



SHIP SUBCOMITTEE MEETING: Economic drivers of health

Friday June 26, 2020, 1:00 – 3:00pm

Zoom Meeting: <https://zoom.us/j/393128009>

Phone: +1 669 900 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:

- Incorporate community feedback and finalize strategies

2:00 – 2:15	Welcome & agenda overview
2:15 – 2:30	Healthier Together Oregon & Implementation Framework
2:30 – 3:00	Review community feedback
3:00 – 3:45	Incorporate feedback and finalize strategies
3:45 – 3:50	Public comment
3:50 – 4:00	Wrap-up & Next Steps <ul style="list-style-type: none">• Finalizing short term measures• Next meeting: July 30

Welcome & Introductions

- Share name, pronouns and agency

Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

Timeline for developing 2020-2024 SHIP



PUBLIC HEALTH DIVISION

Office of the State Public Health Director



Individuals & Families

Many communities in our state experience more health issues than others. We know that things like quality education, affordable places to live, safe neighborhoods, living wage jobs and access to health care impact your health.



EXPLORE THE PLAN



[Healthy Communities](#)



[Healthy Families](#)



[Healthy Students](#)



[Housing and Food](#)



[Behavioral Health](#)



[Equity and Justice](#)



[Workforce Development](#)



[Technology and Innovation](#)



Healthier Together Oregon

Implementation Framework

- Acknowledge intersectionality of priority areas
- Remove redundancy in some strategies
- Consolidate strategies to make plan more actionable and achievable
- Communicates work across broader audience

Impact on Economic drivers of health strategies:

- Childcare and caregiving strategy moved to Adversity, trauma and toxic stress
- Racial equity strategy moved to Institutional bias
- Increasing access to SNAP/WIC supports strategy combined with strategy from Access to equitable preventive health care

Community Feedback Process



Who we heard from...mini-grantees

Mini-grantees – surveys and virtual listening sessions

- Self-Enhancement Inc. - AA/Black community; Portland
- Next Door – Latinx, AI/AN community; Hood River
- Eastern Oregon Center for Independent Living - Disability community; Eastern Oregon
- So-Health-E - POC, immigrant, low-income; Southern Oregon
- Q Center - LGBTQ+ community; Portland
- Micronesian Islander Community – Pacific Islander community; Willamette Valley
- Northwest Portland Area Indian Health Board – Tribal communities; statewide

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Who we heard from...mini-grantees

Organization	Number of people engaged	Methods
SEI	73	Survey
Next Door	100	Survey
EOCIL	93	Survey
So Health-E	120	Survey
Q Center	24	Survey & focus groups
MIC	10	Focus groups
NPAIHB	65	Survey & focus groups

Who we heard from...OHA led efforts

State agencies & other partners – surveys and meetings

- ODOT
- ODE
- OHA
- DHS
- DOC
- OYA
- Dept. of Agriculture
- DEQ
- Dept of Forestry
- DCBS
- OHCS
- DLCD
- Local public health authorities
- CCOs and CACs
- LGBTQ+ Aging Coalition
- Oregon Sherriff's Association
- Regional Health Equity Coalitions
- Hospitals and FQHCs
- Care Oregon
- Oregon Center for Children and Youth with Special Health Needs

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Who we heard from...OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

English - 1038 responders (42% response rate)

<https://www.surveymonkey.com/stories/SM-HT33HKVD/>

Representation – Member of the public (33%), CBOs (14%), Other (13%)
Hospitals and health care providers (12%), OHA (8%)

Geographic representation – Multnomah (23%), Lane (13%), Washington (8%),
Deschutes (6%), Clackamas (5%); all counties (except for Malheur, Sherman
and Wheeler) had at least 1 response

Primarily white (88%), straight (76%), college-educated (98%), cis-gendered
(88%), aged 30-64 (80%), and female (80%)

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Who we heard from...OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

Spanish - 21 responders (76% response rate)

Representation – Member of the public (66%), CBOs (33%)

Geographic representation – Multnomah (33%), Wasco (33%), Washington (33%)

Primarily Latinx (83%), straight (100%), cis-gendered (88%), 30-64 (66%), and female (83%)

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

What we heard... *Overall themes*

- Overall, community is **very supportive** of drafted strategies
- Need for **increased messaging about Collective Impact**
- Interest in **supporting activities** to better understand implementation
- Interest in **measurement and transparency in accountability**
- **Concern for feasibility**, especially given resource constraints and ongoing COVID response
- Tension/misunderstanding between **equity vs. equality**
- Call to **center priority populations** in planning and implementation
- Strengthen strategies for **incarcerated, LGBTQ+, disabled, homeless, or immigrant/refugee, and older** individuals
- Strategies are “**Portland metro centric**” – rural needs don’t feel reflected
- Strengthen attention to **language related needs** – “linguistically appropriate”

What we heard...mini-grantees

Overall, communities are **very** supportive of identified strategies, and want priority populations to be centered in implementation.

Organization	Feedback
SEI	Less overall support for strategies, no other comments provided.
Next Door	Concern that housing related strategies will lead to more segregation, increase minimum wage
EOCIL	Improve quality of food banks (e.g. offerings, availability, infrastructure)
So Health-E	Concern about infrastructure in rural areas - "These are very urban centric strategies that would be impossible to make happen in a rural context"
Q Center	Provide rent freezes during crisis, Allow food benefits (like SNAP, WIC) to be used for online food delivery
MIC	Living wages (not minimum wages), Cultural responsiveness training for landlords
NPAIHB	Desire for more recognition of and emphasis on food sovereignty, increase nutritional value of food served at school

Finalize strategies

- Recommend final strategy language
- Clarify priority populations with equity lens – who is MOST impacted?
- Incorporate community feedback
- Consider current environment (COVID-19 impacts & anti-racism protests)

Finalize strategies

Strategy	Considerations
Create safe, accessible and affordable neighborhoods for communities of color, low-income communities and people with disability through use of green infrastructure.	Concern this will lead to segregation
Decrease stigma associated with using food banks and food assistance through creation of an education campaign.	Not a good use of resources, access and cost is the primary barrier, not stigma. Would prefer to see education related to nutrition, healthy eating, gardening, etc.
	Consider a strategy more specific to living wages.



Economic Drivers of Health

Key indicators

1. Opportunity Index – Economy Dimension (Opportunity Index)
2. Childcare cost burden (CONFIRM DATA SOURCE)
3. Food Insecurity (Map the meal)
4. Housing cost burden among renters (American Community Survey)
5. 3rd grade reading proficiency (Oregon Department of Education)

Economic Viability Goal: Increase the percentage of Oregonians earning a livable wage by raising public awareness of the correlation between health and economic sufficiency and advocating for evidence-based policies to improve economic sufficiency.

HTO Plan	Strategies & priority populations	Example activities	Short term measures
WD	Invest in workforce development and higher education opportunities for priority populations.	<ul style="list-style-type: none"> • Support easily accessible initial job training and continuing education opportunities for prioritized populations. • Increase financial supports for students to address both the cost of living and cost of higher education. • Increase access to free job skills training programs and workforce preparation programs. • Increase access to accredited trade programs through affordable online platforms. • Expand access to more flexible work opportunities such as telecommuting and job sharing. 	% of community college students completing certificate or degree (Oregon office of community colleges and workforce development)
	BIPOC, Disability, LGBTQ+, Low-income, and Rural		



	Develop data-driven policy solutions for affordable childcare and caregiving.	<ul style="list-style-type: none"> Standardizing and improving data collection so policy solutions can be developed. 	<ul style="list-style-type: none">
HC	Strengthen economic development, employment and small business growth in underserved communities.	<ul style="list-style-type: none"> Increase access to capital in support of local small businesses, and entrepreneurship in rural communities. Develop cross-sector business groups to promote collaboration and shared learning on business development. Improve access to employment for people with disabilities through job carving/splitting. Develop incentives to encourage private investment in underserved communities coupled with First Source agreements to increase local availability of quality jobs. Connect rural community to urban markets 	<ul style="list-style-type: none">
	Rural, low-income		
HC	Enhance financial literacy and access to financial services and supports among priority populations.	<ul style="list-style-type: none"> Increase SSI/SSDI enrollment assistance programs for people with disability, for example SOAR and State Family PRE-SSI/SSDI Program. Develop education programs about financial resources, such as the earned income tax credit, IDAs and free tax preparation services, for people with low incomes. <u>Paid family leave</u> 	% of eligible families who received the Earned Income Tax Credit (EITC)
	BIPOC, Disability, LGBTQ+, Low-income, and Rural		

Commented [HCJ1]: Redundant with ATTS strategy

Commented [HCJ2]: Add from ATTS strategy



		<ul style="list-style-type: none">• Increase educational programs and support for communities of color who have been targeted by predatory pay day lending practices.• Increase financial literacy training in K-12 education.	
HC	Increase affordable access to high speed internet in rural Oregon.		
	Rural		



Physical Environment Goal: Ensure that all people in Oregon live, work, play in a safe and healthy environment and have equitable access to stable, safe, affordable housing, transportation and other essential infrastructure so that they may live a healthy resilient life.

	Strategies & priority populations	Example activities	Short term measures
E&J	Ensure state agencies engage priority populations to co-create investments, policies, projects and agency initiatives.		
	Integrate racial equity as a key criterion in state agency planning, policy, and investment.		
	BIPOC		
HC	Build climate resilience among priority populations.	<ul style="list-style-type: none"> • Implement community adaptation projects that build climate resilience. • Completing climate adaptation and mitigation investments. 	•
	BIPOC, low income, LGBTQ+, rural, disability	<ul style="list-style-type: none"> • Collect data quantifying the burden of water insecurity and impacts to communities in order to support water insecurity prevention policy development. 	
HC	Create safe, accessible and affordable neighborhoods for communities of color, low-income communities and	<ul style="list-style-type: none"> • Create zoning laws that include transportation connectivity; access to affordable housing, education, healthy foods and health care; safety; and 	•

Commented [HCJ3]: Redundant with IB strategy

Commented [HCJ4]: Would this include consideration for alcohol related density?

Commented [HCJ5]: Include "healthy"



	people with disability through use of green infrastructure.	benefits communities of color and low-income communities.	
	BIPOC, low-income, disability	<ul style="list-style-type: none"> • Increase affordable housing stock through state appropriations and housing development programs in neighborhoods with active transportation choices, access to schools, jobs, transit, services, goods, and community amenities. 	
H&F	Increase affordable housing that is co-located with active transportation options.	<ul style="list-style-type: none"> • <u>-Utilize housing appropriations and housing development programs</u> • <u>Mitigate barriers to housing</u> • <u>Address zoning issues in rural areas.</u> 	
H&F	Increase homeownership among communities of color through existing and innovative programs.	<ul style="list-style-type: none"> • Create/expand and promote innovative programs such as Oregon Bond Residential Loan Program, new manufactured housing, access to affordable first-time homebuying loan products, individual development accounts 	Homeownership by race/ethnicity (OHCS)
	BIPOC		

Commented [HCJ6]: Incorporate healthy homes work here?



Food Security Goal: Increase equitable access to culturally appropriate nutritious food regardless of social or structural barriers (e.g., age, location or employment) by addressing the underlying issues in food availability and stigma associated with food insecurity.

	Strategies & priority populations	Example activities	Short term measures
H&F	Maximize investments and collaboration for food related interventions.	<ul style="list-style-type: none"> Connect community health assessments, tribal food sovereignty assessments, CCO Community Benefit spending, and other organizational strategic plans to identify opportunities for collaboration (stakeholders, capacity, and resources) and ensure alignment to support interventions and policies that promote local food systems and food sovereignty. 	<ul style="list-style-type: none">
H&F	Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.	<ul style="list-style-type: none"> Convene regional food policy councils to address food insecurity for prioritized populations. Leverage collective purchasing power to increase the supply of healthier foods available in schools, correctional facilities, senior meal programs, hospitals, early childhood education centers, institutions of higher learning, emergency food services, homeless shelters, and through local CSA programs. 	<ul style="list-style-type: none">

Commented [HCJ7]: Such as a sugary beverage tax?



		<ul style="list-style-type: none"> • Create and maintain a state-wide map of available local food resources and how to access resources. • Increased programing and financial support for local food production and consumption (e.g. creation of food hubs, community gardens, local Farm to Table programs, or locally sourced Food Rx programs). • Leverage existing infrastructure for co-located or mobile food services to increase food availability (e.g. farmers markets at community health centers). • Increase acceptance of SNAP by local production venues, and utilization of these benefits. Tailor SNAP outreach to seniors, and their caregivers. 	
H&F	<p><u>Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities</u> Increase supports that address food insecurity, like SNAP, WIC and school-based food programs.</p>	<ul style="list-style-type: none"> • Expand community awareness of and access to available programs (e.g. summer meal programs). • Ensure adequate food availability in underserved communities. • Support Student Success Act investment in hunger free school provisions for student breakfast and lunch programs. 	% of census tracts identified as a food swamp (OHA – EPH)
	Low income		
H&F	Decrease stigma associated with using food banks and food assistance programs through creation of an education campaign.		
	Low income		

Commented [HCJ8]: Combined with AEPCH strategy. Specific supports (SNAP, WIC, etc. moved to activities)

H&F – Housing & Food, HC – Healthy Communities, WD – Workforce Development, E&J - Equity & Justice



**Healthier
Together
Oregon**

IMPLEMENTATION PLAN (Draft)

Public Comment

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Next Steps & Final Thoughts

- Finalizing activities & short term measures – does anyone want to help with this before the last meeting?
- Final meeting is July 30 – How would you like to celebrate?