



## SHIP SUBCOMITTEE MEETING #3: Institutional Bias

Wednesday, November 20th, 10:00 – 12:00pm  
800 NE Oregon Street, Conference room 810  
Portland, OR 97232

Join Zoom Meeting: <https://zoom.us/j/393128009>  
Conference call: (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:

- Finalize goal
- Finalize key indicators
- Identify policy level strategies

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10:00 – 10:15	<b>Welcome, agenda overview, and subcommittee business</b>
10:15 – 10:30	<b>Finalize goal</b>
10:30– 11:15	<b>Follow-up from last meeting – finalize key indicators</b>
11:15 – 11:45	<b>Identify policy strategies</b>
11:45 – 11:50	<b>Public Comment</b>
11:50 – 12:00	<b>Wrap-up &amp; Next Steps</b> <ul style="list-style-type: none"><li>• Next meeting: December 18th</li></ul>

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# Welcome & introductions

Share name and pronouns

Who's your equity hero?

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. A thin orange horizontal line is positioned above the "Health" text.

# Subcommittee Business

- Supporting sector specific meetings
- Subcommittee process evaluation
- Identify a co-chair

# Getting clear on language

*Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.*

**Goal:** Broad statement(s) of what we're trying to accomplish within a given priority area to achieve the vision.

**Outcome indicator:** Long term measure that would indicate goal is achieved.

**Strategy:** Policy, community and individual level interventions needed to achieve the goal

**Process indicator:** Short term measure that would indicate strategy has been achieved.

**Actions:** Specific tasks needed to implement strategy

Today the subcommittee will discuss goals and indicators, and will begin talking about strategies.

# Fitting it all together



# Finalizing the goal

- **Develop/champion/define** a sustainable framework to work across systems, structures, polices, communities and generations, to
- Expose and reduce the impact of institutional bias across **sectors/factors/functions** that influence health, so that
- All people in Oregon are respected and have avenues that are responsive and equitable.

# Identifying indicators

- Goal: Identify 2-3 key indicators for the priority area
  - Communicate hoped for changes
  - May be long-term in nature (>5 years)
  - Model indicator for CHIPs and other implementers
  - Measure progress towards goal

# Proposed outcome measurement criteria

Criteria	Definition
Addresses health disparity	Measure health disparity
Community acceptance	Right measure for the issue, measure is easy to understand by all community members
Feasible	Data is already collected, or mechanism for data has been identified



Institutional Bias  
 Identifying and selecting indicators  
 November 12, 2019

A small group of subcommittee members and OHA staff identified the following topic areas and possible measures for the full subcommittee to review and narrow down.

Proposed indicator topic areas	Proposed indicators
<b>Housing</b> <i>Alignment with community health improvement plans and CCO 2.0 policies.</i>	<ul style="list-style-type: none"> <li>- Redlining index of mortgage discrimination;</li> <li>- Deprivation index</li> </ul>
<b>Perception of bias</b>	<ul style="list-style-type: none"> <li>- CAHPS Reactions to Care (survey of OHP members);</li> <li>- Conflict or tension at school based on race, ethnicity, culture, religion, gender, sexual orientation, or disability (Student Health Survey);</li> <li>- Experience with child’s health care providers: family-centered care or shared decision-making (National Survey of Children’s Health)</li> </ul>
<b>Education</b> <i>Alignment with Student Success Act investments</i>	<ul style="list-style-type: none"> <li>- Representativeness of teachers/principal/staff to the population served (Dept. of Education);</li> <li>- Student outcomes based on representativeness of teachers/principal/staff (dept. of Education);</li> </ul>
<b>Workplace wellness</b>	<ul style="list-style-type: none"> <li>- Measures of workplace wellness by race (Dept. of Labor)</li> </ul>
<b>Health outcomes</b>	<ul style="list-style-type: none"> <li>- Premature death (Vital Statistics);</li> <li>- Maternal mortality (add data source)</li> </ul>

# Strategy development

- Goal: Identify a total of 10-15 strategies at policy, community and individual level
  - Existing strategies
  - New strategies
  - Interventions needed to make progress towards the goals
- Process
  - Identify possible strategies
  - Apply criteria to narrow strategies
  - Identify approximately 3 – 5 strategies for each layer of framework

<b>Strategy Criteria</b>	
<b>Selection criteria</b>	<b>Definition</b>
Proven impact on disparities	<ul style="list-style-type: none"> <li>• Strategy addresses disparities in priority populations (POC, low income, disability, LGBTQ, rural/frontier)</li> </ul>
Will achieve intended outcome	<ul style="list-style-type: none"> <li>• Right strategy for the goal</li> <li>• Strategy aligns with evidence-based or promising practice</li> </ul>
Politically feasible	<ul style="list-style-type: none"> <li>• Ability to influence and implement a policy change</li> </ul>
Resourced or likely to be resourced	<ul style="list-style-type: none"> <li>• Funding is available or likely to be available</li> <li>• Local expertise exists</li> </ul>
Relevant to community	<ul style="list-style-type: none"> <li>• Strategy is in use in local community</li> <li>• Strategy is realistic and of interest from a local perspective</li> </ul>
Alignment with other strategic initiatives (locally or federally)	<ul style="list-style-type: none"> <li>• Strategy nationally recognized or recommended</li> </ul>
Change likely in next 5 years	<ul style="list-style-type: none"> <li>• Impacts likely to be seen within 5 years of implementation</li> </ul>
Addresses lifespan	<ul style="list-style-type: none"> <li>• Relevant to a wide range of age</li> <li>• Relevant to young children or older adults</li> </ul>

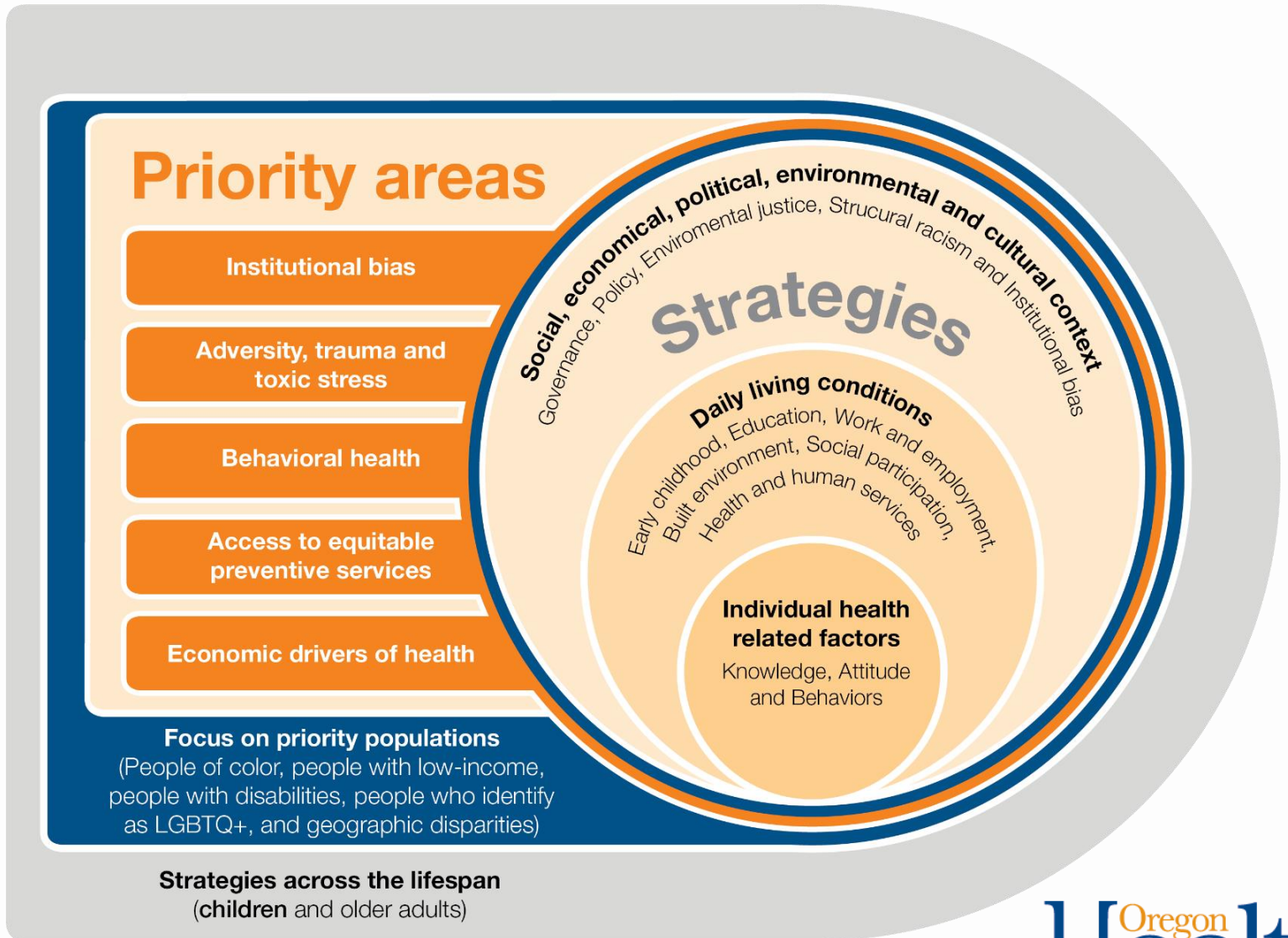
# Process measure development

- Goal: Identify 1 process measure for each strategy
  - Communicate hoped for changes
  - Short term in nature (change in 1-2 years)
  - Measure progress towards strategy
- Process
  - Identify possible measures
  - Apply criteria to narrow measures
  - Identify baseline and target if available

## Process Measure Criteria (short term, 1-2 year change)

Selection criteria	Definition
Promotes health equity	<ul style="list-style-type: none"> <li>• Measure addresses an area where health disparities exist</li> <li>• Data are reportable by race/ethnicity</li> <li>• Data are reportable by gender</li> <li>• Data are reportable by sexual orientation</li> <li>• Data are reportable by disability</li> <li>• Data are reportable by income level</li> </ul>
Respectful and relevant to local priorities	<ul style="list-style-type: none"> <li>• Data are reportable at the county level</li> <li>• Indicator is already in use at local level</li> </ul>
Lifespan	<ul style="list-style-type: none"> <li>• Data are reportable by age</li> </ul>
Acceptable and attainable	<ul style="list-style-type: none"> <li>• Right measure for the strategy</li> <li>• Measure aligns with evidence-based or promising practice</li> <li>• Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years</li> <li>• It is reasonable to expect improved performance on this measure.</li> </ul>
Frequency	<ul style="list-style-type: none"> <li>• Data is collected annually or every other year at minimum.</li> </ul>
Transformative potential	<ul style="list-style-type: none"> <li>• Demonstrates an innovative measurement approach</li> <li>• Brings forward community voice</li> </ul>
Aligned with state measures	<ul style="list-style-type: none"> <li>• Existing State Health Indicator, CCO Incentive Measure, Public Health Accountability Measure or other state-wide performance measures</li> </ul>
Feasibility of measurement	<ul style="list-style-type: none"> <li>• Data for measure are already collected, or a mechanism for data collection has been identified.</li> </ul>

# 2020 SHIP Framework



# Strategy brainstorm – What strategies are need to advance our goals?

- Develop/champion/define a sustainable framework to work across systems, structures, polices, communities and generations, to
- Expose and reduce the impact of institutional bias across sectors/factors/functions that influence health, so that
- All people in Oregon are respected and have avenues that are responsive and equitable.

# Public Comment

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# Next Steps & Final Thoughts

-+/Delta feedback review

- Next subcommittee meeting is December 18

-Homework: