On Wednesday October 13, 2017, Olivia Stone and Candace Johnson from Metropolitan Group facilitated the first community meeting at The Center for Health Education on the campus of Samaritan Pacific Communities Hospital in Newport, 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 Lincoln County. The second half of the meeting focused on gathering input from attendees on the health priorities in their community. There were roughly 20 attendees and they were broken up into three 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: 21**

People represented:

- City Representative
- Retired Clinical Lab Scientist and public health professional
- Tillamook County Community Health Educator
- Administrator for OSU Extension Program for community health, steering committee for SHIP
- Navigator for Medicaid
- Health Educator with Lincoln County Public Health
- Disabled veteran – parent of a gender-queer adult and they experience health inequity, children with mental health issues
- Mental health counselor
- Retiree passionate about public health
- Student Nurse
- Health Education Specialist
- Behavioral Health Specialist
- AmeriCorps Vista in Lincoln County
- Local Public Health Department
- Volunteer with the police department

One word to describe your community:
- Growing
- Disparate – varying degrees of healthcare and access to be healthy
- Remarkable
- Needy
- Spectacular
- Innovative
- Comforting and want it to be that way for more people who live here
- Adventurous and creative
- Engaged
- Partnerships
- Beautiful
- Underserved
- Home
- Passion
- Engaged
Small group report out:

- ACES, Kindergarten readiness
- Food security – affordable healthy food
- Many students with disabilities – autism spectrum, ADD/ADHD
- Lincoln County building two new hospitals
- Community input from all perspectives in Oregon, a lot of these ‘community initiatives’ start in urban areas (Portland), one size does not fit all.
- Cost of living is high
- Large homeless population
- Clean water
- Less provider options
- More community voices represented and at the table
- ADA requirements up to code
- Lack of coordination among community organizations (duplication of work)
- Standardizing child welfare

Small group report out

- Public transit is accessible
- Safe, healthy and affordable housing
- Strong social relations
- Creative solutions to community issues
- Feeling empowered
- Social responsibility
- Education on health
- Living wage jobs
- Health literacy
- Sense of belonging
- Social justice
- Resilient communities
- Ability to reach full potential
Small group report out

- Quality of life reflects needs, values, desires and interests
- Emotionally, physically, mentally and economically well
- Clean water, air
- Reduce abuse
- Affordable and safe housing
- Self determination
- Adequate healthcare, transportation and healthy food
- Opioid use challenges
- Drug and alcohol support and rehabilitation
- Reduce prison rates
- Increase use of mental health services
- More provider options
- Living wage jobs and steady employment
- Diversity of services (i.e., nontraditional care options)
- Health parity across all ages
- Awareness and education about the aging population and their health needs
- Affordable childcare
- Reduce homelessness
- Opportunities for physical exercise and safe walking spaces
- Reduce trauma (especially for those in tribal communities)
- More opportunities for youth
- Teen suicide
- Gun control
- Climate change
Large Group Report Out:

- Living wage jobs and strong economic health
- Built environment for healthy lifestyles – adequate sidewalks, places where people have free and easy access to help promoting easy opportunities
- Feeling like you’re a part of the community and have the capacity to contribute to it, feeling valued
- Policy changes – community input in decision making
- Health education and healthcare literacy
- Collaboration among community organizations
- Equal services across the state – rural vs. urban
- More community voices represented and at the table for decision making
- More physical and mental health care providers, retained and position filled
- ADA requirements and people with disabilities having a difficult time navigating the community
- Better mental health and substance abuse services
- Access to care including reproductive health services
- Awareness of climate change
- Affordable housing
- Cultural competency and not limited to languages but also staff that is culturally aware of their patients’ needs
- Address tobacco prevention
## Meeting Evaluation

What did you like about today?

<table>
<thead>
<tr>
<th>Feedback</th>
<th>% of respondents</th>
</tr>
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<tbody>
<tr>
<td>Opportunity to collaborate with others in my community</td>
<td>23%</td>
</tr>
<tr>
<td>Facilitation</td>
<td>31%</td>
</tr>
<tr>
<td>The conversation/discussion</td>
<td>15%</td>
</tr>
<tr>
<td>Other (Accessible for rural/coastal community, open and listening)</td>
<td>31%</td>
</tr>
</tbody>
</table>

What could we do differently?

<table>
<thead>
<tr>
<th>Feedback</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase diversity of participants</td>
<td>44%</td>
</tr>
<tr>
<td>Increase outreach/advertising</td>
<td>22%</td>
</tr>
<tr>
<td>Other (Avoid scheduling on a Friday afternoon, have more meetings, outreach to Hispanic community)</td>
<td>78%</td>
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</tbody>
</table>