STATE HEALTH ASSESSMENT

November 30, 2017
9:30am -2:00 pm
Portland State Office Building, 800 NE Oregon St. Suite 918,
Portland, OR 97232

Webinar Link: https://attendee.gotowebinar.com/register/137894534904412675
Conference call line for audio: 1-877-873-8017,
Access code: 767068#

Meeting Objectives:

- Subcommittee report-out
- Develop key findings
- Provide recommendations on outline and layout of SHA

9:30 – 9:45 am	**Welcome & introductions** Approve September minutes	
9:45 – 10:00am	**Plan for today** Review draft outline of SHA	John Donovan & Christy Hudson
10:00– 10:20 am	**Review Forces of Change Assessment**	Christy Hudson
10:20 – 10:30am	**Break**	
10:30 – 11:30am	**Subcommittee Report out**	
	Themes & Strengths Assessment	Amanda Singh Bans
	Health Status Assessment	Katrina Hedberg
11:30 – 12:15pm	**Develop Key Findings**	John Donovan & Steering Committee
12:15 – 12:45pm	**Lunch**	
12:45 – 1:15pm	**Finalize Key Findings**	John Donovan & Steering Committee
1:15 – 1:40pm	**Outline & Layout Recommendations** Review SHA examples from other states	John Donovan

1:40 – 1:45pm	**Public Comment**
1:45– 2:00pm	**Next Steps/Final Thoughts** • Review upcoming process and follow-up communication to committee • Plan for SHA completion and identification of SHIP priorities • Partnership survey • Recognition & thanks • Final thoughts from committee co-chairs

State Health Assessment (SHA) Steering Committee Meeting November 30, 2017

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Plan for the Day

Welcome & Introductions
Approve minutes from September meeting
Review draft outline for SHA
Finalize Forces of Change Assessment
Subcommittee Report Out
Develop Key Findings
Outline & Layout Recommendations
Next Steps/Final Thoughts

Introductions

Welcome & introductions

What is your preferred name and pronoun?

How would you like to celebrate completion of the State Health Assessment?

STATE HEALTH ASSESSMENT – DRAFT Meeting Minutes

September 11, 2017
9am – 2:15 pm
Portland State Office Building, 800 NE Oregon St. Room 1D, Portland, OR 97232

Meeting Objectives:

- Adopt Vision & Value Statements
- Subcommittee report out
- Forces of Change Assessment

9:00 – 9:30 am
John Donovan
Welcome, acknowledgement of 9-11 anniversary, introductions and opening activity

- Approve minutes from July 12th meeting
- Katrina asked for the second bullet under "Orientation to MAPP" be clarified – Cara said they'll make it more specific
- Approved with that correction

9:30 – 10:15am
John Donovan & Christy Hudson
Adopt Vision & Value Statements

- Review of Process
- Proposed Vision and Value Statements
- Discussion and Adoptions

VISION:

- Guiding statements will help with messaging of SHA
- Katrina has questions about vision statement – is it for the SHA or the SHIP? Should vision be more specific to task at hand? Katrina likes to have vision that says why this work is important – she's okay with having a broader vision focused on what we want to achieve eventually.
- Paul got questions last week via email. Seems like there is some vagueness about how community engagement is going to work. Perhaps we went too broad with vision and values in short amount of time – could someone address?
- Christy: MAPP process suggests vision and values continue through development and implementation of the SHIP.
- Alejandro: Vision we have is the end place we want to go. I think Katrina is right that we need more of a strategy. Think we're on right track, but need to separate out elements that are part of the PROCESS and which are VISION.
- Amanda: I appreciate this conversation and was struggling with this when I was pitching communities about the engagement process. Didn't really know what to say. We have a lot of listening sessions and groups that come to ask for community input…but then what happens after? Will community see how their feedback is reflected in SHA?

    - Also realizing that this is the STATE level. We might have radical visions of what we want to see in the world and that might be different than what's possible. Need to have some realistic expectations of what needs to take place. I'm totally okay with limitations of OHA staff, and I welcome transparency (e.g. "This is great idea, *AND* I'm not going to be able to sign off on it.")
- Alejandro: Have challenge w/ vision statement as it is – too broad. Wants to include geography. What is purpose of "all are welcome" statement? Think it's already captured in value of "inclusion". Not sure we need it in there. *Liked original statement better.*
- Rebecca: Still struggling w/ broad vision statement vs. for SHA outcome product. Do we need a sub-vision that's about PROCESS? Feel like we're missing something…
- Paul: Felt same way as Alejandro – missing specific language about ppl experiencing inequity (that was in original statement). Can we wordsmith it to include?
- Amanda: I agree w/ statements said. Is there a way to re-work it? Because "all are welcome" isn't really true (and historically hasn't been). Feel like it's strategic to use "equity" and "inclusion" in values statement because it's such a buzz word. Think equity can include inclusion. Also missing something about SELF EMPOWERMENT.
- Roberta: Still struggling w/ what are we doing w/ SHA. Is our vision "to have an assessment to make sure we're collecting data and give direction so that all people in Oregon can have health within reach" ??? Because this vision statement will drive strategy in re: what type of data needs to be collected.
- John: I think intention was Values are about process; Vision was intended to cover where whole process is headed.
    - Christy: I think if group wants something different than what MAPP suggests, we can totally do that.
- Katrina: I appreciate Roberta's suggestion. Oregon is a place where health is w/in reach for everyone.
- Erin: I was also thinking that we're missing a mission statement – but also was struggling with the "where all are welcome" piece of vision statement
- OHA to take comments from today and draft MISSION statement for group + edit VISION statement (adding something about communities who are experiencing inequity and disparities, in some way; removing "all are welcome")
    - Alejandro: I want to include geography – I want to call our race and ethnicity. That is very important.
- Holden: I tried to understand scope of what we're being charged to do…feel like we need to reflect that in mission statement we create.
    - *Katrina helps clarify process a bit for Holden.*
- Christy: When groups use MAPP framework, they usually have one steering committee from Phase 1 all the way to Phase 6 (7yrs!) which may be why this doesn't really work for this group.
- Cara: New draft we've come to: "Oregon is a place where health is w/in reach for all regardless of…(lists differences)"
- Accept language as working vision – will put on board later in meeting

VALUES:

- No comments/questions
- Amanda suggested changing inclusion to empowerment

- Equity, Accountability, Empowerment
    - Rebecca: I think I like inclusion but want to add empowerment…
- Roberta: do we have to keep a limited list? Seems silly not to include more of them – let's just add them.
- Katrina: To me it's not about length of list but what are we communicating to others. Harder to communicate 10 diff things vs. 3
- Amanda: Maybe we capture some of them in the MISSION statement???
- John: Think we're landing on adding a couple more values that are really important (EMPOWERMENT & TRANSPARENCY). Can we move to these 5 values as working values? – *YES*
- Erin: Sounds great – I'm definitely for maybe expanding them a little bit.

10:15-10:30am
Christy
Public Health System Assessment

- Review key discussion points from July 31 webinar

10:30 – 11:00am
Kelle Little & Rebecca Pawlak
Health Status Assessment Subcommittee

- Review of Process & Progress
- Proposed Indicators
- Discussion and Feedback

- Roberta: I would need to see more to determine whether I can fit all the kinds of indicators I want in those categories. I think I can – I think we go forward with it and modify as we go.
- Katrina: This doesn't mean that other data can't be used in our work. Indicators are only part of the work.
- Amanda: Is gender being tracked? (In terms of gender identity/expression) I know that's an issue w/ CCO's in my area.
    - Is there a way to disaggregate data by gender expression?
- Katrina: To extent possible w/ data sets, we can – but others we don't (e.g. air quality – this is by geography). It varies, but we will do that to extent possible.
- Roberta: I'd think that this process would allow us to think about what types of data the state needs to collect going forward…
- Katrina: I think it would be fine to do that. All the data we collect have specific statues around them, but we'd like to collect more granular data on a number of things – but it's governed at a Federal level.
    - If we had extra resources to do some of this different research, we'd be very interested – but we can't advocate for that.
- Roberta: I appreciate what's possible at a state level, but in this SHA work we're going to be thinking about what types of data is needed/helpful to create a healthier state – would inform our legislature about what we may need and why we may need them.
- Paul: We had an ambiguous issue about not having data on transgender health and no pathway to get it…

- Katrina: I didn't want to put damper on brainstorming – just want to share, transparently, the realistic constraints.
    - We can certainly point out gaps – just wanted to make clear that to do something about them is a much longer, bigger process
- *Katrina points out that there are things important for SHIP and things important for SHA*
- Amanda: Important to show how social determinants of health are connected to health promotion and chronic disease prevention issues.
    - Katrina: I completely agree, *AND* I don't think we have any Oregon-specific data that shows this
- Amanda: Is there a way to look at vacancy rates? (Katrina doesn't know answer)
- Alejandro: I need more context – can someone explain how these community meetings will happen? These indicators are trying to show us "how healthy is Oregon?" I think we need to show these communities data that is relevant to them…but how are we soliciting their feedback? How are we addressing? How is the data from these meetings being incorporated in our process?
    - Because all we can say, then, is "this is what we think based on what we're able to collect?"
- Amanda: Pre- and post-evaluation/surveys? (Does this address concerns in your communities?)
    - Could also help us to identify the gaps
- Cara: This is going to be discussed in Themes & Strengths committee portion of agenda later today

11:00 – 11:15am
BREAK

New draft vision: Oregon is a place where optimal health is achieved by everyone and outcomes are not determined by race, ethnicity, disability, gender, sexual orientation, socioeconomic status, nationality or geography.

11:15 – 12:00pm
Amanda Singh Bans
Themes & Strengths Assessment Subcommittee (TSA)

- Review of Process & Progress
- Proposed objectives and method for community engagement
- Discussion and Feedback

- Quality and meaningful feedback over quantity
- Intention: hear from individuals and groups in re health disparities (esp. those that haven't been represented in data)
- Committee wants to make sure that attendees are compensated in some way (food, childcare, etc.) but know that there are constraints – trying to get creative about it now.
- TSA also looked at existing community engagement efforts – pulled up community health improvement plans & assessments.

- Where is the body of work between bullet 1 (access to care/high cost of care/lack of insurance) & 2 (social determinants of health), and how do we carve out how to work in that space? Trying to tease this out in community engagements.
- Paul: Some of CBOs that attended are very interested in specific issues, which is concerning. I was suggested to invite CAC members…but need to make clear that this is about public health, so we don't get focused on health care delivery.

Community Meetings:

- La Grande, Eugene, Medford or Grants Pass, Newport, Portland, Madras, Salem
- No resources to give CBOs to repay them for their time helping with this
- Electronic survey – had conversation @ subcommittee meeting about how to reach most people. Survey was one other way for people to provide input, if they can't get to a meeting.
- Paul: We discussed using survey for Holden's orgs because there are so many different languages
    - Holden: Or having the staff of orgs that represent diff populations completing the survey and being their voice (they can represent them)
- Engagements are not limited to this list.
    - Regional meetings
    - Individual feedback from orgs representing specific populations
        - Have a list of over 100 orgs to tap into for this.
    - Electronic survey
- Kelle: SE corner of Oregon is not covered by this list. Focus on the I-5 corridor…missing big chunk of area with health disparities, especially tribes.
- Paul: We discussed this in subcommittee – it would be hard to get those voices equally represented. Idea of survey came out of idea that listening sessions will be a lot of same voices that show up to these types of meetings. Survey allows us to get more input.
- Roberta: I do some traveling around the state and on Thurs I'll be in Lakeview, and will be sitting in on a CHIP meeting. I'm not on the agenda, but perhaps I could share things and get input?
- Cara: I think it's less about sharing and more about engaging in a dialog, asking. Don't have questions finalized.
- Kelle: Could steering committee members get some talking points so they can start talking about the SHA in communities, and asking them how they could be engaged.
- Cara: We can put together a whole package for folks with dates, link to survey, all information.

What communities/orgs are the highest priorities given limited resources?

- Paul: We developed a long list of orgs in our last meeting – take a look at this.

Would you be willing to assist w/ gathering feedback @ board meeting, serving as host site, helping recruit?

- Katrina: Definitely want to help how I can.

What else do we need to consider?

- Amanda: Availability of translation of materials. Know we can't translate into every language, but we have a large Spanish-speaking population.
- Rebecca: Access has come up first in a lot of engagement sessions. If you're putting together some talking points, would be good to address that – how do we get them to public health? I don't know how to finesse that without ignoring it.

12:00 – 12:30 pm
LUNCH

12:30 – 1:45 pm
John Donovan & Christy Hudson
Forces of Change Assessment

- Overview of Forces of Change Assessment process and introductory material
- EVENTS:
    - Presidential election
    - Threat to repeal ACA
    - Repeal of DACA
    - Student loan debt crisis/bubble about to pop
    - Climate change events / natural disasters
    - Transition in state government (from Kitzhaber to Brown)
    - Transition in OHA leadership
    - Rent control legislation not passing
    - OHP/Medicaid & Health Kids continuation
    - Creation of Coordinated Care Organizations
    - Tobacco 21
    - Cannabis legalization
- TRENDS:
    - Growth and rent control issues
    - Californians moving to Oregon and driving up price of housing and rental market
    - Increase in diversity (more Latinos in Amanda's area)
    - Tourism promotion (e.g. Portlandia)
    - Valuing coverage over benefits
    - Increased awareness of health inequities
    - Struggles recruiting and retaining health professionals (specialty & behavioral health care, especially in more rural parts of Oregon)
    - Wrongful billing of people ?
    - Modernization of public health
    - Poorest HS graduation rates in country
    - Increased funding for education
    - Increased investment in early education
    - Increased power of the pharmaceutical industry
    - Increase in hate crimes (after election)
    - Increased homeless population
    - Decrease in affordable housing
    - Access to mental health services
    - Decline in vaccination rate
    - Oral health rates (utilization still low on OHP)
    - Decrease in funding and direction for HIS
    - Influx of skilled workforce
    - Increase in veterans returning from war, bringing with them challenges

- Increasing access to Behavioral Health Care – in some rural areas

- FACTORS:
  - Limited state revenue (no sales tax or sustainable funding sources)
  - Urban v. Rural divide (disparities & long distance to get to care)
  - Steady influx of immigrants from Asia (65% increase)
  - Socio-economic segregation and gentrification
  - Strong history of racism in Oregon
  - Migration of people from rural communities
  - The way Oregon's government is set up is different from other states (strong local control)
  - High rates of poverty, unemployment
  - Cascade mountains – impacts transportation
  - Water access could become an issue
  - No alcohol tax (but big alcohol culture)

- Want to focus on broader forces

- Small group discussions:
  - *What forces might reduce health inequities in Oregon?*
  - *What forces might maintain or worsen health inequities In Oregon?*
- Small group report out to Steering Committee and discussion

Events	**Threats Posed**	**Opportunities Created**
Presidential election	• Threat to all of the programs – Medicaid , CHIP authorization • Undoing progress made in past 8yrs minimizing threats to health equity. • Threats to Indian Healthcare Improvement Act (which was reauthorized during Obama administration) • Constantly in reaction mode – directs resources to protect (not allowed to be proactive) • ICE has more power; Sanctuary cities threatened – people who are at threat of being deported go into hiding (don't get health services they need)	• Being bolder on the state-level to counteract
Climate change events/natural disasters	• Economic devastation • Accumulation of fuels because not allowed to be logged (rural areas) • Destruction of beautiful land • Health impact • Political/legal fallout	• Wildfires can sometimes rejuvenate the soil

Creation of Coordinated Care Organizations	• Tribal & Indian health perspective: another "mandate" that comes from the state • Unintended consequences for those that chose not to join CCOs (FFS for Tribal, but couldn't access care) • Subjectivity that happens -- Concentration of power (because CCO's have $$$) • Set up to be competitive by nature – doesn't breed collaboration • Not the most transparent	• Hopeful move – very purposeful • Used good evidence of what works and doesn't work • Intention is good • Creative/innovative approaches to care that are more effective • Coming together to review data •
Potential repeal of ACA	• Impact access to health	•
Repeal of DACA	• Safety • Families being separated – can't provide for families, leads to social determinants	•
Rent control legislation not passing	• Impact ses and social determinants	•
Tobacco 21	•	• Less kids smoking
Student loan debt crisis/bubble about to pop	•	•
Transition in state government (from Kitzhaber to Brown)	•	•
Transition in OHA leadership	•	•
OHP/Medicaid & Health Kids continuation	•	•
Cannabis legalization	•	•

1:45 – 1:50pm
Christy Hudson
Public Comment

Shared drafted mission statement for immediate reaction

1:50 - 2:15 pm
John Donovan
Next Steps/Final Thoughts

- Meeting evaluation
- Review next steps and follow-up communication to committee
- Final thoughts from committee co-chairs

Oregon's State Health Assessment

Executive Summary

Letter from PHD & OHA Directors

Acknowledgements

Vision & Values

Introduction & Framework

Key Findings

Process for Development of the SHA

- *Steering Committee*
- *Themes & Strengths Assessment Subcommittee*
- *Health Status Assessment Subcommittee*

Environmental Context

- Forces of Changes Assessment
  - *Events*
  - *Trends*
  - *Factors*
- Public Health Systems Assessment: Modernization Assessment Results

Health Assessment

Social Determinants of Health - C*ommunity & Sub-committee Themes, Health Indicators w/ subgroup analysis*

- *Oregon's population*
- *Structural Determinants*
- *Economics*
- *Education*
- *Food Security*
- *Housing*
- *Incarceration*
- *Safety*
- *Trauma & Stress*

Language

Social Cohesion & Discrimination

Environmental Health – C*ommunity & Subcommittee Themes, Health Indicators w/ subgroup analysis*

Natural Environment

Built Environment

Occupational Environment

Prevention & Health Promotion - C*ommunity & Subcommittee Themes, Health Indicators w/ subgroup analysis*

Overall Health

Causes of Death

Maternal & Child Health

Chronic Disease

Tobacco, Alcohol & Drugs

Diet, Physical Activity & Obesity

Emotional Health

Injury

Access to Clinical Preventative Services – C*ommunity & Subcommittee Themes, Health Indicators w/ subgroup analysis*

Insurance

Health care providers

Preventative Care Services

Emergency Medical Services

Communicable Disease - C*ommunity & Subcommittee Themes, Health Indicators w/ subgroup analysis*

Food/Water-borne

Health-care acquired

Hepatitis

HIV & Other STDs

Respiratory

Tuberculosis

Vaccine-preventable

Next Steps

Data Sources & References

Forces of Change Assessment

Forces of Change Assessment
SHA Steering Committee
9/11/2017

Events - One time occurrences (e.g. natural disaster, passage of legislation)

What events have occurred recently (in the past two-three years) that are affecting the health of the people who live within Oregon?
What may occur in the future?

Events	Threats Posed	Opportunities Created
Changes in leadership (federal, state, agency)	More conservative policies threaten social/health services such as Medicaid. Undoing of equity movements Threat to sanctuary cities, people who are at threat of being deported go into hiding (don't get health services they need) Communities are in reaction mode – directs resources to protect (not allowed to be proactive) Threats to Indian Healthcare Improvement Act (which was reauthorized during Obama administration)	Oregon passing more progressive laws (reproductive health equity law)
Policy failures/repeals (possible repeal of ACA, DACA, rent control)	Impacts on health, family and community cohesion, sense of safety	
Policy changes (Cover all kids, Tobacco 21, Reproductive Health Equity Act, passage of Cannabis)		Improvements in health
Natural disasters (wildfires, earthquake, tsunami)	Health impacts, political/legal fall out, economic devastation, destruction of national scenic areas	Wildfire has some natural benefits
Student loan debt crisis		
Creation of CCOs	Tribal/Indian Health Services threatened due to mandate of state	Move in the right direction, intention is positive. Evidence based

	Unintended consequences for those who decide not to enroll with an OHP (e.g. FFS for tribal, but can't access care) CCOs have increased power and resources – lack of transparency Set up to be competitive, doesn't breed collaboration. Consolidation of care in the I-5 corridor Decreased access to specialty care Provider shortages Increased power of pharmaceutical industry	Innovative & creative approaches to care are being explored Data driven value based payments
Umpqua Community College Shooting		Increased dialogue about gun safety

Trends - Patterns over time (e.g. migration, gentrification)

What patterns of decisions, policies, investments, rules and laws affect the health of our state? Describe the trends.

Trends	Threats Posed	Opportunities Created
Global warming and climate change	Unpredictable weather patterns, migration of people, climate relate illnesses (asthma, heat stroke), disparities in impact, economic livelihoods	Technological solutions, decreased dependency of fossil fuels for transport (increased biking/walking), increased consumption of local foods
Public Health Modernization	Push back from Local Health Departments	Increased attention/commitment to health equity, increased funding for Public Health
Changes in state demographics (aging, increasing migration & diversity.) E.g. POC, vets, rural to urban	High rates of poverty among children of color, disparity in education and health outcomes among immigrants Increasing rate of hate crimes/exclusionary policies Decision makers are not representative of community Aging demographic taxes medical system Lack of health literacy and education Need for culturally responsive social service and health care systems Cost and availability of long-term care facilities Housing shortages	Increasing number of young immigrants becoming politically and economically involved Diversified economy (e.g; food carts among immigrant population) Housing industry is thriving
Housing crisis: increasing homelessness & housing instability, increasing housing costs, growth in short-term rentals.	Numerous negative impacts to health and social welfare.	Some profit off of increased rents and housing prices, increased tax revenue Housing industry is thriving
Increased funding for social services like K-12 education, early childhood education		
Decreased funding and changing direction for IHS		

Factors - Geographic/socioeconomic elements (e.g. waterways, urban areas, large immigrant populations)

What characteristics of Oregon are directly impacting the health of the people?
Who is benefiting from these elements?
Who is being harmed?

Factors	Threats Posed	Opportunities Created
Lack of regulation for alcohol industry		
Mountains/coastal areas	Tourism industry can be unsustainable, access to tourism is not equal, transportation barriers created by mountains	Tourism increases economy, Oregonians value natural beauty of our state, recreational opportunities
Limited state revenue, lack of sustainable resources	Lack of funding for basic services (education, public health, etc.)	Movement for a corporate/business tax, increased opps for multi-sector collaboration (vs competitive)
Historical and current institutional and systematic racism	Socioeconomic segregation, gentrification, negative impacts on education, health, income	Increased dialogue about racism in our state and its impact on health
Decentralized government	Unequal funding	Community driven decisions
Urban/rural/frontier geography	Disparities in rural/frontier areas, increased isolation, access to services is challenged	Increased social cohesion, technology solutions
Poverty/unemployment/low graduation rates	Disparities seen in POC and rural areas	
Water supply concerns in Eastern Oregon		

Subcommittee Updates

Themes & Strengths Assessment

- What is important to Oregonians?
- How is quality of life perceived across the state?
- What assets does Oregon have that can be used to improve community health?
- How do vulnerable communities experience the effects of health inequities?

Summary of Community Engagement Findings

Overview

Through guidance from the Themes and Strengths Subcommittee, community input to inform the State Health Assessment was gathered through three mechanisms:

1) a series of seven community meetings held around the state facilitated by Olivia Stone and Candace Johnson from Metropolitan Group;

2) an online survey provided in both English and Spanish; and

3) invitation for additional community advisory councils and coalitions to consider the key questions within existing meetings.

Community Meetings – Over 110 people attended community meetings held in La Grande, Portland, Eugene, Grants Pass, Medford, Newport and Madras.

Online Survey – As of 11/16/2017, almost 650 responses (624 in English and 24 in Spanish).

Additional Feedback - As of 11/16/2017, additional feedback has also been submitted by:

- Hood River County Alcohol, Tobacco & Other Drug Prevention Coalition;
- Jackson County Substance Abuse Prevention Coalition;
- Senior & Disability Services Advisory Councils for Lane Council of Governments;
- Disability Services Advisory Council of Multnomah County;
- Willamette Valley Community Health Advisory Council; and
- Alliance of Culturally-Specific Behavioral Health Providers & Programs.

Demographics of Community Meeting Attendees

- Nineteen counties were represented: Jackson, Union, Jefferson, Multnomah, Lincoln, Deschutes, Umatilla, Lane, Malheur, Tillamook, Wasco, Baker, Washington, Benton, Clackamas, Coos, Harney, Josephine, and Wallowa.
- Many attendees identified a professional affiliation with a health care or social service provider.
- Majority were female (77% female, 20% male, 3% Other/non-binary).
- Majority had a college degree or higher (93% college degree[1], 7% high school diploma or GED).
- Majority identified as White/Caucasian (83% white, 13% Hispanic/Latino, 8% American Indian/Alaskan Native, 2% Black/African American, 5.5% Asian, 1% Native Hawaiian/Pacific Islander).

Demographics of Survey Respondents

- Nearly all counties were represented (Grant, Sherman and Wheeler were not). In the online survey, 78% of responders reside outside of Portland metro area (Multnomah, Washington, Columbia, Clackamas and Yamhill counties).
- Majority (88%) had a professional affiliation with a health care or social service provider.
- Majority were female (83% female, 15% male, 1.25% Other/non-binary).
- Majority had a college degree or higher (83% college degree[2], 17% high school diploma or GED).
- Majority identified as White/Caucasian (90.5% white, 6.9% Hispanic/Latino,[3] 3.6% American Indian/Alaskan Native, 2.3% Black/African American, 2.5% Asian, .8% Native Hawaiian/Pacific Islander)

[1] Also includes those with some college and/or certificate degrees
[2] Also includes those with some college and/or certificate degrees
[3] Does not include responses from Spanish version of survey.

Summary of quantitative responses

Both close ended and open ended questions were asked of participants. The findings from close ended questions were summarized from online survey respondents only. Overall, respondents feel safe, can find support from friends and family, agree that the quality of life in our state is good, and agree that Oregon is a good place for both children and older adults. However, 40% disagree of respondents disagreed that it is easy to be healthy in their community.

	Agree or strongly agree	Disagree or strongly disagree
I can find support from friends and family during times of stress and need.	88%	12%
Oregon is a good place to raise a child.	83%	17%
The quality of life in our state is good.	79%	21%
I feel safe in my community.	79%	21%
Oregon is a good place to grow old.	76%	24%
It's easy to be healthy in my community.	60%	40%

Preliminary analysis also finds some differences in how subgroups responded. For example:

- Respondents with a high school diploma or GED find it more difficult to be healthy in their community.
- Respondents of color are more likely to find support from friends and family, but less likely to agree that quality of life is good in our state or that it's easy to be healthy.
- Among Alaskan Native and American Indian identified respondents, 73% don't feel safe in their community.
- Respondents who reside outside of the Portland metro area[4] rated quality of life higher, but find it more difficult to be healthy.

Summary of qualitative responses

Two open ended questions were asked in both the survey and in community meetings (including those held outside of the meetings facilitated by Metropolitan Group).

Question 1) What does well-being mean to you?

The following word cloud summarizes frequency of the words used by respondents when answering the question. Identified themes include the following:

- Physical and emotional health
- Access and insurance
- Safety
- Emotions such as happy, worry, low-stress, and positive
- Housing such as shelter, roof, and affordable housing
- Basic needs such as "able to take care" and "knowing I have the resources"

[4] Portland metro includes Multnomah, Washington, Yamhill, Clackamas and Columbia counties

Question 2) "What does it take for <u>everyone</u> in your community to be healthy?"

The following provides a high level summary of challenges identified from community meetings and the online survey within the five domains of the State Health Assessment Framework.

	Themes
Social Determinants of Health - 50% of responses	• Affordable, safe and healthy housing • Stable employment and living wages with paid leave to cope with illness and caregiving • Access to high quality, affordable childcare • High quality education • Access to healthy, affordable food • Transportation • Safety • Social cohesion – a sense of community, connectedness and purpose. • End to racism, homophobia, sexism – and other forms of discrimination and stigma • Health literacy • Trauma informed approaches • Accessibility for persons with disabilities
Access to Clinical Preventive	• Access to quality physical, behavioral and oral health care, in both schools and community • Affordable insurance and medications

Services – 36% of responses	• Access to culturally responsive healthcare, including translation and interpretation. • Peer navigators
Environmental Health – 23% of responses	• Clear water and air • A built environment that encourages recreation and healthy living (walkability, bike ability, parks, access to outdoors) • Preparation for natural disasters • Regulation and compliance of chemicals, particularly in agriculture industry • Extreme weather changes due to climate change.
Prevention & Health Promotion – 14% of responses	• Traffic safety • Health among children and older adults • Access to healthy food • Health education • Opportunities for exercise • Violence prevention • Tobacco, alcohol and drug use
Communicable Disease - <1% of responses	• Immunizations • Syringe disposal

Health Status Assessment

- How healthy is Oregon?
- What health disparities exist in our state?
- What measures of social and economic inequality exist in our state?
- What indicators are needed to describe the health of our state?

Major Topic	Sub-Topic	Indicator	Data Source	Most Recent Year / Update frequency	Alignment w/ County Health Rankings, PHAB Accountability Measure or Current SHIP
Social Determinants of Health					
Social Determinants of Health	Adverse childhood experiences	ACEs among children & adults	National Survey of Children's Health (NSCH), BRFSS	2016, every 2 years	
	Economic	Employment/unemployment rate, OR…	Bureau of Labor Statistics	2016; annual	County Health Rankings
		Low/middle/high wage jobs	Office of Economic Analysis	tbd	
		Poverty	American Community Survey	2016; annual	County Health Rankings, Current SPHI
	Education	Educational attainment - HS graduation & some college	ODE, American Community Survey or BRFSS	HS graduation: 2014-15; annual some college: 2016; annual	County Health Rankings, Current SPHI
		Oregon Kindergarten Assessment	ODE/ELD	annual	
		Chronic school absenteeism	ODE, Oregon Healthy Teens (OHT)	2015; every 2 years	Current SPHI
	Food insecurity	Food insecurity	Map the Meal Gap, Feeding America	2015; annual	Current SPHI
	Housing	Gross Rent to Income Ratio (% of households rent burdened)	American Community Survey	2016; annual	
		Homelessness	OHCS Point-in-Time Count	2017; every 2 years	
	Incarceration	Incarceration (Prison)	Oregon Department of Corrections	2012-13; sporadic	
	Language	Limited English speaking household / Linguistic isolation	American Community Survey	2016; annual	
	Safety/Crime	Violent crime (homicide, aggravated assult, rape, burglury)	Uniform Crime Reporting Statistics - UCR Data Online	2015; annual	Current SPHI
	Structural Determinants	Income inequality	American Community Survey	2016; annual	
		Residential segregation	American Community Survey	2011-15; annual	
Environmental Health					
mental Health	Built environment	Safe drinking water	State Safe Drinking Water Information System	2016; annual	Current SPHI, PHAB Accountability Measure, County Health Rankings
		Food safety: Percent of restaurants inspected that had critical risk factor violations	FPLHS: HealthSpace	tbd	
		Elevated childhood blood lead levels	Oregon Lead Poisoning Prevention Program	2015; annual	Current SPHI
		Water fluoridation	CDC Water Fluoridation Reporting System	2014; every 2 years	Current SPHI
		Active transportation / Walkability scores / Access to car-free bike and walk routes	American Community Survey	2016; annual	PHAB Accountability Measure, County Health Rankings
		Exposure to secondhand smoke	BRFSS & OHT	2015; annual	Current SPHI
		Access to healthy food outlet	EPHT	tbd	

Environ	Natural environment	Air quality: Particulate matter concentration	EPA Air Quality System Monitoring Data	2016; annual	Current SPHI, County Health Rankings
		Toxic Releases: Percent of 80 top ranked facilities with emissions greater than risk-based concentration limits	Oregon DEQ	tbd	
	Occupational health	Non-fatal work-related injuries and illnesses - private sector only	Bureau of Labor Statistics	2015; annual	Current SPHI
		Fatal work-related injuries - all sectors	Bureau of Labor Statistics	2015; annual	Current SPHI
		Elevated blood lead levels among adults	Healthy Homes, Schools and Workplaces	2014; annual	Current SPHI
Prevention and Health Promotion					
Prevention and Health Promotion	Overall health	Physical or mental health issues limiting activities	BRFSS	2015; annual	Current SPHI
	Tobacco, Alcohol & Drugs	Binge drinking	BRFSS	2015; annual	Current SPHI, County Health Rankings
		Marijuana use	OHT; National Survey on Drug Use and Health (NSDUH) / BRFSS	2016; annual	Current SPHI
		Cigarette smoking prevalence	BRFSS / OHT	adults: 2015; annual youth: 2015; every 2 years	Current SPHI, PHAB Accountability Metric, Current SHIP Target, County Health Ranking
	Chronic diseases	Lung cancer	OSCaR	2013; annual	Current SPHI
		Heart attack hospitalizations	HDI	2014; annual	
		Asthma hospitalization	HDI	2014; annual	
		Diabetes prevalence	BRFSS	2015; annual	Current SPHI, Current SHIP Target, MAPP indicator
	Diet & Physical Activity	Physical inactivity	BRFSS / OHT	adults: 2015; every 2 years youth: 2015; every 2 years	Current SPHI, County Health Rankings
		Soda consumption	BRFSS / OHT	adults: 2015; annual youth: 2015; every 2 years	Current SPHI
	Mental Health	Suicide	Death Certificates	2016; annual	Current SPHI, Current SHIP Target
		Mental health	BRFSS	2015; annual	Current SPHI
		Adolescent mental health	OHT	2015; every 2 years	Current SPHI
	Causes of Death	Leading causes of death	Death Certificates	2016; annual	Current SPHI
	Causes of Death--Injury	Fall injuries among older adults	Death Certificates / HDD	deaths: 2016, annual	Current SPHI
		Intimate partner violence death	ORVDRS	2015; annual	Current SPHI
		Firearm related death	Death Certificates/ORVDRS	2016; annual	
		All drug related death	Death Certificates		
		Opioid-related overdose deaths	Death Certificates	2016; annual	Current SPHI, PHAB Accountability Metric, Current SHIP Target
		Motor vehicle fatalities	Death Certificates	2016; annual	Current SPHI
		Alcohol-related deaths	Death Certificates	2016; annual	Current SPHI
	Maternal, child and infant health	Infant breastfeeding	PRAMS	2014; annual	Current SPHI
		Infant mortality	Linked Infant Birth/Death Certificates	2016; annual	Current SPHI

	Obesity	Obesity prevalence	BRFSS / OHT	adults: 2015; annual youth: 2015; every 2 years	Current SPHI, Current SHIP Target, MAPP indicator, County Health Rankings
	Sexual health	Teen pregnancy and birth	Birth Certificates / Abortion	2016; annual	Current SPHI, County Health Rankings
Communicable Disease					
Communicable Disease	Food/water-borne	Cryptosporidium	Orpheus	2016; annual	
	Health-care acquired	Clostridium difficile incidence	National Healthcare Safety	2016; annual	Current SPHI, Current SHIP Target
	Hepatitis	Hepatitis C (chronic) incidence	Orpheus	2016; annual	
	HIV/AIDS	HIV infection incidence	Orpheus	2016; annual	Current SPHI, Current SHIP Target,
	Respiratory	Influenza hospitalizations	Oregon Emerging Infections	2016; annual	Current SPHI
	STD	Syphilis incidence	Orpheus	2016; annual	Current SPHI, Current SHIP Target
	STD	Gonorrhea incidence	Orpheus	2016; annual	Current SPHI, PHAB Accountability Measures, Current SHIP Target
	Tuberculosis	Tuberculosis incidence	Orpheus	2016; annual	Current SPHI, Current SHIP Target
	Vaccine-preventable	Pertussis among infants	Orpheus	2016; annual	Current SPHI
Access to Clinical Services					
Access to Clinical Services	Health care providers	Primary care phsyicians per capita	Office of Health Analytics	2014; infrequent	County Health Rankings
		Behavioral health care providers per capita	Office of Health Analytics	2014; infrequent	County Health Rankings
	Immunizations	Immunization rates	ALERT	2016; annual	PHAB Accountability Measure, Current SHIP Target
	Insurance status	Lacking health insurance	Oregon Health Insurance Survey (OHIS)	2015; not annual	Current SPHI, County Health Rankings
	Preventive Services	Colorectal cancer: screening and diagnosis	BRFSS & OSCaR	2015 & 2013; annual	Current SPHI
		Dental visits, children 0 - 5	National Survey of Children's Health (NSCH)	2016; every 2 years	PHAB Accountability Measures
		First trimester prenatal care	Birth Certificates	2016; annual	Current SPHI
		Childhood developmental screening	National Survey of Children's Health (NSCH)	2016; every 2 years	Current SPHI
		Effective contraceptive use among women at risk of unintended pregnancy	BRFSS	2015; annual	Current SPHI, PHAB Accountability Measure
	EMS services	Out-of-hospital cardiac arrest	Cardiac Arrest Registry to Enhance Survival (CARES)	2016; annual	Current SPHI

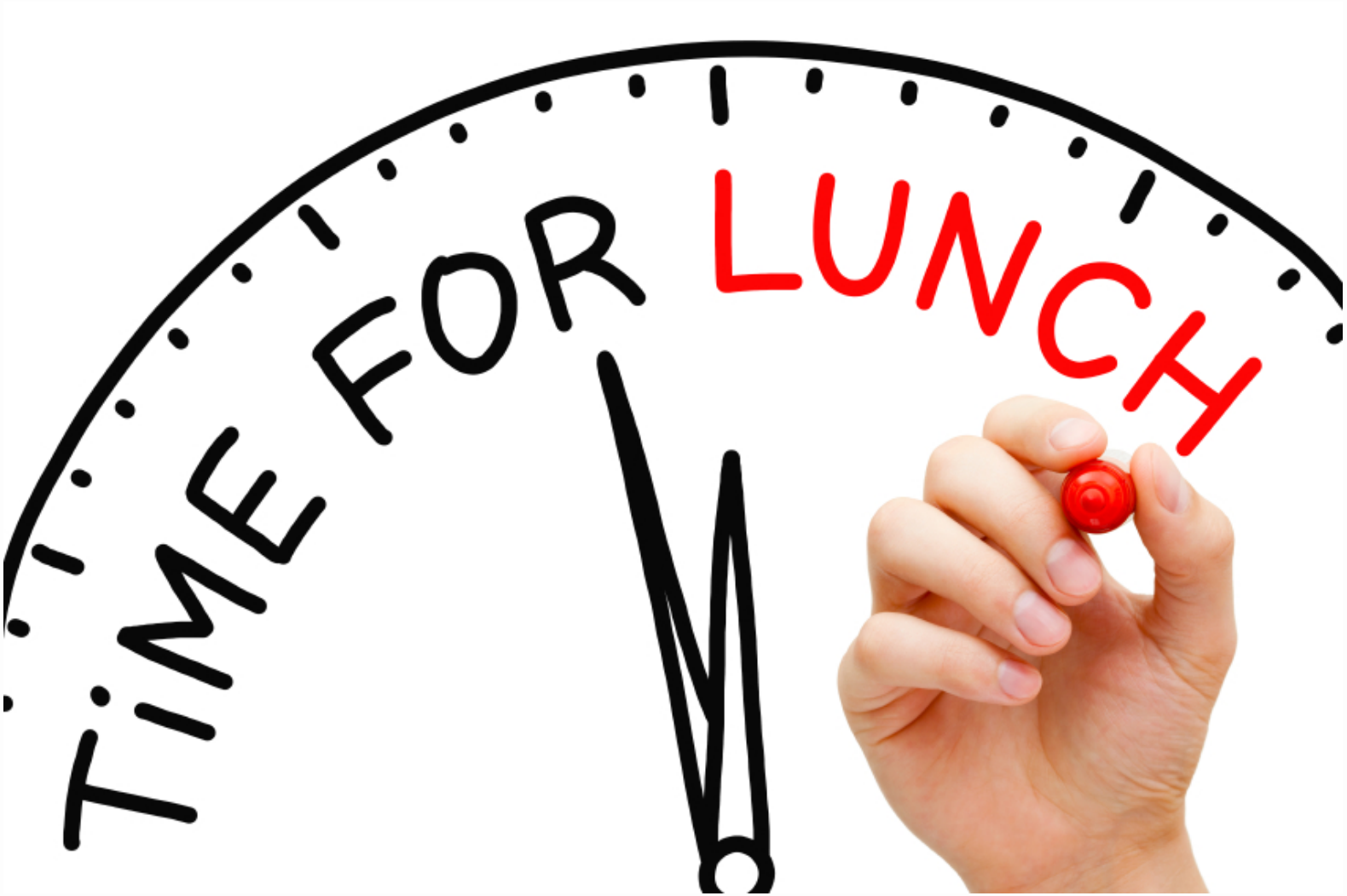
Develop Key Findings

Develop Key Findings

What is important to Oregonians?

What health disparities exist in our state?

What assets does Oregon have that can be used to improve community health?


TIME FOR LUNCH

Outline and Layout Recommendations

Examples from other states

- Minnesota State Health Assessment
- Colorado State Health Assessment
- Washington State Health Assessment
- Ohio State Health Assessment
- Vermont State Health Assessment

Outline and Layout Recommendations

- How can the data and information be most effectively presented and communicated to the range of audiences?
- What materials need to be developed?
- What are our strategies and approaches to communicating findings?
- What can be done to make the SHA accessible?

Public Comment

Evaluation & Next Steps

Evaluation

- What did you like about today?

- What could we have done differently?

Next Steps & Final Thoughts

- PHD Core Group will draft SHA
- SHA will be open for public comment – please encourage your networks to review and comment.
- Steering Committee will review feedback from public comment via webinar (Spring, 2018)
- Steering Committee will make recommendations for formation of SHIP Steering Committee
- SHIP Steering Committee will identify strategic priorities based on the SHA (Fall 2018)