
2020-2024 State Health Improvement Plan Institutional Bias

September 18th, 2019



PUBLIC HEALTH DIVISION

Office of the State Public Health Director



SHIP SUBCOMITTEE MEETING #1: Institutional Bias

Tuesday, September 18th, 10:00 – 12:00pm
800 NE Oregon Street, Suite 915
Portland, OR 97232

OR

Go to meeting: <https://global.gotomeeting.com/join/342131813>
Conference call: [+1 \(646\) 749-3122](tel:+16467493122)
Access Code: 342-131-813

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:

- Get to know other members of the subcommittee
- Set the stage for subcommittee work
- Develop shared understanding of priority and communities of concern
- Define the goal

2:00 – 2:05 **Welcome and agenda overview**

2:05 – 2:20 **Get to know other members of the subcommittee**

- Introductions

2:20 – 3:00 **Set the stage**

- Review Subcommittee charter – consensus & communication expectations
- Approve ground rules
- Review SHIP framework
- Review proposed work plan and process for strategy and measure development
- Review tools for subcommittee
- Identify a co-chair

3:00 – 3:25 **Develop a shared understanding**

- Understanding the data

3:25 – 3:50 **Define the goal**

3:50 – 3:55 **Public Comment**

3:55 – 4:00 **Wrap-up & Next Steps**

- Next meeting: October 16
 - Identifying outcome measures
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Welcome & introductions

Share name and pronouns

Tell us a bit about your vocation. What do you do, and what is the purpose of your agency or organization?

Why is this work important to you?

Setting the stage



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How you got here...

- PartnerSHIP member or PartnerSHIP recommendation
- PHD staff recommendations
- Known subject matter expert
- You're an existing partner:
 - Local public health
 - Tribes
 - Coordinated Care Organizations and Community Advisory Councils
 - ODE, ODOT, DHS

Subcommittee expectations

- Develop strategies and measures within health equity framework.
- Maintain vision, values and direction for the SHIP
- Facilitate two-way communication about the SHIP with your agency and community.
- Review materials ahead of the meeting and come prepared to discuss
- Respond to requests in between meetings
- Make decisions based on consensus

Ground Rules

- Explain jargon and acronyms
- Take space, make space
- Introduce self when talking
- Come prepared & stay present
- What is learned here, leaves here
- No one knows everything; together we know a lot
- We cannot be articulate all the time
- Identify when you're speaking for a group vs speaking for yourself as an individual
- Expect and accept a lack of closure – we're working to solve complex challenges

Conference calls in real life:

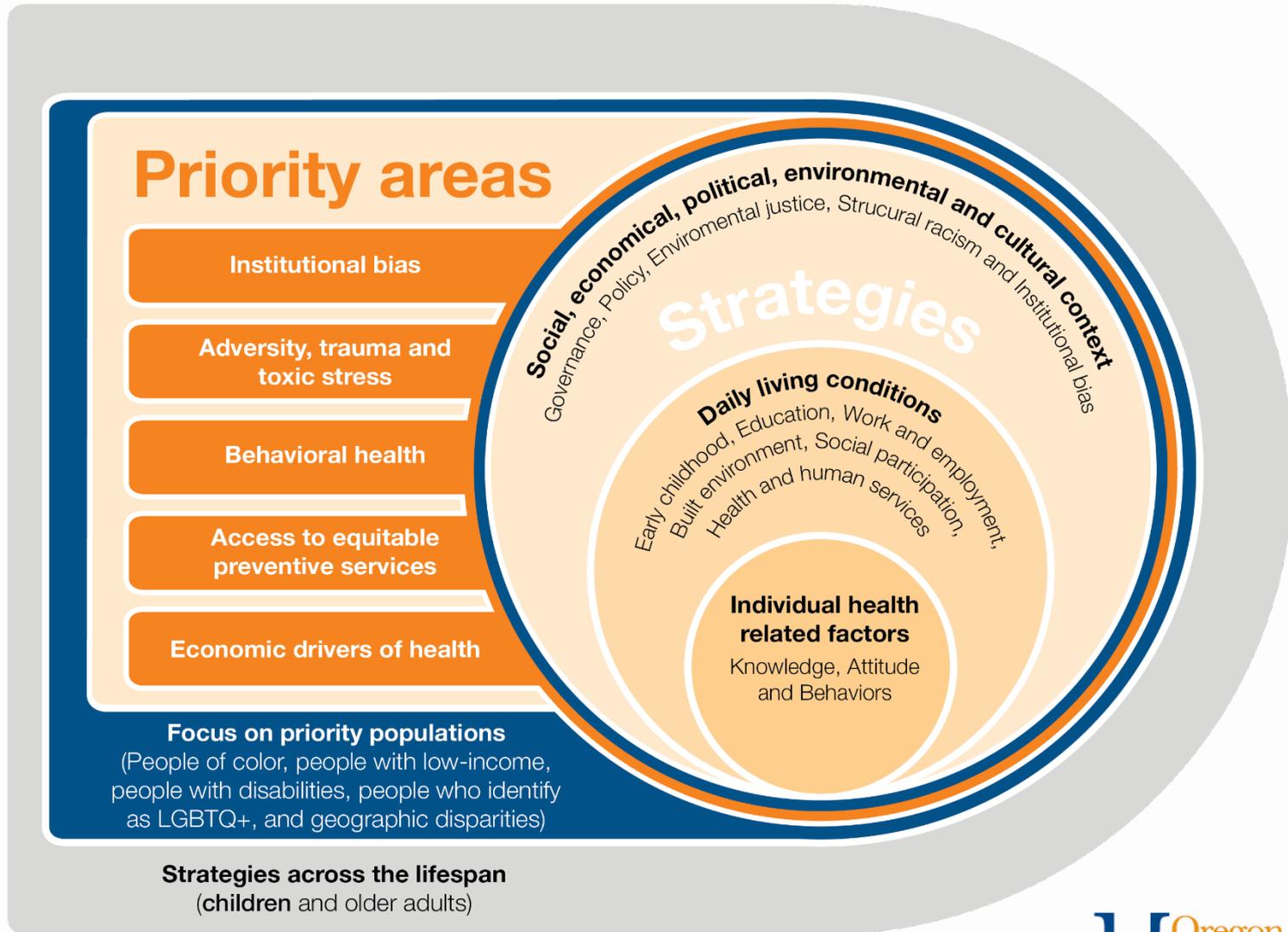
<https://www.youtube.com/watch?v=kNz82r5nyUw>

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SHIP Framework



Proposed timeline and work plan

Month	Goal	Key Questions
September	Introductions & identify goal	What do we hope to achieve together?
October	Identify outcome measures	How will we know we've achieved our goal?
November	Identify policy level strategies and measures	What strategies are needed to achieve our goal? How will we know the strategy is working?
December	Identify community level strategies and measures	What strategies are needed to achieve our goal? How will we know the strategy is working?
January	Identify individual level strategies and measures	What strategies are needed to achieve our goal? How will we know the strategy is working?
February	Finalize draft strategies and measures	Based on review of the vision and the strategies, does the original goal need revision?
March and April	PartnerSHIP and community feedback	Are proposed strategies and measures relevant to community?
May	Incorporate community feedback	Do strategies and measures meet the needs of community?
June	Finalize plan	
July	Launch plan – implementation begins	What activities need to happen to make progress on strategies?

Subcommittee tools

- Base Camp – Meeting materials, documents and reference materials, chat and message boards
- Remote meetings – Gotowebinar & Zoom
- SHIP Website – Public access to meeting materials
- PHD Core Staff
 - Leann Johnson, OHA Lead
 - Sara Beaudrault, Staff support
 - Catherin Moyer, Admin support (meeting minutes, technology support)

Discussion

- What voices are missing from our subcommittee?
- Who would like to be a co-chair of the subcommittee?
 - Co-facilitate meetings with OHA lead
 - Provide thought leadership for subcommittee
 - Represent the subcommittee at meetings or presentations with other stakeholders and partners as necessary.

Develop a shared understanding

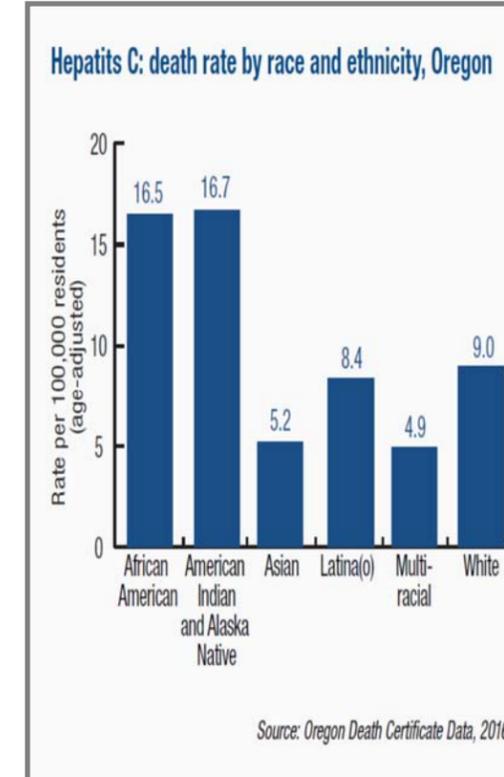
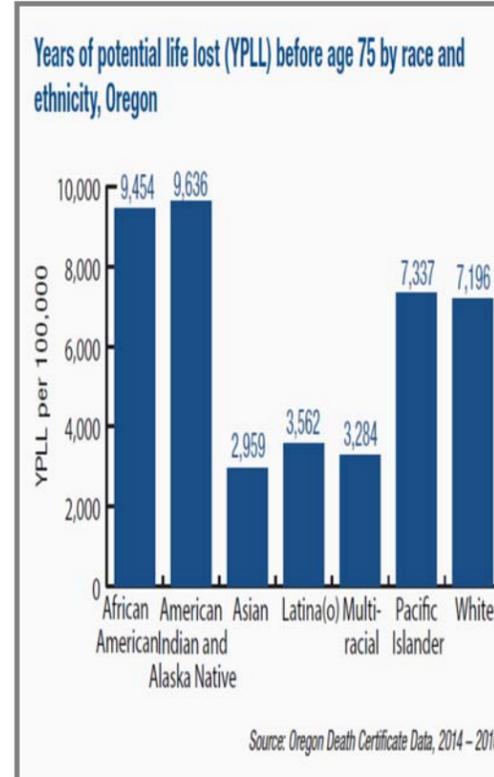
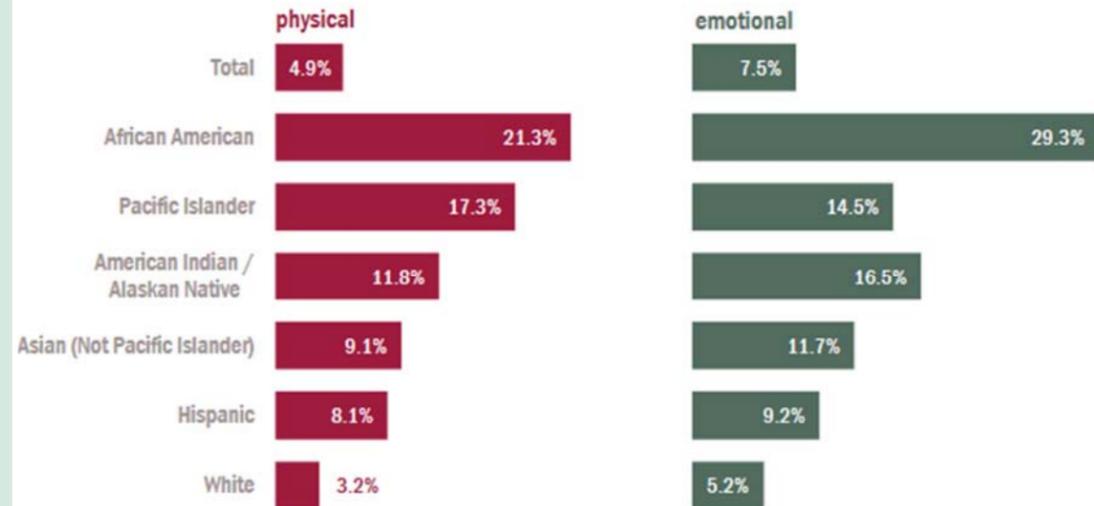
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SHIP 2020-2024 PRIORITY: INSTITUTIONAL BIAS

Adult Medicaid members reporting physical and emotional symptoms due to treatment based on race Oregon 2014, Medicaid BRFSS



Racism and Discrimination Affect Health

In all the places where people live their lives, racism, classism, and other systems of oppression negatively affect people’s health. These systems create barriers to resources like education, safe homes and neighborhoods, jobs and health care. Racism has played a powerful role in Oregon’s history, despite the state’s current reputation for accepting differences. For Example:

- When Oregon was first recognized as a state in 1859, it was the only state in the country that forbade people of color from living in the state.
- In 1862, an annual tax was levied on people of color to help maintain white settlers’ access to land that had been taken from Oregon tribes
- Oregon’s legislature refused ratification of the 14th and 15th U.S. constitutional amendments (until 1973 and 1959 respectively), which aimed to grant citizenship to all persons born or naturalized in the United States, including former slaves, and give black men the right to vote.
- Redlining policies and other discriminatory loan practices enacted by the real estate industry prevented black families from purchasing homes in white neighborhoods through the 1990s.

COMMUNITY FEEDBACK

“Bias, racism and intolerance are deep in Oregon and in my community. These contribute to attitude's and stigmas that continue to allow these issues (lack of access to housing, food, mental health care) to be unresolved.”

- Community Engagement Survey Respondent

“I don’t know, Systemic bias is such that I feel beaten down and defeated. Even in this survey. I have little hope that it’ll do any good. But I hope it will.”

- Community Engagement Survey Respondent

“Scholarships and grants to get trans and non-binary people as leaders in healthcare, entrepreneurship, and leadership positions. Overhaul of hiring strategies and workplace values. Purging of implicit biases.”

- Community Engagement Survey Respondent

Defining the goal

Goals are broad statements of what we're hoping to accomplish. Goals are aspirational, often stated without limits.

Examples:

- All can participate in decisions that shape health and well-being (*Minnesota SHIP*)
- Transformative change toward equity and empowerment (Multnomah County CHIP)
- Supporting family and community ways (Multnomah County CHIP)
- Create a shared understanding of racial equity (Oregon Statewide Housing Plan)

Defining the goal

- What do we want to achieve by addressing this issue together?
- What communities are most impacted by institutional bias?

For example: *The goal is to (effect, e.g. improve, decrease, etc.) the (problem/need/opportunity) of (target population) by/through (x mechanism).*

Public Comment

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Next Steps & Final Thoughts

-+/Delta feedback review

- Next subcommittee meeting is October 16th

-Homework: Explore basecamp! Upload additional data, existing strategic plans and policy documents.