Oregon Health Authority, Public Health Division
State Health Assessment

Notes from Community Engagement Meeting
Portland, OR – October 9, 2017

Community Meeting Objectives:

1. Listen to community members about strengths and needs related to health.
2. Describe what the state health assessment and state health improvement plan are and how they are used to improve health in Oregon.
3. Share topline findings from quantitative and qualitative assessments of the health of people in Oregon and the public health system in order to engage participants in a dialogue about how statewide findings resonate with their local experience.

Introductions

Number of attendees: 25

People represented:

- Note that the majority of attendees have a background in public health
- Development addictions in Oregon, Disability Rights of Oregon
- Multnomah County Health Department
- Director of public health and policy for Oregon Association of Hospitals and Health Systems (OAHHS)
- Impact NW – Director of the Early Childhood Department
- Children First for Oregon
- Navajo nation – HIV community
- Mt. Hood Community College, Child Development Program
- Director of Hood River County Public Health Department
- Prevention Specialist in Wasco County
- Social Determinants of Care Specialist, Oregon Primary Care Association
- Dept. of Health and Human Services focused on care for aging populations and people with disabilities
- Program supervisor for the community health workers

- Health equity planning and policy from Washington county
- Oregon Department of Transportation -- Liaison between ODOT and OHA
- OSU Extension – program targets limited income Hispanic communities in the Cully neighborhood
- Healthy birth initiative program, male and father program, Multnomah county
- Oregon dental association
- Confederated Tribes of Warm Springs
- Oregon Food bank – policy advocate – issue of food security is linked to health and housing (hunger and housing connection) – rural Oregon and access to services for seniors
- ASSIST – People with severe disabilities access and navigate disability application and benefits
- Multnomah County Public Health Advisory Board

One word to describe your community:

- Misunderstood
- Ambiguous
- Ever-changing
- In progress
- Lonely
- Resilience
- Disparities
- Learning
- Divided
- Impatient
- Interpectoral
- Changing
- Confusion
- Diverse
- Growing
- Passionate

- Fearful
- Global
- Hopeful
- Underestimated
- Family
- Political

Portland Health Themes feedback:

- Framework of how we think about health
- What's our definition of health – World Health Definition
- Ability to make a living wage
- Alcohol and drug use was a high priority across the population
- Trauma? -- substantial clarity on trauma
- Preventative services – ADD addiction
- Environmental health
- Social determinants of health -- ADD jobs/income

Small group discussions:

Small group report out:

- Knowing needs are met
- Ability to feel safe/secure
- Free from frequent trauma
- Emotional connection to others
- Early childhood development and kindergarten readiness
- Stable families and neighborhoods
- Robust safety net
- Reduce disparities in vulnerable populations
- Clean air and water
- Abundant produce

Small group report out:

- Accessible and convenient transportation
- White privilege as a barrier
- Racism as a barrier

- Culturally relevant resources
- Stronger Tri-County coordination (Multnomah, Washington, Clackamas)
- Embracing and fostering diverse community leaders
- Family safety and well being
- Resiliency

Small group report out:

- Equity and access
- Informed choice
- Accountability
- Community advocates
- Addressing intergenerational trauma
- Recognizing community health workers as health professionals
- Evaluate how communities are engaged
- Leverage community based organizations in the health space
- Better representation of communities of color
- Data collection: how can state's data help community organizations maintain up to date data.
- Healthcare toolbox

Large group report out:

- More communities of color at the table, stories to be shared and honored
- Data needs to be disseminated and ways that the state can share their data (child welfare), zip code specific data
- Empowering our communities to have a health and well-being toolbox so that communities know where to access services, dissemination of information that is targeted towards historically disenfranchised communities.
- Healthcare literacy
- Vulnerable and resilient communities
- If we have healthy and happy leaders, we'll have better systems

- We can't represent historically underrepresented communities around health if there are unfair hiring processes and leadership is not representative of the communities they're serving.

<u>Meeting Evaluation</u>

What did you like about today?

Feedback	% of respondents
Opportunity to collaborate with others in my community	25%
Small group activity/brainstorming	44%
The conversation/discussion	19%
Other (Organized and respectful of time, diversity of participants)	25%

What could we do differently?

Feedback	% of respondents
Increase diversity of participants	43%
Increase outreach/advertising	7%
Other (Provide more background information, understand how SHA will be shared)	43%