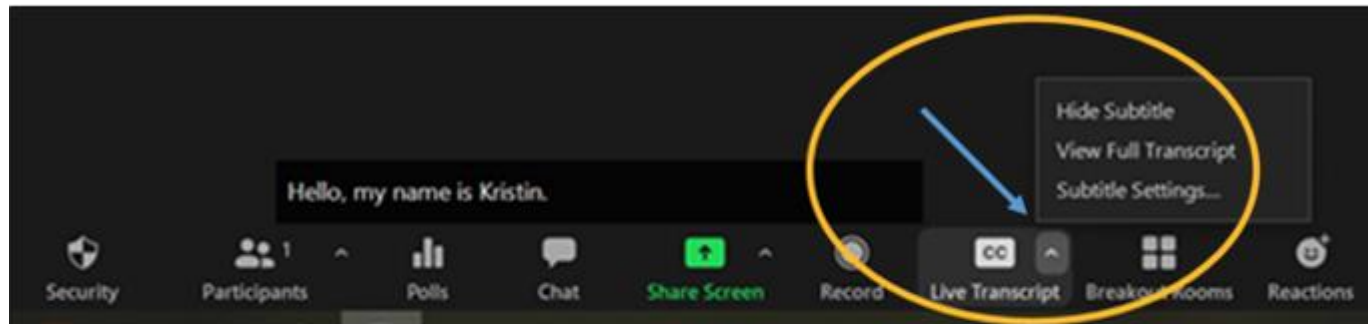


Closed Captions

- Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.
- For English Closed Captions:



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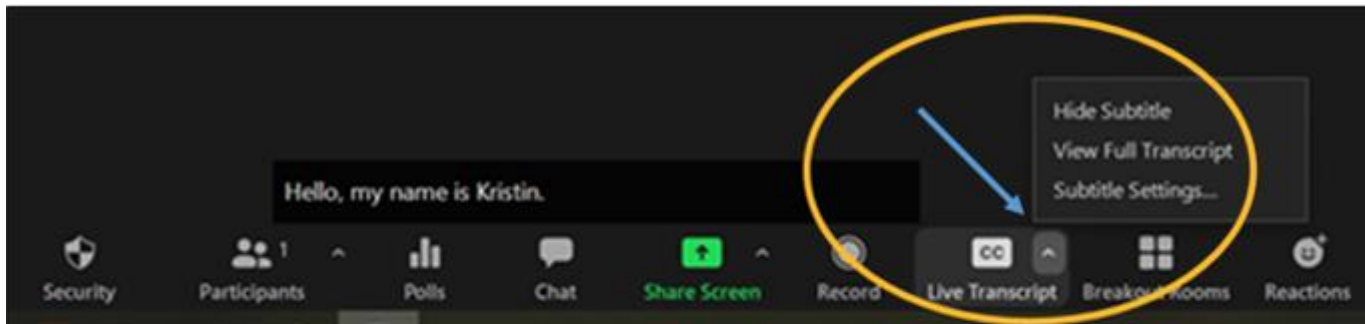
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01/07/2025

**State Health Assessment Steering
Committee Meeting
March 10, 2025**

Closed Captions

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Public Meeting

Members of the public welcome!

- Conversation space is held for committee members
- We will hold space for public comments in the final 10 minutes of the meeting.
 - If there are multiple members of the public who would like to speak, we will limit speaking time to 2 minutes per person

OHA Staff

- Jameela- Steering Committee+ Community Engagement Lead
- Rose- SHA Data/Assessment Lead
- Victoria- SHA Lead, Internal Engagement and Communications
- Sara- Manager; Fiscal and Leadership Support
- Cintia- Healthier Together Oregon Strategist



MetGroup Facilitation Team



Kirsten Gunst, Senior Director



Debra Clark, Director



Kristin Gimbel, Executive Vice
President

Group Agreements

- 1. Lean forward, lean back.** *Share space. Allow room for different opinions. Don't be afraid to share your perspective! This is a judgment-free zone.*
- 2. Curiosity is queen.** *Be open to continuous learning along the way.*
- 3. Explain and unpack jargon and acronyms.**

4. Be present, be authentic. *Show up as fully as you can in the way that is most comfortable for you. ("Be present, be authentic", as a way to invite others to feel comfortable being present at the table as themselves, and meet others in the same way?)*

5. Honor all experiences and expertise. *Appreciate others as human beings with abundant and interconnected experiences.*

6. Extend grace to each other and to ourselves. *Assume best intentions.*

Agenda

- Team Overview, Group Agreements
- Updates from our team
- OHA's Strategic Plan
- Break
- State Health Assessment- Overview and where we are
- Next steps
- Public Comment



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OHA Steering Committee Updates

Proposed priorities (DRAFT)

- This is NOT a final product. This is something we are hoping to take out to community for their input

Steering Community Values + Lessons Learned (done!)



OHA Staff composed updated draft priorities (done)

Community input gathering (March-April)

Steering Committee finalizes recommendations in May

Priorities for community and partner feedback:

- Healthy Environments
- Emergency preparedness and response
- Health across the lifespan
- Disease prevention and health promotion
- Physical, mental and community safety
- Mental well-being and behavioral health
- Equitable social conditions

May in person meeting Eugene

- May 27-29
- May 27: Dinner Meeting
- May 28: 9am-4pm
- May 29- 9am-12pm
- Purpose of Meeting: Review community feedback and select final SHIP Priorities
- OHA will cover approved travel expenses, MetGroup will help with travel arrangements

Community Engagement Update



9 webinars scheduled with regional and community specific groups. 17 – in process



2 Conference Presentation sessions: Asian Community and Main Community Engagement conference 4/22-4/23



13 presentations with Eastern Oregon CCO Local Community Health Improvement Plan Sessions



CCO- CHA/CHP/CAC Office Hour Presentation



Local Public Health- Presentation and messaging sent out

Tribal

- Met with Tribal Representatives on Steering Committee
- Requested Tribal presentation for April meeting

- Engagement plan
 - OHA Tribal Affairs Monthly Meeting
 - Tribal Public Health Modernization Community of Practice
 - Nine Tribes of Oregon and NARA-NW Quarterly Behavioral Health Meeting



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March 10, 2025

OHA Strategic Plan



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What is the Oregon Health Authority?

Overview

What is Oregon Health Forward?

Oregon Health Forward

Eliminating health inequities by 2030

Strategic Plan

OHA envisions a healthy Oregon where everyone has the opportunity to thrive. To realize this vision, OHA has set an ambitious yet achievable goal of eliminating health inequities by 2030, as outlined in its strategic plan.

Transparency, Accountability, and Belonging Initiative (TABI)

To fuel progress toward its strategic plan goal, OHA will enact systems, policy, and operational changes to more effectively and accountably meet customer needs, strengthen partner relationships, and improve staff engagement and satisfaction.

Call to Action

Recognizing that collaboration is key to success, OHA will enlist health system partners, nonprofits, and private sector entities – both in and out of health care – to bolster statewide commitment and progress toward its strategic plan goal.

Vision: A Healthy Oregon



Goal Pillar One: Transforming Behavioral Health

- **Our first pillar is transforming behavioral health in Oregon.**
Under this pillar, we will:
 - Connect all people in Oregon to behavioral health services and supports when and where they need them.
 - Bolster the behavioral health workforce.
 - Adopt a “Behavioral Health in All” policy.
 - Improve transparency and accountability.
 - Build system capacity.

Goal Pillar Two: Strengthening Access to Affordable Care for All

- **Our second pillar is strengthening access to affordable care for all.** Under this pillar, we will:
 - Connect all people in Oregon to care.
 - Increase access to health care providers throughout the state and ensure the care is culturally and linguistically appropriate.
 - Increase the convenience of accessing health care.
 - Maintain the broadest set of benefits that are inclusive of diverse patient needs.
 - Reduce the number of people struggling with medical debt or delaying care due to affordability.

Goal Pillar Three: Fostering Healthy Families and Environments

- **Our third pillar is fostering healthy families and environments.** Under this pillar, we will:
 - Provide trauma-informed and culturally and linguistically responsive public communications.
 - Implement policies and programs that facilitate equitable access to quality housing, climate adaptation resources, nutrition supports, and preventative services.
 - Facilitate capacity building and workforce development to address population health inequities.
 - Build a modern public health system.
 - Expand access to health and social services resources and supports for children, parents and families.

Goal Pillar Four: Achieving Healthy Tribal Communities

- **Our fourth pillar has established 4 strategic pathways:**
 - Nurturing a healthy workforce
 - Maintaining and strengthening the unity of our partners
 - Investing in wellness infrastructure for Tribes and Native American Rehabilitation Association of the Northwest (NARA_NW)
 - Responding to Tribal needs during climate crisis

Goal Pillar Five: Building Internal Capacity

- **Our fifth pillar is building OHA's own internal capacity and commitment to eliminate health inequities.** That means we will:
 - Continue to ensure shared accountability for OHA's strategic goal to eliminate health inequities by 2030.
 - Advance equitable hiring strategies and professional development pathways.
 - Foster OHA staff well-being, belonging, and wholeness.
 - Curate and cultivate cross-division multidisciplinary community of practice forums and collaborative action toolkits.
 - Establish a healing-centered OHA Community Engagement Framework.

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Christine Ernest at christine.a.ernest@oha.Oregon.gov or 503-302- 9364 (voice/text). We accept all relay calls.

Central Operations





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Break



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State Health Assessment update

Term Reminder

- SPHI – State Population Health Indicator
- SHA- State Health Assessment

SHA updates:

1. Share progress on the SHA development
2. Updates on information included in the SHA
3. What you'll see in the SPHIs



This and all images are from Northwest Garden Nursery,
Eugene OR

SHA development process:

Writing completion update

- Mission, vision and values
- The story of this process
- Who's in Oregon: demographics
- How are we doing: state public health indicators
- Other assessments for context



Other assessments in the SHA

Workforce Assessment

Cost and Capacity Assessment



Other components of the SHA

- The SHA includes other assessments to describe state and local public health
 - Capabilities
 - Workforce
 - Partnerships

Two additional statewide assessments

- Workforce Assessment:
 - Statewide plan to address workforce needs for state and local public health organizations
 - Focuses on recruitment, training and retention
- Cost and capacity assessment:
 - Compares where state and local public health are across several key areas compared to statewide measures.
 - Shows progress since 2016

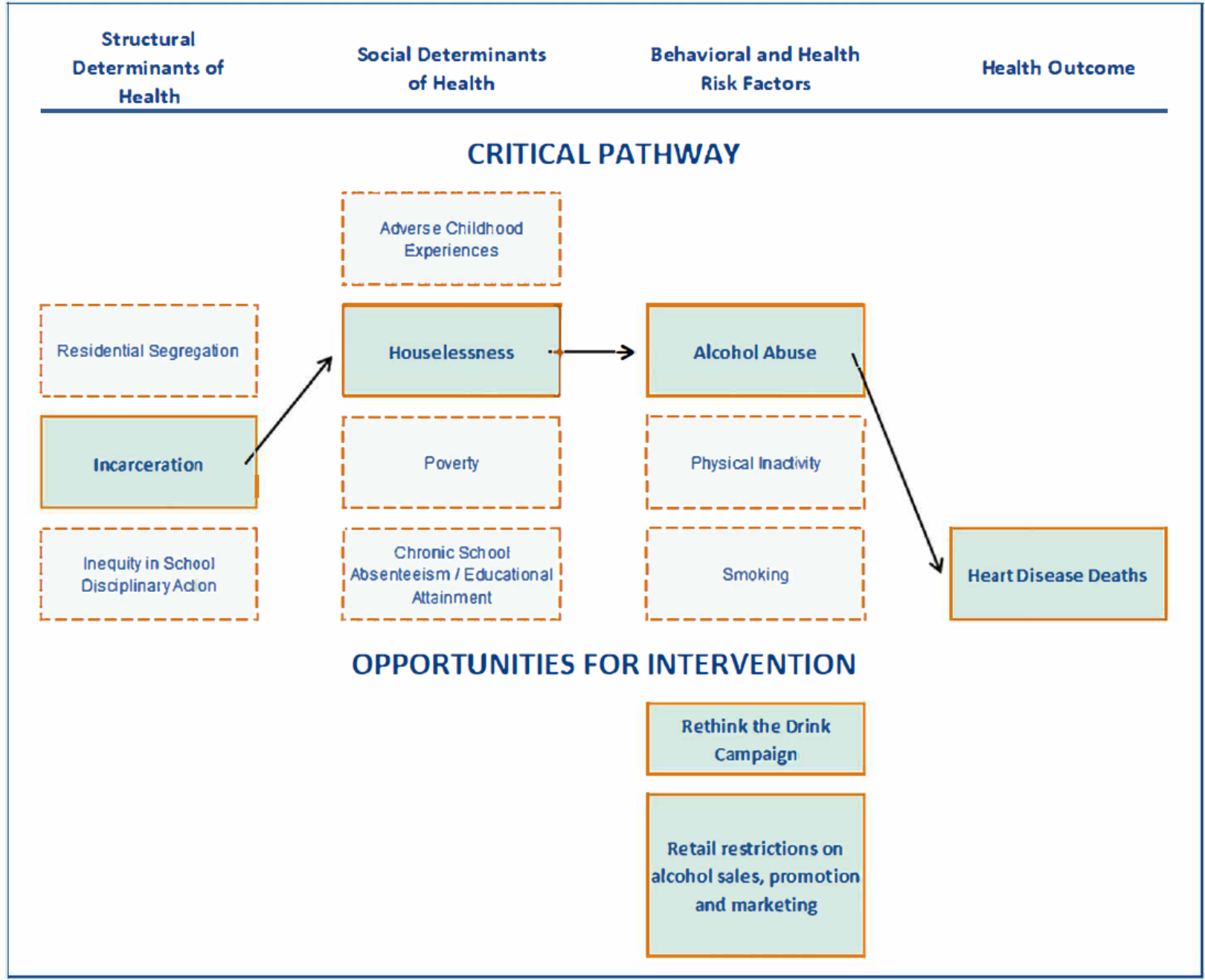


State public health indicator (SPHI) updates

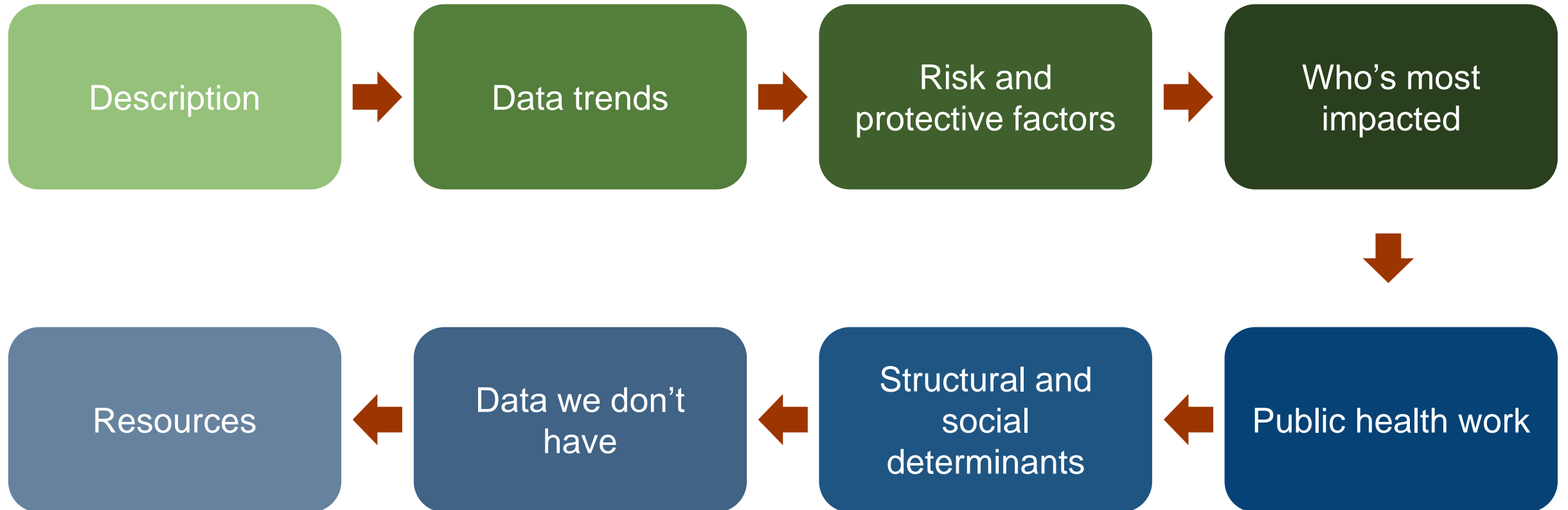


State public health indicators (SPHIs)

1. Poverty
2. Chronic school absenteeism
3. Lacking health insurance
4. Adverse childhood experiences (ACEs)
5. Childhood immunization
6. Safe place or person outside of school hours
7. Influenza vaccine rates (adults 65+)
8. Dental visits (children)
9. Dental visits (adults)
10. Colorectal cancer screening
11. Safe drinking water
12. Elevated blood lead levels (children)
13. Effective contraceptive use among 11th graders
14. Physical activity outside of work (adults)
15. Binge drinking (adults)
16. E-cigarette smoking (8th graders)
17. Cigarette smoking (adults)
18. Marijuana use (8th graders)
19. Marijuana use (11th graders)
20. Marijuana use (adults)
21. Activity limitations because of poor health (adults)
22. Poor mental health (adults)
23. Heat related illness visits
24. Severe maternal morbidity
25. Diabetes (adults)
26. Escherichia coli incidence
27. Syphilis among people who can be pregnant
28. HIV infection
29. Leading causes of death
30. Heart disease deaths
31. Fall deaths among older adults
32. Drug-related overdose deaths
33. Firearm deaths
34. Suicide
35. Infant mortality



State population health indicators have the following information



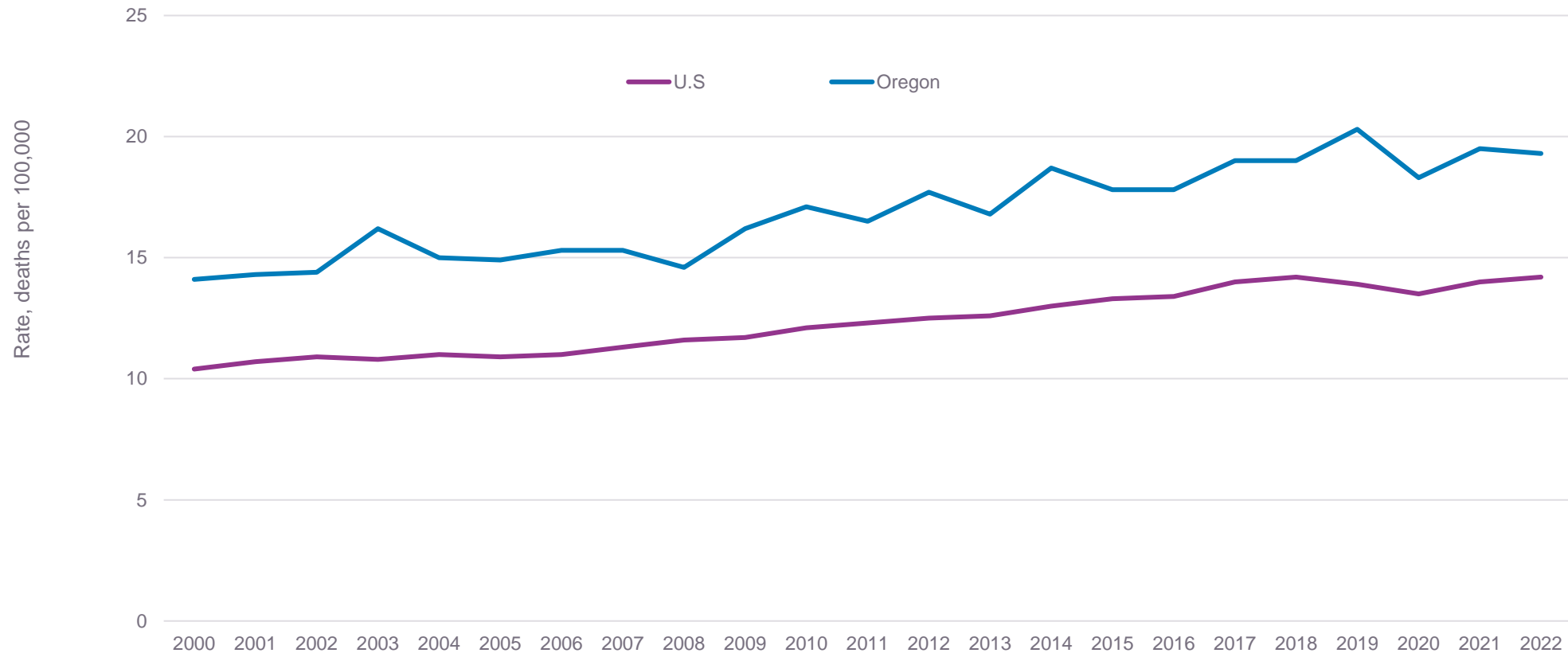
Sample SPHI: Suicide

Overview:

Suicide remains a persistent, pervasive and yet largely preventable cause of death. Every death by suicide in Oregon carries a substantial and long-lasting ripple effect in Oregon communities. Oregon's adult and youth (ages 24 and under) suicide rates are above the national rate and have been for several decades. Since 2000, Oregon has seen an overall increase in suicide rates, similar to the national average.

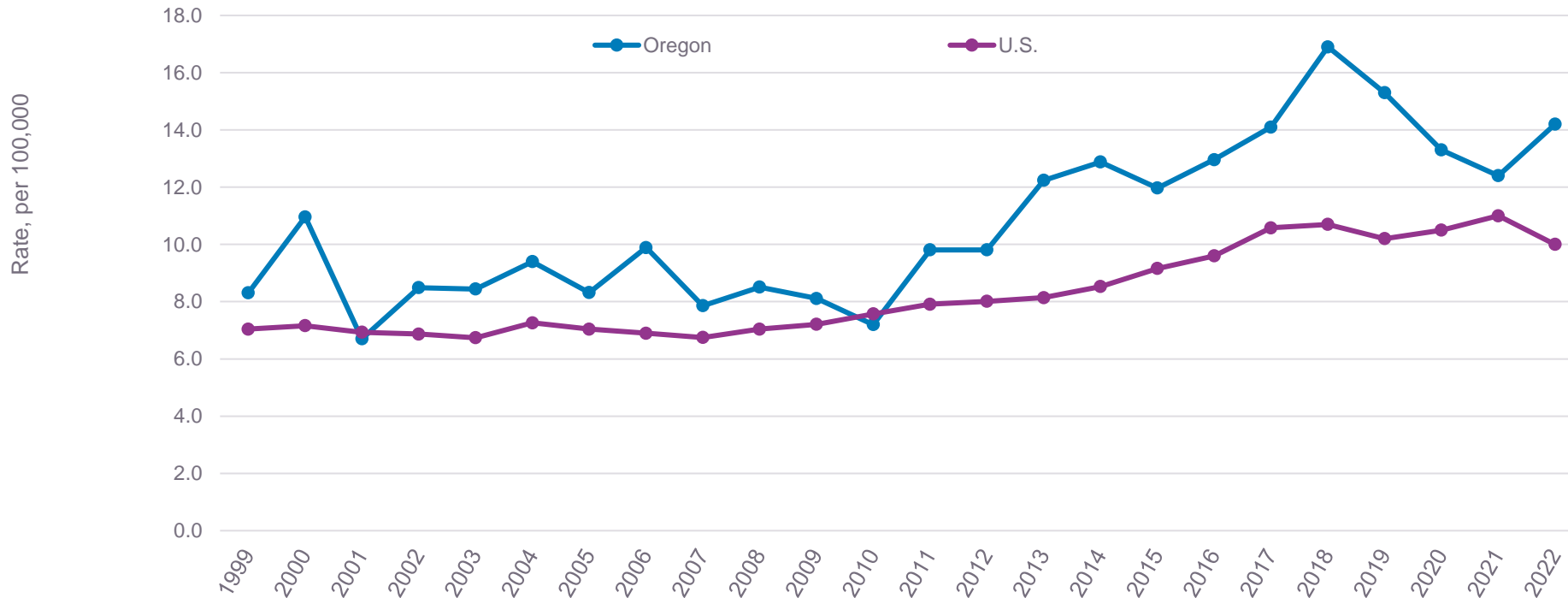
Sample SPHI: Suicide

Age-adjusted rate of suicide, U.S. vs Oregon, 2000-2022



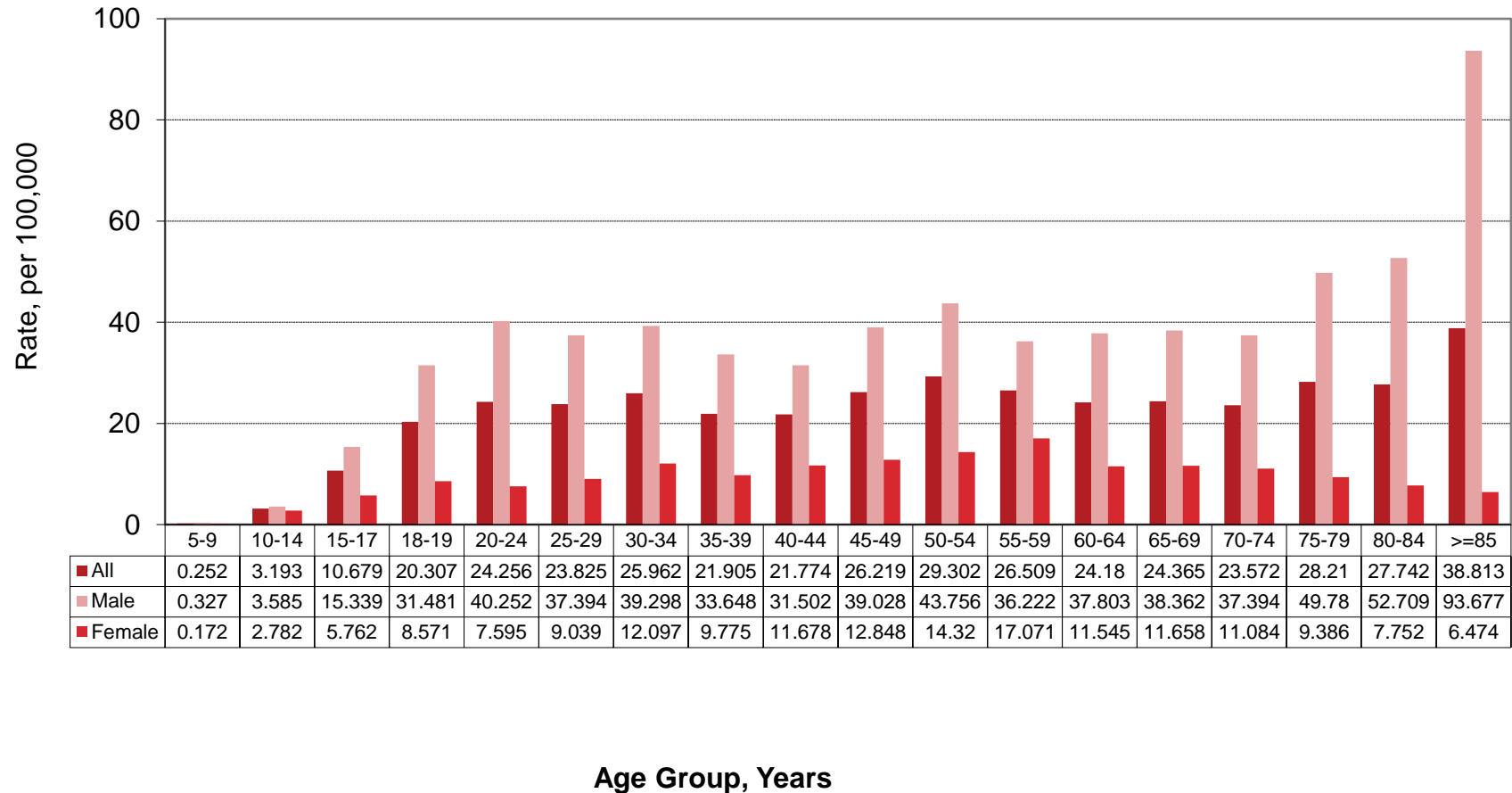
Sample SPHI: Suicide youth rates

Suicide rates among youth aged 10 to 24 years, U.S. and Oregon, 1999-2022



Sample SPHI: Suicide

Figure 2. Age-specific rate of suicide, Oregon 2018-2022



Sample SPHI – Risk and Protective Factors

Risk and
protective
factors

Risks

- According to the Oregon Violent Death Reporting System, **common circumstances in suicide deaths include a diagnosed mental health problem (including diagnosed mental condition, alcohol and substance use problems),**
- **history of expressed suicidal thought or plan and**
- **current depressed mood.**
- **Firearms** are used in over 50% of suicides.
- **Alcohol** is a contributing factor in approximately 20% of suicide deaths.

Protective Factors

- Protective factors related to reducing suicide risk include **economic and housing stability,**
- **healthy relationships and feeling connected to others,**
- **availability of consistent and high quality physical and behavioral healthcare and**
- **connecting to and acceptance of an individual's cultural identity.**

Sample SPHI – Who's affected

There are racial disparities in the suicide deaths.

- **Between 2018 and 2022 Non-Hispanic American Indian and Alaska Native Oregonians had the highest rate of suicide (23 per 100,000)**
- followed by **Non-Hispanic White (21.9 per 100,000)**.
- Non-Hispanic Black and Non-Hispanic individuals with more than one race have the next highest rate (tied at 12.8 per 100,000).
- While Non-Hispanic White adults and youth continue to have the highest number of deaths in Oregon, these deaths have taken up a smaller proportion of deaths over the past several years with other races and Hispanic ethnicity deaths having increased.
- The suicide rate for Veterans is significantly higher than the Oregon suicide rate.
- Oregon rural and remote (frontier) counties have higher suicide rates than urban counties.

Structural and social determinants of health

Structural

- Institutional discrimination and racism
- Historical disenfranchisement
- Cultural disconnection

Could be helped by

- Policies that improve economic security, reduce discrimination, enhance health care access and mental health care access, substance use support.

Social

- Improving access and delivery of health care and mental health care
- Culturally infused care is available, including a representative workforce
- Promoting healthy relationships
- Social connection
- Coping and problem-solving skills from early ages



Thanks! Now to next steps



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Next up



We're going to be gathering community input!



Rural Community Engagement Conversations continue



Community Engagement Subcommittee



Our next meeting is April 14, 2025 from 10am-12pm

Public Meeting

- Members of the public welcome!
- Conversation space is held for committee members
- We will hold space for public comments in the final 10 minutes of the meeting.
 - If there are multiple members of the public who would like to speak, we will limit speaking time to 2 minutes per person

Thank you!


Contact Jameela Norton with any questions, concerns, thoughts, or feedback you'd like to share jameela.norton@oha.oregon.gov



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Extra/Reference Slides

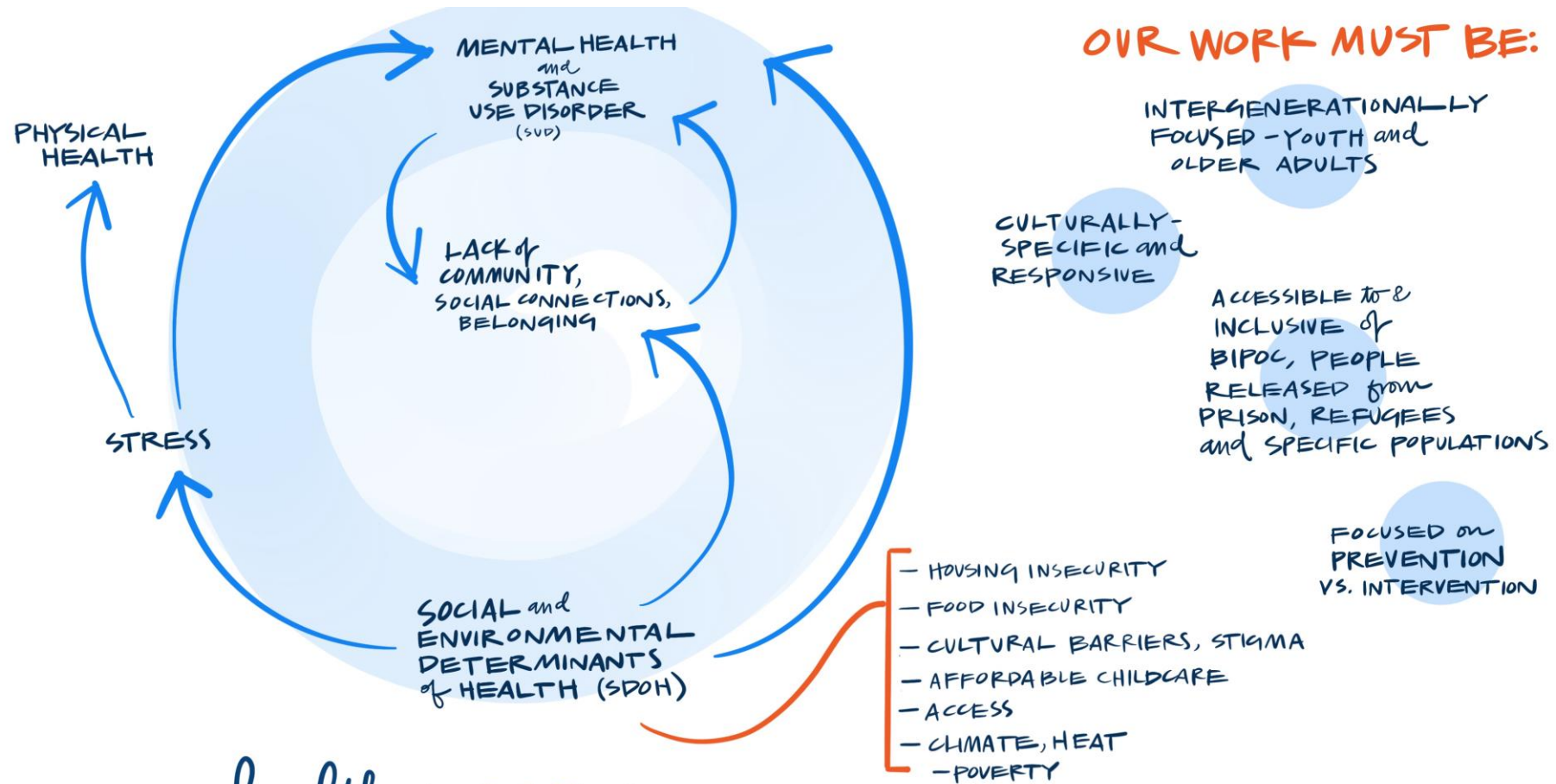
Acronym Check

- 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
 - SPHI – State Public Health Indicator
- 

Acronym Check Continued

- 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
- SPHI- State Population Health Indicator

Health Topic Priorities



STATE health ASSESSMENT
STEERING COMMITTEE MEETING | OCTOBER 21, 2024

REILLY DOW
for METROPOLITAN
GROUP

GAP TOPIC AREAS

INFECTIOUS DISEASE

- PREVENTABLE ILLNESSES
- COVID

CHRONIC DISEASE

- AUTOIMMUNE INFLAMMATION DISEASES
- SCIATICA
- ARTHRITIS
- DIABETES
- LUNG DISEASES
- HEART DISEASE
- RESIDUALS OF STROKE

INJURY VIOLENCE PREVENTION

- YOUTH VIOLENCE
- SHOOTINGS
- DOMESTIC VIOLENCE
- VIOLENT CRIMES & HOMICIDES
- HOMELESS WOMEN
- INCARCERATED POPULATION
- MOTOR VEHICLE ACCIDENTS
- FALLS FROM OLDER ADULTS
- SUICIDE

BEHAVIORAL HEALTH (GAP TOPIC AREAS)

- TRAUMATIC RESPONSE FOR NEURODIVERSE COMMUNITIES
 - SUBSTANCE ABUSE

MENTAL HEALTH

- OVERDOSE
- DRUG USE
- SUICIDE
- LONELINESS

PREGNANCY/BIRTH/REPRODUCTIVE HEALTH

- RACIAL INEQUITY IN BIRTH OUTCOMES
- ✓ LANGUAGE & CULTURAL BARRIERS

SOCIAL & ENVIRONMENTAL HEALTH

- CHILDHOOD LEAD EXPOSURE
- BLOOD LEAD LEVELS
- AIR QUALITY
- ✓✓ WILDFIRES & DRINKING WATER SCARCITY
- CLIMATE CHANGE
- DEATH FROM HEAT & COLD
- ✓✓ FOOD SECURITY
- ✓ ACCESS TO HEALTH CARE
- ✓ EMERGENCY PREPAREDNESS
- ✓ LANGUAGE & CULTURAL BARRIERS

HOUSING & SHELTER

- HISTORICAL TRAUMA
- ✓✓ HOMELESSNESS ✓✓ (INFLUENCES ALL OF THE ABOVE)

✓ COMMUNITY & CONNECTION AS PREVENTION

✓ UNDERSTANDING OF CULTURE BEYOND RACE & ETHNICITY

✓ BRING IN TRADITIONAL HEALTH CARE

✓ GENERATE INCLUSIVE & TRUST WORTHY ACCESS FOR ALL!

✓ PROVIDE OPPORTUNITIES FOR LONG TERM ⊕ HOLISTIC HEALTH OUTCOMES



STATE health ASSESSMENT
STEERING COMMITTEE MEETING

OCTOBER 28, 2024

✍ ANDRE MEDINA
for METROPOLITAN
GROUP

We look forward to connecting with you again in 2025

Jameela Norton, MPH

Health Improvement Strategy

Jameela.norton@oha.Oregon.gov

Public Health Division

Office of the State Public Health Director

