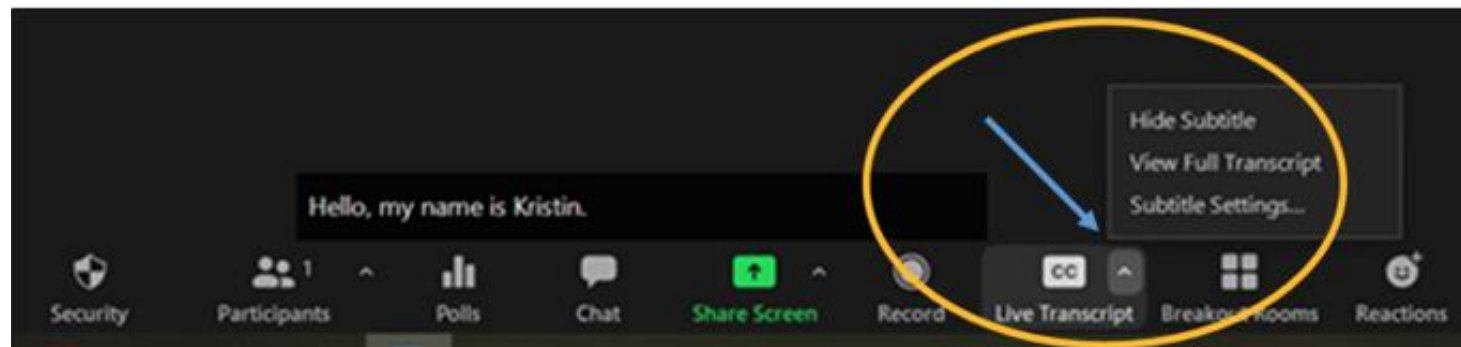


# Closed Captions

Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.

For English Closed Captions:



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OREGON  
**HEALTH**  
AUTHORITY

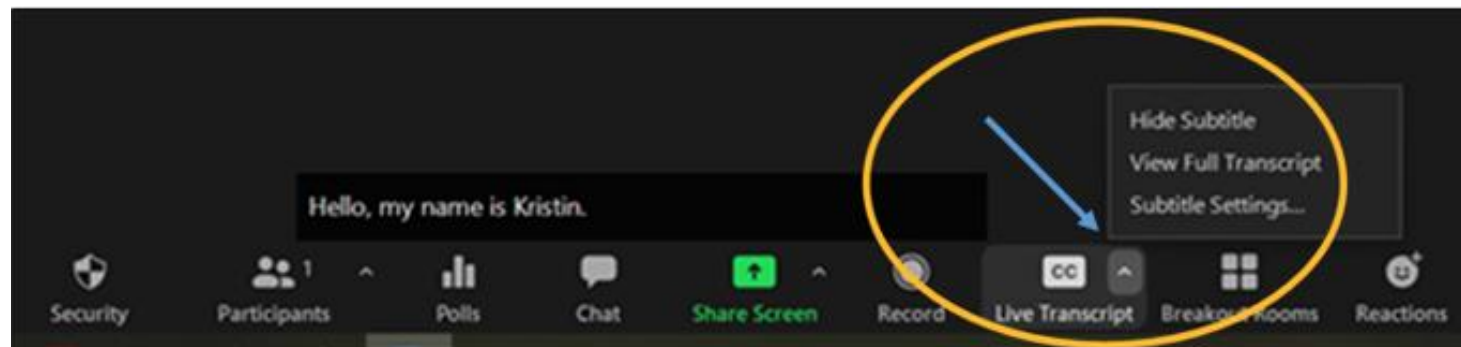
9/9/2024

**Public Health Division  
State Health Assessment  
Steering Committee Meeting**

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For English Closed Captions:



Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

# OHA Staff

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- Jameela
- Rose
- Victoria
- Sara



# MetGroup Facilitators

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Kirsten Gunst, Senior Director



Debra Clark, Director



Kristin Gimbel, Executive Vice President



# Agenda – September 9, 2024

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- Relationship Building
- Updates/follow up items from August
- Mission/Vision/Values
- Break
- SHA and SHIP Development
  - Purpose of SHA- Sara
  - Timeline /Key Milestones- Sara
    - Do we want to meet 2x in October and November?
  - What we're asking you to help make recommendations on for this State Health Assessments – Rose
  - Subcommittees


# Updates from August

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- Debrief meeting hosted- feedback incorporated into our strategies and plans
- 1-1s started with committee members
- Community Engagement Subcommittee established and met for the first time
- Tribal Public Health meeting- on agenda to present on 9/13

# Mission, vision, and values





**Values:** What we stand for.  
The guiding beliefs and principles that drive  
our decision making and work. *Our guideposts*

**Mission:** WHAT we do and  
for WHOM? *The map*

**Vision:** Where we hope to be in  
the future? *The destination*

## Revised Mission Statement:

We draw on **community**\* voices, experiences, and ideas to shape state health **focus areas** and solutions so that all people **living in Oregon**\*\* have the resources and opportunities to thrive.

\*[Add OHA's definition of community]

\*\*Opted to use the terminology “living in Oregon” vs. “Oregonians” as everyone may not identify as that.

## Revised Vision Statement:

Each community **member** in Oregon **can obtain**\* affordable, appropriate and adequate resources that they need to reach optimal health and well-being.

\* People-centered services. This does not mean people have to change to get the services, but the system is working for individuals within their community have access.

## Revised Values Statements (1 of 2):

- Equity:
  - The steering committee ensures an **inclusive statewide process** and makes decisions **guided by a recognition of current and historical injustices and the enduring impact on communities**.
  - SHIP priorities address the self-determined needs of all community members, particularly populations that have historically been marginalized or underserved. **This includes capacity building resources and long-term community-tailored investments to bolster community agency and create the conditions for self determination**. The final plan addresses immediate health concerns as well as long-term wellbeing within communities.
- Transparency:
  - OHA maintains open lines of communication with the steering committee and communities, and **there is clarity around the process, goals, and outcomes of the work**. The SHA/SHIP priorities are clear, focused, and actionable.
  - External communication is shared and available to all community members via a bi-monthly memo.

## Values Statements (2 of 2):

- Accountability:
  - The steering committee is centered and driven by the shared group agreements. Each member understands their roles and responsibilities, and **contributes to the best of their ability to help OHA develop a plan informed by data that accounts for the needs of each community across the State.**
  - Regular opportunities for feedback are provided to committee members to ensure open communication and adjustments in how the process is managed and facilitated by OHA.
- Collaboration:
  - The committee works towards common goals and fosters a sense of shared purpose and collective responsibility for public health outcomes.
  - The steering committee is engaged in collaborative partnerships with local organizations, healthcare systems, and community leaders to inform community-driven priorities to guide planning **and priorities.**

(Enter) DEPARTMENT (ALL CAPS)  
(Enter) Division or Office (Mixed Case)

## Values Statements (2 of 2):

- Accountability:
  - The steering committee is centered and driven by the shared group agreements. Each member understands their roles and responsibilities and **contributes to the best of their ability to help OHA develop a plan informed by data that accounts for the needs of each community across the State.**
  - Regular opportunities for feedback are provided to committee members to ensure open communication and adjustments in how the process is managed and facilitated by OHA.
- Collaboration:
  - The committee works towards common goals and fosters a sense of shared purpose and collective responsibility for public health outcomes.
  - The steering committee is engaged in collaborative partnerships with local organizations, healthcare systems, and community leaders to inform community-driven priorities to guide planning **and priorities.**

## Group Discussion:

- Can you support the adoption of the mission, vision and values for the steering committee?
  - If no, what would need to change for you to support the adoption?

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# Break







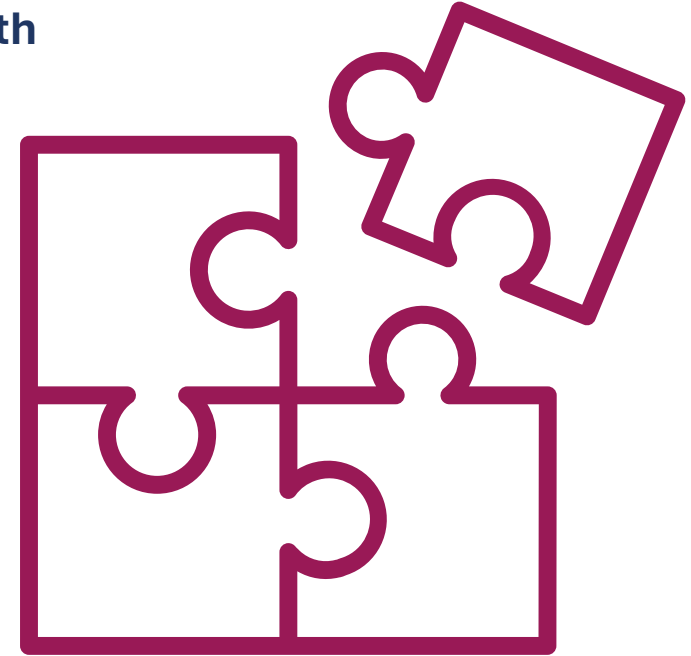
# Roadmap SHA and SHIP Development

# Purpose of the State Health Assessment

- Health status and data of Oregon residents
- A report filled with reports (see right!)
- Health priorities
- Health assets
- How prepared governmental public health are to address these health priorities
- Provides information that is used to select priorities for the next SHIP

Key state  
public health  
indicators

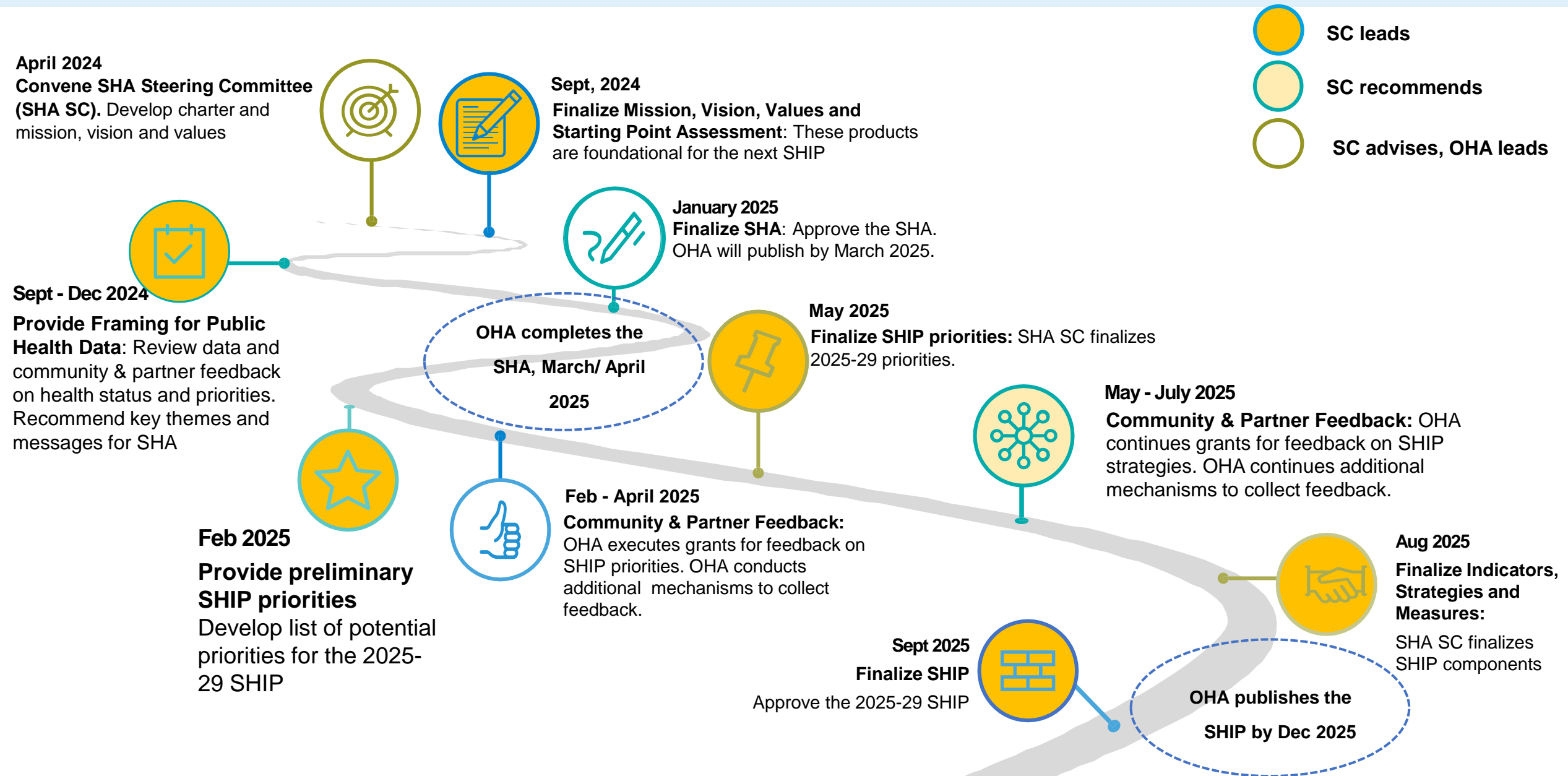
Community feedback



Modernization  
capacity  
assessment

Public Health System  
Workforce Assessment  
(will include “COVID-19  
Public Health Study” by  
Rede Group and CLHO  
report on capacity)

# SHA Steering Committee Roadmap



# SHA/SHIP Timeline: Milestones and Deliverables

## Phase 1: Setting the Foundation

June 2023 – September 2024

## Phase 3: Developing the State Health Improvement Plan

January 2025 – September 2025

## Phase 2: Conducting the State Health Assessment

June 2024 – March 2025

## Phase 4: Implementing the SHIP

March 2025 – ongoing

Milestones

Deliverables

<ul style="list-style-type: none"><li>Convene SHA Core Group (June 2023)</li><li>Recruit SHA Steering Committee (September 2023)</li><li>Convene SHA Steering Committee (April 2024)</li><li>Finalize SHA Steering Committee charter (May 2024)</li></ul>	<ul style="list-style-type: none"><li>Present existing data on health status to SHA Steering Committee (October 2024)</li><li>Complete community and partner engagement road show, and compile feedback (December 2024)</li><li>Finalize updated State Population Health Indicators (SPHIs) on OHA website (December 2024)</li><li>Execute mini-grants for community engagement (December 2025)</li><li>SHA draft approved by SHA Steering Committee (January 2025)</li></ul>	<ul style="list-style-type: none"><li>SHA Steering Committee provides initial recommendations for 2025-29 SHIP priorities (January 2025)</li><li>Complete compiled list and matrix of health-related plans and strategies (January 2025)</li><li>Collect community and partner feedback on SHIP priorities + Analysis of feedback (April 2025)</li><li>SHA Steering Committee finalizes SHIP priorities (May 2025)</li><li>SHA Steering Committee finalizes SHIP strategies and measures (August 2025)</li><li>SHIP draft approved by SHA Steering Committee (September 2025)</li></ul>	<ul style="list-style-type: none"><li>Implement communications plan for 2025-29 SHIP (March 2025)</li><li>Finalize implementation plan for 2025-29 SHIP (April 2025)</li><li>Finalize charter and work plan for revised HTO Core Group (April 2025)</li><li>Recruit SHIP Steering Committee members (May 2025)</li></ul>
<ul style="list-style-type: none"><li>Mission, Vision, Values (September 2024)</li><li>Starting Point Assessment (September 2024)</li></ul>	SHA report (March 2025)	SHIP (November 2025)	Annual reports  Annual SPHI updates

# How would you like to continue this work?

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- Would you like to meet as a full committee 2x in October and November ?
- Can we do a up/down vote?

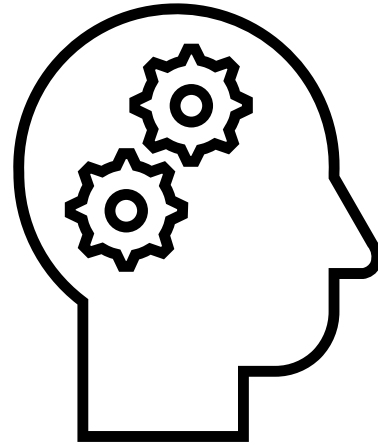
## The recommendations we're looking to hear from you are:

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- Which SPHIs to prioritize for the State Health Assessment?
- What data are missing?
- What recommendations do you have for filling these data gaps?

# Data we're asking you to consider

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# HTO Dashboard (visual)

## Healthier Together Oregon Scorecard



The table below shows the most recent data for each indicator.

Click on the chart icon (  ) next to an indicator to see more data. Where available, data are presented by year, county, race/ethnicity, sex, age and other demographic breakdowns.

### ACCESS TO EQUITABLE PREVENTIVE HEALTHCARE

Oregon



#### Adult Dental Visits

Percentage of adults with a dental visit in the previous year

66.1%



#### Childhood Immunizations

Percentage of two-year-olds up-to-date on immunizations

69%



#### Colorectal Cancer Screening

Percentage of 50 to 75 year olds who have received the recommended colorectal cancer screening

74.4%



### ADVERSITY, TRAUMA, AND TOXIC STRESS

Oregon

#### Adverse Childhood Experiences (ACEs) Among Children

Percentage of children with high ACEs score (2+)

20.1%



#### Chronic School Absenteeism

Percentage of students missing 10% or more of school day in a year

38.1%



#### High Concentrated Disadvantage

Percentage of population living in census tracts with a high level of concentrated disadvantage

26.8%



### BEHAVIORAL HEALTH

Oregon

#### Adults with Poor Mental Health in Past Month

Percentage of adults reporting 1 or more days of poor mental health in the past month

49.2%



#### Alcohol Related Deaths

Alcohol related deaths per 100,000

59.3 per 100,000





# State Public Health Indicators

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## Health Indicators

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### About the Indicators

- Indicators from the State Health Assessment are updated annually.
- Data tables for many of the indicators are also available by county.

Select a topic below to view the indicators for that topic. You can then view the state profile or, where available, the county data tables.

**Social Determinants of Health**



**Environmental Health**



**Prevention and Health Promotion**



**Access to Clinical Preventive Services**



# PHAB Accountability Metrics

## Oregon's Public Health Priorities and Health Outcome Indicators At-a-Glance

Priority area	Indicator	Indicator data source
Reduce the spread of syphilis and prevent congenital syphilis	Rate of congenital syphilis	Orpheus
	Rate of syphilis (all stages) among people who can become pregnant <sup>2</sup>	Orpheus
	Rate of primary and secondary syphilis	Orpheus
Protect people from preventable diseases by increasing vaccination rates	Two-year old vaccination rate (4:3:1:3:3:1:4 series <sup>3</sup> )	ALERT IIS
	Adult influenza vaccination rate, ages 65+	ALERT IIS
Build community resilience for climate impacts on health: extreme heat and wildfire smoke	Emergency department and urgent care visits due to heat	ESSENCE
	Hospitalizations due to heat	HCUP
	Heat deaths	Oregon Vital Records, OHA Oregon death certificates
	Respiratory (non-infectious) emergency department and urgent care visits	ESSENCE
	Drinking water security (metric in development)	Not yet identified
	Effects of climate change on mental health (metric in development)	Not yet identified

This report includes data collected through multiple public health data systems. Race and ethnicity categories are not uniform across all public health data systems. In this report, race and ethnicity data are presented using the race and ethnicity categories used for each data system which may not be comparable across systems. In some cases data are collected and reported using categories that do not adhere to current best practices, including best practices for collecting and reporting data using Race, Ethnicity, Language and Disability (REALD). Over time, data systems are being updated to comply with REALD standards.

● Additional information about Oregon's REALD implementation is available at: <https://www.oregon.gov/oha/ei/pages/reald.aspx>

# Data we are asking you to consider (links)

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- HTO Dashboard <https://visual-data.dhsoha.state.or.us/t/OHA/views/SHIPv2/statescorecarddashSHIP>
- SPHI Dashboard [https://visual-data.dhsoha.state.or.us/t/OHA/views/SPHI\\_17225536206750/statescorecarddas](https://visual-data.dhsoha.state.or.us/t/OHA/views/SPHI_17225536206750/statescorecarddas)
- PHAB Accountability Metrics  
<https://www.oregon.gov/oha/PH/ABOUT/PHAB%20Meeting%20Documents/2024-03%20Accountability%20Metrics%20Preliminary%20Report%20on%20Health%20Outcome%20Indicators.pdf>

# Subcommittee

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- Data- Ad hoc space starts in October- 60-90 minutes length of meeting may vary. Date/time/length of meeting varies due to schedules of Subject Matter Experts.
- Community Engagement Subcommittee- 2x a month meetings every other Wednesday for 50 minutes. Next meeting 9/11/24.

# Thank you

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We look forward to seeing you in our future conversations!

Jameela Norton  
Office of the State Public Health Director  
Public Health Division  
Oregon Health Authority  
[jameela.norton@oha.oregon.gov](mailto:jameela.norton@oha.oregon.gov)  
971-267-0474 (phone/text)





# Extra/Reference Slides

# Acronym Check

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- CBO- Community Based Organization
- CHA- Community Health Assessment
- CHIP - Community Health Improvement Plan
- LPHA- Local Public Health Authority
- OHA- Oregon Health Authority
- PHD- Public Health Division
- SHA- State Health Assessment
- SHIP- State Health Improvement Plan

# Acronym Check Continued

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- SPA – Starting Point Assessment
- REALD- Race Ethnicity, Language and Disability
- SOGI- Sexual orientation or gender identity
- Census- United States Census
- BRFSS- Behavioral Risk Factor Surveillance Survey



# Preview Agenda 9/16

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- Relationship Building
- Review the Starting Point Assessment (lessons learned from SHIP implementation)
- Key Health Indicator Data Review
  - We are asking you to review the 2019 SHA prior to this conversation