

STATE HEALTH ASSESSMENT: Themes & Strengths Assessment Subcommittee

DRAFT

September 1, 2017

1:00-3:00 PM

Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232

Subcommittee members: Tamara Bakewell, Royce Bowlin, Maria Castro, Frank Franklin, Becky Jones, Holden Leung, Jennifer Mead, Erin Schulten, Paul Virtue, Qui Wilson and Emily Berndt

Oregon Health Authority staff: Cara Biddlecom, Christy Hudson and Jill Brackenbrough

Members of the Public: None

Welcome, introductions and review minutes

-Cara Biddlecom, Oregon Health Authority

Review August 11th Themes & Strengths Assessment Subcommittee meeting

- Minutes were approved.
- The subcommittee discussed existing assessments, both at the statewide level and the local level through community health assessments.
- The themes are consistent and the community meetings could be a meaningful opportunity to get more information that has not been captured in the past.
 - Correction: on the provided table it is listed as “The OHSU Center for Children” it should say “Oregon Center for Children and Youth”
 - Emily Berndt sent a report of Medicaid callers (211) to get a glimpse of who is calling for services. A copy of the report was requested for the subcommittee.
- Maria Castro discussed a tool that is being used by the Oregon Primary Care Association called PRAPARE that assesses patients on the social determinants of health.
- Royce Bowlin thought if it might be helpful to have the town hall reports and the behavioral health collaborative health report included in the summary.

Updates from the Health Status Assessment Subcommittee

- The goal of the Health Status Assessment Subcommittee is to inform the quantitative indicators that will be included in the state health assessment.
 - The Public Health Division reports annually on 70 indicators.
 - The main change is having the key indicators organized by the foundational programs included in the public health modernization framework: communicable disease, prevention and health promotion, environmental health, access to clinical preventive services, and the social determinants of health.

- The next step of this subcommittee is plugging in all existing indicators and the new indicators nominated by subcommittee members and Public Health Division staff.
- Tamara expressed concern about the challenge of there being too many indicators and everybody wanting more. One thing to note is that there is a concern about reporting data by age that is broken down into 5-10 increments until you reach the age of 65. The group listed as 65+ is becoming a larger and more diverse group, it would be helpful to continue to break age down into later years.
- In terms of data provided on groups experiencing disparities, in partnership with Program Design and Evaluation Services (PDES), the Public Health Division is starting to analyze data by specific groups, i.e. people of color, incarcerated populations, people with severe and persistent mental illness, etc. Those analyses will be incorporated as part of state health assessment.
- Dr. Franklin reviewed some discussions that the subcommittee has had regarding the social determinants of health. The social determinants of health are the material consequences that we look at, that shape disparities, but structural determinants of health are the root causes that shape the social determinants. Structural determinants include racism, political marginalization.
- The subcommittee discussed needing more information since they don't necessarily understand how to measure and describe structural determinants of health.
- Dr. Franklin will supply some materials to Christy regarding structural determinants of health.

Cara reviewed the August 11th meeting discussion about community engagement. Discussed at the last meeting was the large amount of data that has been collected already. Originally the concept of community meetings was to have the Public Health Division work with its networks to invite people to come to a meeting and share what they think about health. The subcommittee suggested a more meaningful way of engaging groups that tend not to have their voices heard in these processes.

Cara mentioned that we have limit involving public health staff and resources to be able to reach every community or subpopulation in the state. Working with community groups that serve the populations whose voices need to be at the table is one way to reach a broader audience.

Maria mentioned that for the community to help this endeavor without providing funding, will have to be made aware and we have to be very honest with them in asking if they can help in a volunteer capacity.

Cara added that these meetings will leverage people's interest in making sure that they have a stake in the future State Health Improvement Plan.

Paul expressed concerned about taking the road of least resistance and only listening to the other voices that have been heard from before.

Cara walked through the regional meetings being proposed based on feedback from the subcommittee. The subcommittee discussed priorities in order to engage people that represent specific populations.

Subcommittee members provided the following feedback:

- The three most common spoken languages after English are Spanish, Russian and Vietnamese.
- Some subpopulations with the greatest health disparities are hardest to reach, like transgender people of color.
- Children are lumped into one category, should also consider adolescents.

Groups to engage in communities should also include:

- Coalition of Communities of Color
 - Early Learning Hubs
 - Central City Concern
 - Lutheran Community Services
 - Community health workers and care coordinators
 - MercyCorps NW
 - TransActive Gender Center
 - Russian Oregon Social Services
 - Oregon Community Health Worker Association
 - FACT Oregon
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- Cara clarified that the proposal is just a proposal and that the Public Health Division will work with subcommittee members and other organizations to assess their interest in participating in the community meetings.
 - Paul asked how many are we anticipating at the meetings and how much time will be set aside.
 - Cara commented that no more than two hours would be an acceptable request and that there will be less talking and more listening from participants at these meetings.
 - Tamara suggested inviting all groups to participate, or give them an option to have their own internal meetings and submit their comments.
 - Cara expressed the limitations that our own staff have in requesting that they attend the smaller meetings. The Public Health Division would need to be targeted in terms of facilitating those meetings.
 - Tamara added if that is an option, to send out specific invitations to specific groups.
 - Allies for Healthier Oregon has already invited Public Health to come and speak with them. Katrina Hedberg is going to be presenting.
 - Holden suggested generating a survey monkey for organizations to send out to collect feedback another way.
 - Cara asked for suggestions about the community engagement questions. The subcommittee determined we have had a lot of information about health priorities through the existing

assessments. Consistently we hear access is where we need to focus and social determinants of health, but when you think about the health impact pyramid, where are the places that public health has the greatest impact? These questions could be asked in person and through a survey monkey.

- Erin from Klamath agreed with having guided questions for the survey monkey. This would be helpful for counties who are not able to travel so they can still participate.
- Maria reminded the group that a survey monkey will need to be available in other languages and formats.
- Dr. Franklin shared that of the questions that is being asked in Multnomah County “What does it take to make your community healthy?”
- Cara asked the group overall if this approach makes sense.
 - Tammy wants to see the questions that are being asked.
 - Amanda asked if they’re going to be timelines to focus on.
 - Cara added that the Public Health Division is trying to pin down dates for the first two weeks of October for the community meetings, and staff have little more flexibility for the more individual meetings. The survey monkey can run at the same time.

Public Comment:

No public comment by phone or in person.

- Meeting adjourned