

**Notes from Community Engagement Meeting**  
La Grande – October 4, 2017

On Wednesday October 4, 2017, Metropolitan Group facilitated the first community input meeting for the Oregon State Health Assessment at the Northeast Oregon Public Transit in La Grande. 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 Eastern Oregon. The second half of the meeting focused on gathering input from attendees on the health priorities in their community. There were roughly 35 attendees and they were broken up into small groups 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.

**Introductions:**

- **Number of attendees:** ~35
- Social work realm, mental health, physical health fits into it.
- Health assessment meeting – Community Connection represented
- Work in the healthcare field and interested in finding out how healthcare is going.
- Wellness hub nurse – understanding how Eastern Oregon’s health is doing is important

- Eastern Oregon Center for Independent Living (advocate for people with disabilities)
- Continue to learn more and expand knowledge about health in Eastern Oregon
- Oregon Office of Rural Health
- Medicaid services specialist – rely heavily on community health assessments
- Registered nurse in Pendleton and educational service
- Center for Human Development
- Dentist and Oregon Dental Association -- oral health impacts our health
- Community Benefit through the Hospital
- Center for Human Development – invested in the health of our community and the state, Oregon Public Health Advisory Board (ensuring that the voices in Eastern Oregon are heard)
- Don't forget Eastern Oregon – address health disparities
- Oregon Department of Education – supportive transportation to increase healthy communities
- American Indian Alaskan Natives data is represented in the assessment

**One word to describe your community:**

- Striving
- Stand together
- Rural
- Awesome
- Resourceful
- Truck stops
- Growing
- Close knit
- Persistence
- Change
- Remote
- Opinionated
- Diverse

- Engaged
- Passionate
- Caring
- Hopeful
- Involved
- Resilient
- Uniqueness
- Partnerships
- Innovative
- Sovereign
- Welcoming

**Small group discussions:**

*Key Questions:*

- What does well-being mean to you?
- What will it take for your community to be healthy?

Small group #1 notes:

- Ability to meet basic needs
- Access and availability to mental health services
- Safety and security
- Social service stigma, especially WIC and SNAP
- FPL as a barrier
- Healthy, supportive and trusting relationships
- Stigma around mental health
- Livable wages
- Better opportunities for higher education
- Transportation is a barrier – having to travel long distance to receive healthcare
- More collaboration across community programs
- Faith community is the largest safety net
- New recreational center is in the process of being built

### Small group #2 notes:

- Better paying jobs with livable wages
- Improved healthcare system and more provider choice (more options)
- Stable economy
- Oral health as a priority
- Affordable childcare
- Alcohol and addiction services
- Transitional housing for elderly, people coming out of treatment and tribal communities
- Elderly are the silent majority
- High tobacco use
- Having supportive relationships
- Prioritizing maternal health education
- Access to affordable healthcare and better resources to navigate care
- Increase youth voice

### Small group #3 notes:

- Holistic approaches to healthcare – mental, emotional and spiritual
- More of a focus on prevention in schools at an early age (tobacco, drug addiction, alcohol abuse)
- Skill building and professional development opportunities
- Having free time to be active and prepare healthy meals
- Access to healthy produce (food security)
- Livable wages and jobs that have purpose/meaning – contributing to the overall community
- More mental health workers
- More activities for elderly and youth
- Health equity for vulnerable populations
- Access to oral health at an early age

### **Small group report outs to full group:**

- Coming together to unite and address communities
- Transportation and long distance
- Preventative healthcare rather than immediate healthcare needs
- Work life balance – between professional and personal
- Holistic approaches to health – emotional, spiritual
- Feeling a purpose in life and being a part of the community and feeling social connection
- Importance of living wages, better paying jobs
- Services (dental health, are availability but not accessible (transportation barriers)
- Skill building about education and outreach (smoking prevention)
- Not a lot of opportunities for youth engagement and activities
- Opportunity to thrive not just survive
- Design for healthy lifestyle choices – more walking paths, better downtown social life, utilizing facilities and resources for social gatherings
- More focus on maternal health and education/care for children zero to 5
- Transitional housing for people with alcohol/drug addictions (half way houses)
- Thoughtful about who we incorporate in our planning – beyond the health sectors (it's hard to get people who are not from the health field involved in providing feedback)
- Inclusion – elderly do not have representation and they have silent voices, need to make a bigger effort in including them, younger voices teenagers and 18-25
- Biggest safety net in this community is the faith based
- Eligibility gaps – programs that are available but not being used
- Social services stigma – WIC, food stamps, “welfare queen”
- More mental health workers

## **Meeting Evaluation**

What did you like about today?

<b>Feedback</b>	<b>% of respondents</b>
Opportunity to collaborate with others in my community	45%
Small group activity/brainstorming	27%
The conversation/discussion	18%
Other (Turn-out, diversity of participants, including Eastern Oregon voice in the SHA)	36%

What could we do differently?

<b>Feedback</b>	<b>% of respondents</b>
Meeting was too short	13%
Venue concern	7%
Other (Invite elected officials, provide additional information on how SHA will be used)	87%