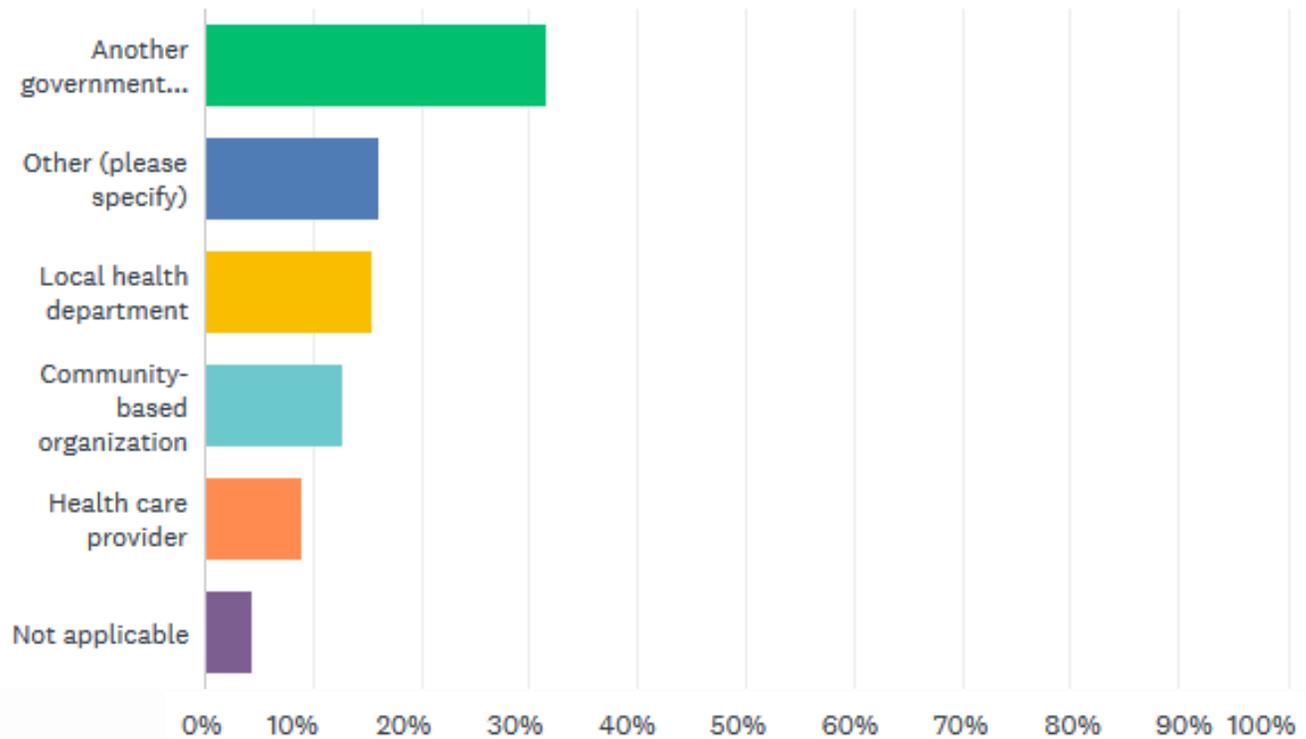
# Online Survey – Education

Answered: 332 Skipped: 83



# Online Survey – Affiliation

Answered: 335 Skipped: 80



# Other Community Feedback

- Affordable, accessible housing
- Social inclusion & connection
- Engaged citizens
- Children & senior citizens
- Opportunities to give back
- Clear air and water

# Theme Development

What are the key opportunities?

What are the challenges?

What is missing?

The following provides high level summary of challenges and opportunities heard in community meetings across the 5 domains of the State Health Assessment Framework

	<b>Challenges</b>	<b>Opportunities</b>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Environmental concerns and natural disasters contributing to poor health outcomes</li> <li>• Chemical management, agriculture and extreme weather changes due to climate change.</li> </ul>	<ul style="list-style-type: none"> <li>• Parks and outdoor recreation provide opportunities for physical activity and spiritual renewal</li> </ul>
<b>Prevention &amp; Health Promotion</b>	<ul style="list-style-type: none"> <li>• Traffic safety</li> <li>• Barriers to participating in physical activity</li> <li>• Food deserts, lack of healthy food in school</li> <li>• General safety concerns</li> <li>• Drug abuse concerns (opioid and meth)</li> <li>• Tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>• Preventative care, especially among elderly, is priority</li> <li>• Food stamps now accepted at farmers markets, farm to school programs</li> <li>• Comprehensive sex education in schools</li> </ul>
<b>Communicable Disease</b>	No emergent themes.	No emergent themes.
<b>Access to Clinical Services</b>	<ul style="list-style-type: none"> <li>• Access to physical, behavioral and oral health care is needed in both schools and community</li> </ul>	<ul style="list-style-type: none"> <li>• Strong behavioral health care system in some part of the state</li> <li>• Equity and cultural competency training for health care providers</li> </ul>

	<ul style="list-style-type: none"> <li>• Access to culturally relevant healthcare (with translation/interpretation)</li> <li>• Oral health is poor</li> <li>• Affordable health insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Peer mentor programs</li> <li>• Loan repayment programs for healthcare providers</li> </ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>• Affordable housing</li> <li>• Stable employment, living wages &amp; economic security</li> <li>• Access to high quality, affordable childcare</li> <li>• Comprehensive, high school education</li> <li>• Stigma experienced by social service recipients</li> <li>• Policy related changes in Federal Poverty Level</li> <li>• Health literacy and education is poor</li> <li>• Racism, homophobia, sexism – and other forms of discrimination</li> <li>• Paid sick leave/time to make doctor/dentist appt.</li> <li>• Trauma &amp; domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Close-knit communities w/ strong social cohesion</li> <li>• Faith community is engaged</li> <li>• Holistic view of health</li> <li>• Eager for more engagement with elected officials</li> <li>• Momentum to end homelessness and increase affordable housing</li> <li>• Minority communities (Tribes and Hispanic Interagency Committee) are engaged in some parts of the state</li> <li>• Communities are working collaboratively - many addressing equity, disparities and discrimination.</li> <li>• Growing opportunities for youth development</li> </ul>

# Public Comment

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# Next Steps & Final Thoughts

- Support community engagement efforts
  - Share community feedback survey (online or paper based)
  - Bring key questions to community meetings
- Themes from community engagement process will be shared with SHA Steering Committee November 30<sup>th</sup>
- Provide comment on draft of State Health Assessment - early 2018
- Sign up for updates about 2020-2024 SHIP

# Meeting evaluation

- What worked?
- What could be improved?

**Thank you!**

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