



SHIP SUBCOMITTEE MEETING: Institutional bias

Wednesday, June 17th, 10:00 – 12:00PM

Zoom Meeting: <https://zoom.us/j/393128009>

Phone: +1 669 900 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:

- Incorporate community feedback and finalize strategies

10:00 – 10:15	Welcome & agenda overview
10:15 – 10:30	Healthier Together Oregon & Implementation Framework
10:30 – 11:00	Review community feedback
11:00 – 11:45	Incorporate feedback and finalize strategies
11:45 – 11:50	Public comment
11:50 – 12:00	Wrap-up & Next Steps <ul style="list-style-type: none">• Finalizing short term measures• Next meeting: July 15

Welcome & Introductions

- Share name, pronouns and agency

Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

Timeline for developing 2020-2024 SHIP



PUBLIC HEALTH DIVISION

Office of the State Public Health Director



Individuals & Families

Many communities in our state experience more health issues than others. We know that things like quality education, affordable places to live, safe neighborhoods, living wage jobs and access to health care impact your health.



EXPLORE THE PLAN



[Healthy Communities](#)



[Healthy Families](#)



[Healthy Students](#)



[Housing and Food](#)



[Behavioral Health](#)



[Equity and Justice](#)



[Workforce Development](#)



[Technology and Innovation](#)



Healthier Together Oregon

Implementation Framework: Transitioning from 5 to 8 priority areas

- Acknowledge intersectionality of priority areas
- Remove redundancy in some strategies
- Consolidate strategies to make plan more actionable and achievable
- Communicate work to broader audience

Community Feedback Process



Who we heard from...mini-grantees

Mini-grantees – surveys and virtual listening sessions

- Self-Enhancement Inc. - AA/Black community; Portland
- Next Door – Latinx, AI/AN community; Hood River
- Eastern Oregon Center for Independent Living - Disability community; Eastern Oregon
- So-Health-E - POC, immigrant, low-income; Southern Oregon
- Q Center - LGBTQ+ community; Portland
- Micronesian Islander Community – Pacific Islander community; Willamette Valley
- Northwest Portland Area Indian Health Board – Tribal communities; statewide

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Who we heard from...mini-grantees

Organization	Number of people engaged	Methods
SEI	73	Survey
Next Door	100	Survey
EOCIL	93	Survey
So Health-E	120	Survey
Q Center	24	Survey & focus groups
MIC	10	Focus group
NWPAIHB	65	Survey & focus groups

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Who we heard from...OHA led efforts

State agencies & other partners – surveys, meetings and letters

- ODOT
- ODE
- OHA
- DHS
- DOC
- OYA
- Dept. of Agriculture
- DEQ
- Dept of Forestry
- DCBS
- OHCS
- DLCD
- Local public health authorities
- CCOs and CACs
- LGBTQ+ Aging Coalition
- Oregon Sherriff's Association
- Regional Health Equity Coalitions
- Hospitals and FQHCs
- Care Oregon
- Oregon Center for Children and Youth with Special Health Needs

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Who we heard from...OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

English - 1038 responders (42% response rate)

<https://www.surveymonkey.com/stories/SM-M78PPKVD/>

Representation – Member of the public (33%), CBOs (14%), Other (13%)
Hospitals and health care providers (12%), OHA (8%)

Geographic representation – Multnomah (23%), Lane (13%), Washington (8%),
Deschutes (6%), Clackamas (5%); all counties (except for Malheur, Sherman
and Wheeler) had at least 1 response

Primarily white (88%), straight (76%), college-educated (98%), cis-gendered
(88%), aged 30-64 (80%), and female (80%)

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Who we heard from...OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

Spanish - 21 responders (76% response rate)

Representation – Member of the public (66%), CBOs (33%)

Geographic representation – Multnomah (33%), Wasco (33%), Washington (33%)

Primarily Latinx (83%), straight (100%), cis-gendered (88%), 30-64 (66%), and female (83%)

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

What we heard... *Overall themes*

- Overall, community is **very supportive** of drafted strategies
- Need for **increased messaging about Collective Impact**
- Interest in **supporting activities** to better understand implementation
- Interest in **measurement and transparency in accountability**
- **Concern for feasibility**, especially given resource constraints and ongoing COVID response
- Tension/misunderstanding between **equity vs. equality**
- Call to **center priority populations** in planning and implementation
- Strengthen strategies for **incarcerated, LGBTQ+, disabled, homeless, immigrant/refugee, and older** populations
- Strategies are “**Portland metro centric**” – rural needs aren’t reflected
- Strengthen attention to **language related needs** – “linguistically appropriate”
- **White savior** complex

What we heard...mini-grantees

Overall, communities are **very** supportive of identified strategies, **and** want priority populations to be centered in implementation.

Organization	Feedback
SEI	“Ensure black people are at the table to have a voice in who delivers the service and how”
Next Door	End school disparities for LGBTQ+ and youth in foster care
EOCIL	More call-out for those who are hearing/vision impaired
So Health-E	Concerns about accountability, implementation and impact of public charge
Q Center	Abolish the police, ensure accountability measures for training
MIC	Increase cultural responsiveness among health care providers and teachers
NWPAIHB	“Why are we asking our oppressors permission to have equity?”

What we heard...OHA led efforts

Clarice, Victoria, and Channa are identifying themes from survey

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Finalize strategies

- Recommend final strategy language
- Clarify priority populations with equity lens – who is MOST impacted? (think targeted universalism)
- Incorporate community feedback
- Consider current environment (COVID-19 impacts & anti-racism protests)

Institutional Bias



1. Disciplinary action (Oregon Department of Education)
2. Premature death /Years of potential life lost (Vital Records)
3. Housing cost burden among renters (American Community Survey)

Goal 1: Expose and reduce the impact of institutional biases that influence health

HTO plan	Strategies & priority populations	Example activities	Short term measure ideas
WD	Expand human resource practices that promote equity.	<ul style="list-style-type: none"> Focus on historically disadvantaged youth for public service career opportunities; market apprenticeship programs to disadvantage groups; recruit at career fairs, community centers, and events in communities that serve low-income residents and people of color. Eliminate bias in hiring in state agencies. 	% of state employees who identify as BIPOC (Affirmative Action Report)
E&J	Ensure State Health Indicators (SHIs) are reported reportable by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.		% of SHI analyzed by race/ethnicity, disability, gender, age, SES, sexual orientation, and geographic location (OHA)
	POC, LGBTQ+, Disability, Low-income, Rural		
HS	End school related disparities for black youth through teacher training, monitoring of data and follow-up with teachers and schools.		Expulsion data by race/ethnicity (ODE)

Commented [HCJ1]: PHD: Collecting this granular data not feasible for all SHIs. Recommendation to change this to reported to reflect that.

Commented [HCJ2]: PHD: What is meant by nationality? Foreign-born is sometimes collected. (eg. Birth certificates)

Commented [HCJ3]: PHD: Suggestion to expand this to include early childhood as well given disparities in ECE.

Commented [HCJ4]: NPAIHB feedback: Include AI/AN as well

	Black youth		
WD	Implement standards for workforce development that address bias and improve delivery of equitable, trauma informed, and culturally <u>and linguistically</u> responsive services.	<ul style="list-style-type: none"> Invest in community workforce development programs and initiatives with a focus on communities of color and disability communities. Develop and require a cultural competency training for medical providers and include in licensing renewal. 	% of state employees that completed DEI related training (iLearn)

Goal 2: Identifying and championing work across systems, structures, polices, communities and generations.

	Strategies & priority populations	Example activities	Short term measures
E&J	Require state agencies to commit to racial equity in planning, policy, agency performance metrics and through investment to BIPOC (Black, Indigenous, and People of Color) communities and agency performance metrics.		
	BIPOC		

Commented [HCJ5]: Related EDoH strategy integrated

Commented [HCJ6]: Suggestion to use term throughout SHIP?

Commented [HCJ7R6]: NPAIHB: Supports use of this term

Goal 3: All people in Oregon are empowered and have opportunity to participate fully in decisions to achieve optimal health.

	Strategies & priority populations	Example activities	Short term measures
HS	Increase use of mediation and restorative justice in schools to address conflict, bullying and racial harassment.		
	Youth		
	Mitigate barriers to the development and maintenance of affordable housing.	<ul style="list-style-type: none"> Address compliance to and loopholes within affordable housing requirements in urban areas. Address zoning issues in rural areas. 	

Commented [HCJ8]: Next Door, ODE; Concerns related to required resources and fidelity of this model

Commented [HCJ9]: Integrated with affordable housing strategy in EDoH

	Low-income		
WD	Require sexual orientation and gender identity training for all health and social service providers.	•	
	LGBTQ+		

WD – Workforce Development

E&J – Equity & Justice

HS – Healthy Students

Public Comment

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Next Steps & Final Thoughts

- Finalizing activities & short term measures
- Final meeting is July 17 – How would you like to celebrate?