

Oregon Health Authority, Public Health Division
State Health Assessment



Notes from Community Engagement Meeting
Eugene, OR – October 10, 2017

On Tuesday, October 10, 2017, Olivia Stone and Candace Johnson from Metropolitan Group facilitated a community meeting at the HIV Alliance in Eugene, Oregon. 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 in Lane County. The second half of the meeting focused on gathering input from attendees on the health priorities in their community. There were seven attendees and they were asked 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.

Introductions

Number of attendees: 7

People represented:

- Advocate for clients, senior and disabled, from Coos County and Reedsport [NOTE: input from this attendee called out in separate section, as it relates to Coos County and not Lane County]
- Partner with OHA, Chief Education Office – connecting the health world and education world

- Trillium Community Health Plan
- Substance Abuse Prevention Coordinator, Lane County
- Local Public Health Administrator
- Community Outreach Coordinator for Independent Living Alliance
- Coordinator for the Linn Benton Neighborhood Alliance – Albany, Oregon and Corvallis

One word to describe your community:

- Poor
- Hopeful
- Engaged
- Beautiful outdoors
- Poised and on the brink of this next big step in our community
- Compassionate
- Different
- Struggling and behind left behind

What does “well-being” mean to you?

- Things needed to be comfortable
- Every person has what’s needed to be healthy on every level
- Healthcare and insurance
- Support system in the home
- Family, friends, sense of belonging in one’s community
- Safety – physical, perception of safety, social, emotional
- White privilege
- Equity and ability to meet basic needs

Challenges:

- Affordable housing and living wage jobs
- Affordable high quality child care – due to FPL, most families earn too much for head start

- More mental health counselors in schools
- Generational trauma – early childhood experiences
- More resources in the substance abuse and treatment and prevention
- Traffic safety – fatalities in Lane County (drinking and driving, engineering of the road) – active transportation committee is looking at the design of roads and lack of financing for repairs

Opportunities:

- Early childhood programs in schools that are encouraging exercise and healthy behaviors
- School systems that are engaged in farm to school and serving farm to table food – Double Up Food Bucks – farmers markets that participate – opportunity to incorporate rural communities
- In Lane County there's a strong foundation of collaboration – strong poverty and homeless board that's championing the effort of homelessness and affordable housing
- Strong behavioral health system in Lane County – lots of nonprofits and the county working together, a strong history of collaboration
- School based health centers and more partnerships should be created to expand services
- Transitional support for people who are in the hospital and getting ready to come out.
- Increase engagement and deepen relationships with tribal communities.
- Greater collaboration with Food for Lane County.
- After school programs for youth

Input specific to Coos County:

- *Need more behavioral health workers – appointments are more than a month out*
- *Navigators to access services and resources*
- *Seniors on Medicare who are no longer on OHP – removal of financial barriers*

- *Preventative care – someone falls and they can't afford to care for physical therapy and the co-pays being too expensive*
- *FPL – (gap) some of the elderly are not 'poor enough' they receive the services and they need responsive care but they can't afford their co-pays.*
- *Seniors and disabled – more in-home care providers services as a preventative care program.*
- *More accessible oral care for elderly.*
- *Long distance travel to get treatment/services.*

Meeting Evaluation

What did you like about today?

Feedback	% of respondents
Opportunity to collaborate with others in my community	40%
Facilitation	20%
The conversation/discussion	20%
Other (Format worked well)	60%

What could we do differently?

Feedback	% of respondents
Increase diversity of participants	33%
Increase outreach/advertising	33%
Other (Ask more than 2 questions)	33%