



SHIP SUBCOMITTEE MEETING #5: Institutional Bias

Wednesday, January 15, 10:00 – 12:00pm
800 NE Oregon Street, Conference room 915
Portland, OR 97232

Join Zoom Meeting: <https://zoom.us/j/393128009>
Conference call: (669) 900 6833
Meeting ID: 393 128 009

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientation, socioeconomic status, nationalities and geographic locations.

Meeting Objectives:

- Finalize key indicators
- Identify policy level strategies

10:00 – 10:15	Welcome, agenda overview, and subcommittee business
10:15 – 10:20	Finalize key indicators
10:20 – 11:00	Strategy identification discussion
11:00 – 11:10	Break
11:10 – 11:45	Strategy identification discussion
11:45 – 11:50	Public Comment
11:50 – 12:00	Wrap-up & Next Steps <ul style="list-style-type: none">• Next meeting: February 19th

Welcome & introductions

Share name and pronouns

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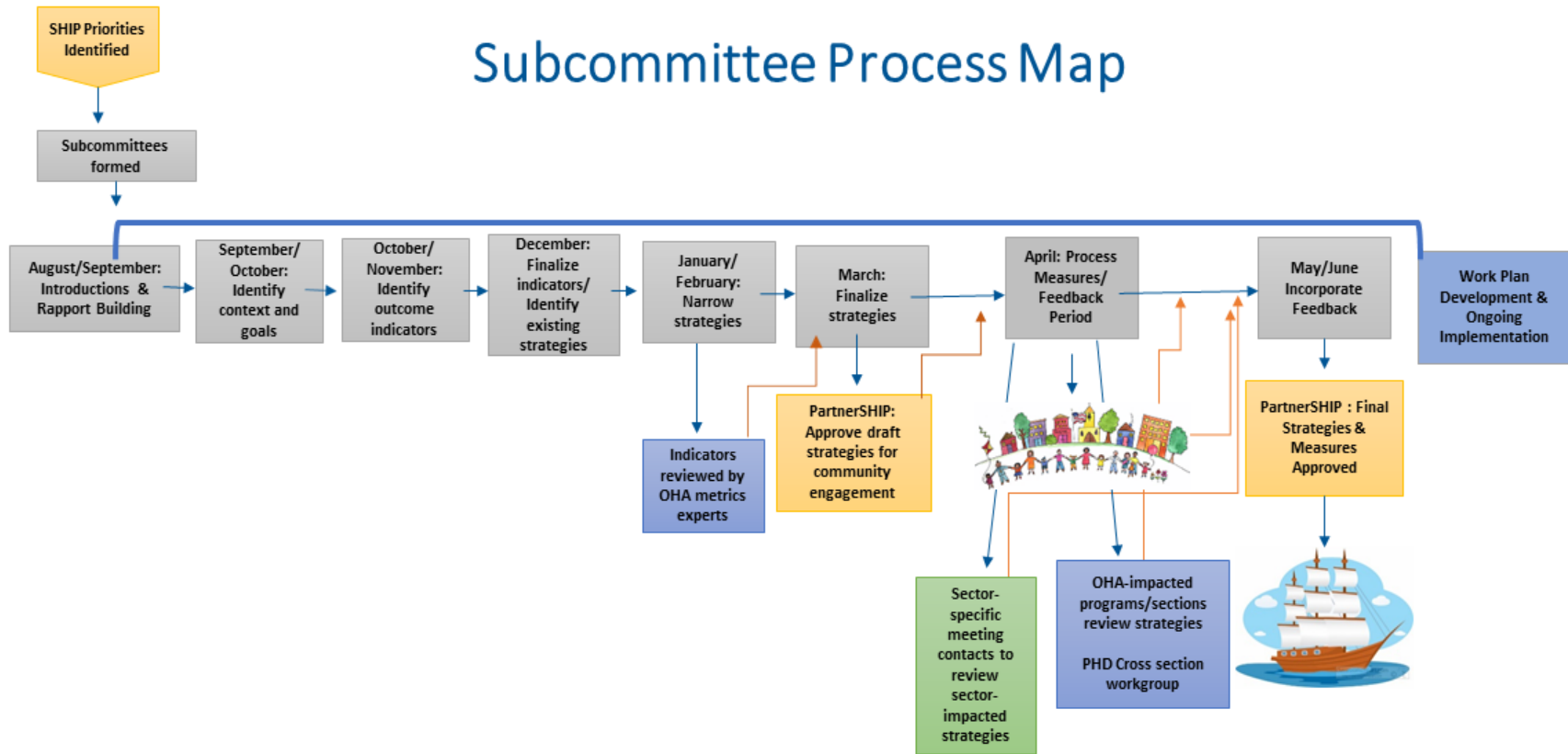
Office of the State Public Health Director

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. A thin orange horizontal line is positioned above the "Health" text.

Subcommittee Business

- Zoom functions
 - Please enable your video
 - Use those emoticons!
 - Keep lines muted when you're not talking
- Natasha Davy is new co-chair!
- Need to reschedule March meeting – upcoming doodle
- Reminder: SHIP navigation map – will be used in lieu of monthly digest during strategy development

Subcommittee Process Map



Getting clear on language

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Goal: Broad statement(s) of what we're trying to accomplish within a given priority area to achieve the vision.

Outcome indicator: Long term measure that would indicate goal is achieved.

Strategy: Policy, community and individual level interventions needed to achieve the goal

Process measure: Short term measure that would indicate strategy has been achieved.

Actions: Specific tasks needed to implement strategy

Today the subcommittee will work on finalizing the indicators and talk about strategies.

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Finalizing outcome indicators

- Goal: Identify 2-3 key indicators for the priority area
 - Communicate hoped for changes
 - May be long-term in nature (>5 years)
 - Model indicator for CHIPs and other implementers
 - Measure progress towards goal

SHIP Institutional Bias subcommittee
Proposed indicators, January 2020

Subcommittee members will select 2-3 key indicators. Indicators:

- Will communicate hoped for changes;
- May be long-term in nature (>5 years);
- May be a model indicators for CHIPs and other implementers;
- Will measure progress toward institutional bias goals.

Domain	Indicator	Special Population	Data Source	Data are disaggregated by race	Statewide OR data are available	Method for data collection	SHIP indicator selection criteria					Subcommittee discussion; 12/18 meeting
							Addresses Health Disparity	Easy to understand	Community Acceptance	Data already collected	Mechanism for collection identified	
Housing	Housing burden (% income spent on rent/mortgage)		NEA	YES	YES	multiple public databases		YES		YES		Both indicators were considered relevant. Housing burden is relevant for people living in rural areas and people living with disabilities. Homeownership may be more directly tied to institutional bias related to redlining, or access to banking and lending practices. Home ownership more closely reflective of generational wealth.
	Homeownership		NEA	YES	YES	multiple public databases		YES		YES		
Perception of Bias	Experience with child's healthcare providers	Children	NSCH	YES	YES	random mailed/online		YES		YES		Discussion about time-boundedness of questions in data sources. Experience with health care providers can link to biases in the practice of medicine.
	Shared decision making	Children	NSCH	YES	YES	random mailed/online		YES		YES		
	Discrimination in Healthcare & non-Healthcare	Postpartum women	PRAMS	YES	YES	mailed survey		YES		YES		
Education	Disciplinary action	K-12	ODE	YES	YES			YES		YES		The data for this item was particularly telling. Other subcommittees are looking at similar measures (chronic absenteeism from Oregon Department of Education is an indicator in Adversity, Trauma, and Toxic Stress).
Health Outcomes	Maternal Mortality	Mothers	Vital records/ OPHAT	YES	YES	birth/death certificates	YES			YES		The group discussed how measures of health outcomes reflect bias, especially for premature death or years of potential life lost. It will be important for strategies to be very focused on rectifying institutional bias, rather than focusing on individual behavior change.
	Infant mortality	Infant	Vital records/ OPHAT	YES	YES	birth/death certificates	YES			YES		
	Premature death/years of potential life lost		Vital records/ OPHAT	YES	YES	death certificates				YES		The discussion over infant and maternal mortality morphed to these newly introduced indicators. As noted above, it may be more challenging to identify specific institutions for intervention.

Data Sources

NEA	National Equity Atlas	https://nationalequityatlas.org/
NSCH	Nat'l Survey of Children's Health	https://childhealthdata.org
PRAMS	Pregnancy Risk Assessment Monitoring	https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/PRAMS/
ODE	Oregon Dept of Education	https://www.oregon.gov/ode/reports-and-data
OPHAT	Oregon Public Health Assessment Tool	https://ophat.public.health.oregon.gov

Results from Basecamp voting (n=3)

Domain	Indicator	# Votes
Housing	Housing burden	2
	Homeownership	1
Perception of bias	Experience with child's healthcare providers	1
	Shared decision-making	
	Discrimination in healthcare and non-healthcare	2
Education	Disciplinary action	3
Health outcomes	Maternal mortality	
	Infant mortality	
	Premature death/years of potential life lost	

Subcommittee action: Are subcommittee members ready to vote to select 2-3 indicators?

Strategy development

- Goal: Identify a total of 10-15 strategies at policy, community and individual level
 - Existing strategies
 - New strategies
 - Interventions needed to make progress towards the goals
- Process (January-March)
 - Identify possible strategies
 - Apply criteria to narrow strategies
 - Identify approximately 3 – 5 strategies for each layer of framework

For today's meeting

- Review and discuss strategies that have been identified in Basecamp
 - Strategies from your organization
 - Strategies for Goals 1, 2 and 3
 - PAALF strategies
- Discuss process for continuing to identify strategies before the February meeting
 - Ideas may include identifying source documents for existing strategies, breaking into workgroups or assigning topics to subcommittee members.

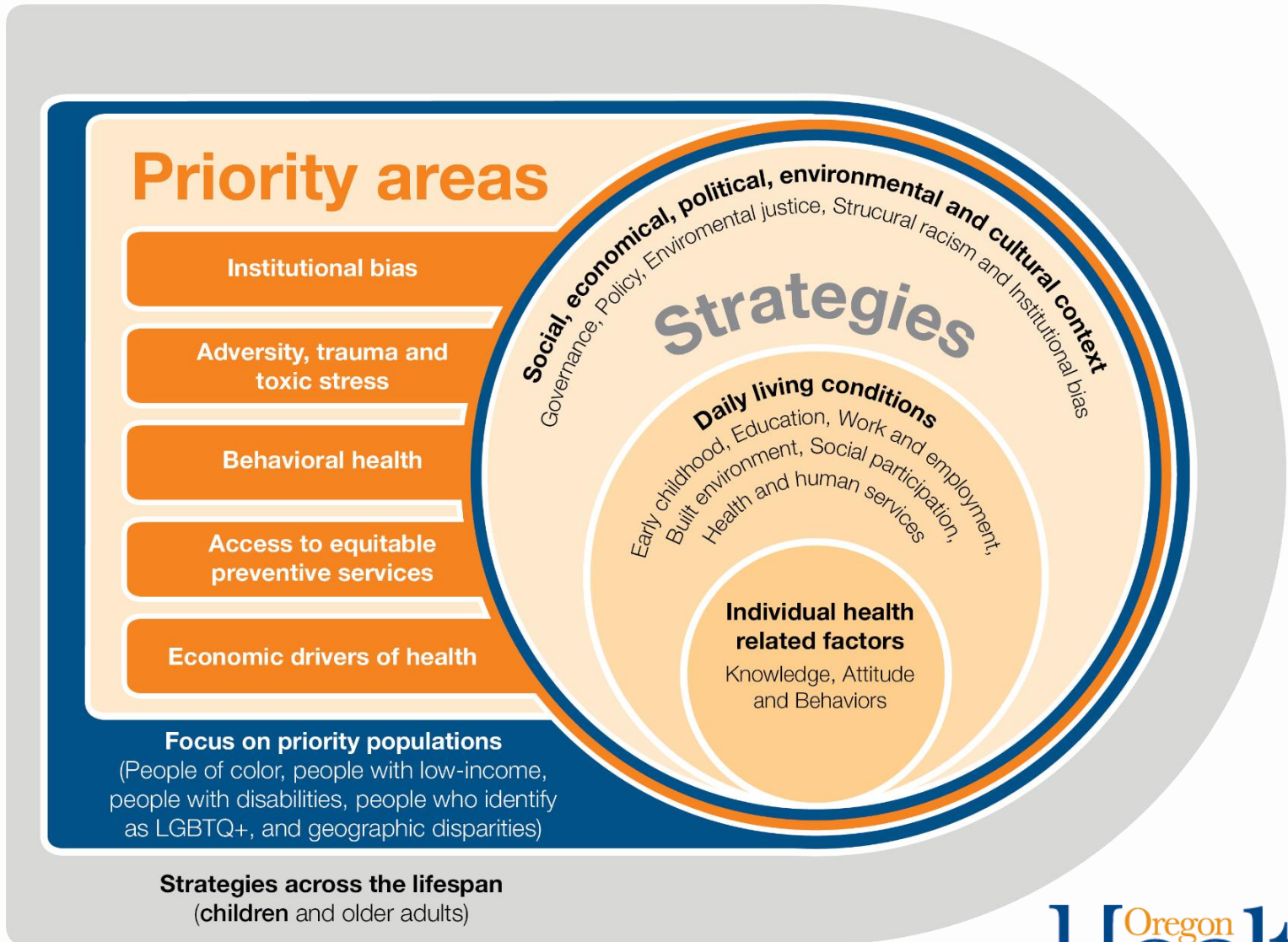
Policy Strategy levels – e.g. examples from trauma-informed care

Includes:

- New legislative concepts
 - Example: Require the state juvenile justice department to provide trauma-informed training for juvenile probation and supervision officers (Legislation passed in Texas in June 2017)
 - Process measure: # of juvenile probation and supervision officers who have received training
- Broad-scale systemic changes
 - Example: Integrate trauma-Informed care practices into Patient-Centered Primary Care Home standards for certification
 - Process measure: Proposed revision of one or more standards to include trauma-informed practice for consideration at next meeting of the Standard Advisory Committee (2021/2022)

Strategy Criteria	
Selection criteria	Definition
Proven impact on disparities	<ul style="list-style-type: none"> • Strategy addresses disparities in priority populations (POC, low income, disability, LGBTQ, rural/frontier)
Will achieve intended outcome	<ul style="list-style-type: none"> • Right strategy for the goal • Strategy aligns with evidence-based or promising practice
Politically feasible	<ul style="list-style-type: none"> • Ability to influence and implement a policy change
Resourced or likely to be resourced	<ul style="list-style-type: none"> • Funding is available or likely to be available • Local expertise exists
Relevant to community	<ul style="list-style-type: none"> • Strategy is in use in local community • Strategy is realistic and of interest from a local perspective
Alignment with other strategic initiatives (locally or federally)	<ul style="list-style-type: none"> • Strategy nationally recognized or recommended
Change likely in next 5 years	<ul style="list-style-type: none"> • Impacts likely to be seen within 5 years of implementation
Addresses lifespan	<ul style="list-style-type: none"> • Relevant to a wide range of age • Relevant to young children or older adults

2020 SHIP Framework



Public Comment

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Next Steps & Final Thoughts

- +/-Delta feedback review
- Next subcommittee meeting is February 19
- Homework:
 - OHA will send out a poll to reschedule the March meeting
 - Other