STATE HEALTH ASSESSMENT: Health Status Assessment

Thursday, August 14th
10:00am – 12:00pm
Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232
<mark>DRAFT</mark>

Subcommittee Attendees: Jim Carey, Jen Coleman, Jill Dale, Adrienne Daniels, Mandy Davis, Frank Franklin, Tom George, Colt Gill, Katrina Hedberg, Kelle Little, Joe Marek, Alison Martin, Rebecca Pawlak, Josh Roll, Jane Savage, Jim Setzer, Rick Treleaven, Paul Virtue and Kweku Wilson

Oregon Health Authority Staff: Nita Heimann, Christy Hudson, Tim Noe and Angela Rowland

Approval of Minutes
The August 3rd 2017 meeting minutes were approved.

Framework for indicators
-Katrina Hedberg, Oregon Health Authority

Frank Franklin stated that some of the indicators might need to be updated or changed to fall into the social determinants of health category. Katrina assured Frank that is perfectly acceptable as it is a living document. Although, the Oregon Health Authority (OHA) does not have the resources for new primary data collection, would need to use existing surveys.

Tom George inquired on what current data sources are available and how this ties into other metric work in OHA and beyond. Katrina answered the data sources include state Vital Statistics death certificates, US Census, CDC National Center for Health Statistics (NHANES), etc. These indicators are not a list of everything the state measures but more of a library for anyone interested in state population health.

Josh Roll asked how to communicate social determinants of health and how to present that data to the community so it's accessible. Christy says the subcommittee will work on this at a future meeting.

Kweku Wilson suggested the addition of language access as a social determinant of health by using REAL+D. Katrina stated it could be overarching since it's difficult as surveys don't collect that specific data. It should be included as an issue in the broader context.

Decision:
The subcommittee decided on using the Modernization of Public Health framework for the indicators selection and revision with an emphasis on social determinants of health.

Review Survey Results
-Katrina Hedberg, Oregon Health Authority

Katrina presented the survey results. It was designed by arranging the existing indicators into buckets that align with the modernization of public health programs. The survey will be open through Friday August 19th.

FOUNDATIONAL PROGRAM	HIGHEST PRIORITY	SUGGESTED
COMMUNICABLE DISEASE	• HPV vaccination in 13-17yo • Pertussis among infants • Kindergarten immunization exemptions	• Chlamydia screening rates • Persons ever tested for HIV • Measles • HIV treatment rates
ENVIRONMENTAL HEALTH	• safe drinking water • air quality • lead levels among children	• Traffic related deaths • Active transportation • Access to recreational activities/parks • Access to healthy foods • PE time in school • Pesticides exposure
PREVENTION AND HEALTH PROMOTION	• Mental Health • Leading causes of death • Infant mortality • Positive youth development • Premature births • Physical inactivity • Obesity • Opioid overdose deaths • Alcohol-related deaths • Diabetes	• Time spent watching TV • Access to healthy foods • Dental dam/condom distribution and sales per capita • Distracted driving • Violent attacks on Queer/Trans identified population • Fruit and vegetable intake • Firearm injury • Cancer rates

	• Lung cancer • Suicide	• Heart attack hospitalizations • Low birth rate • Maternal tobacco and alcohol use • Child abuse rates/injuries • Intimate partner violence/domestic violence injuries
ACCESS TO CLINICAL SERVICES	• Childhood development screening • First trimester prenatal care • Adolescent well-care visits • Unmet health care needs	• Annual dental visits for 0-5 • Providers per capita • Health professional shortage areas • Hospital utilization • Annual dental visits all ages • Children with special needs • Adverse Childhood Experiences (ACEs) among children
SOCIAL DETERMINANTS OF HEALTH	• Food insecurity • Poverty • Chronic school absenteeism • Violent crime • High school graduation rates	• Incarceration rates • Child abuse • ACEs • Homelessness • % of households rent burdened • Domestic violence • Preschool enrollment • Language spoken at home

Frank inquired if the state collects data on all overdose deaths. Katrina confirmed that it is available on the data dashboard through Tableau.

He also questioned firearm related injury indicators. Katrina commented that there are restrictions on what type of data the federal government can collect in this realm but that doesn't pertain to the state. Firearm deaths are reported at the Oregon Violent Death Reporting. He also inquired on firearm injuries conclusive of death.

Rick is interested in the stability of child abuse injury rates data is as a driver of health indicators. Katrina remarked the Child Fatality Review survey for severe abuse and neglect. Tom added that DHS produces the Child Welfare Data Book each year.

Mandy Davis is a proponent of an ACEs indicator.

Frank stated the confusion among indicators that pop up in different buckets. He recommended social versus structural determinants of health. These social determinants are consequences of structural determinants of health which could benefit from data at the US Census. Some examples of structural determinants are the Index of Concentration at the Extremes (ICE), Index of Dissimilarity that determine an

ethnical line, Gini coefficient or Economic isolation. Nothing here pulls out race and ethnicity as structural determinant. Tim mentioned that high school graduation rates is the symptom of the issue and not the determinant.

Jane Savage is interested in looking at incarceration rates for juveniles or foster care to look at age and demographic.

Alison Martin appreciated the discussion and the idea of moving upstream, she suggested an indicator around the third grade reading level. Kindergarten readiness rates could be recommended in the in next 5 years since the data isn't there yet.

Rick Treleaven urged to use a health indicator with links to other health indicators to display relationships. High school graduation rate is a centrally located indicator but could link up or downstream which is connected to other indicators.

Prioritize indicators to align with vision and values
-Katrina Hedberg

Katrina presented the Association of State and Territorial Health Official's (ASTHO) recommended criteria to prioritize health indicators.

CATEGORY	*CRITERIA QUESTION*
MAGNITUDE	*Is a large proportion of the population impacted?*
SERIOUSNESS	*Does the indicator reflect issues associated with mortality, disability or suffering?*
ABILITY TO CHANGE	*Does the indicator measure an issue that is feasible to change?*
DISAGGREGATED DATA	*Are demographic variables available to identify health inequities?*
HEALTH EQUITY	*Does the issue have disproportionate impact on a subgroup?*
ROOT CAUSES	*Is the indicator a measure of a social determinant that affects multiple issues?*
DATA QUALITY	*Is quality data available?*
TREND DATA	*Is trend data available to track the health indicator over time?*
ALIGNMENT	*Is the national or local data available for comparison?*
COMPARISON	*Does the measure align with national or local priorities?*

Josh inquired on cross sector intersection as a possible criteria

Rebecca questioned if comparison relates to the national benchmarks positively or negatively. Katrina explained that Healthy People 2020 or 2030 serve as these national benchmarks. The comparison with national data helps to drive the State Health Improvement Plan (SHIP) and serves as a communication tool. Tim commented that the comparison matters and must compare apples to apples.

The *Trend Data, Alignment*, and *Comparison* categories are not the most important for initial indicator selection. Frank recommended to separate these categories and rank them later as they still have merit. Structural determinants consist of new data and might not be involved in those categories.

There was some ambiguity on the ASTHO criteria intent. The subcommittee was unable determine the weighting of each criteria or perhaps use bonus points for the last three categories.

Action Item: OHA will share the detailed criteria guidelines from ASTHO with the subcommittee.

Next Steps
-Christy Hudson, Oregon Health Authority

Rebecca Pawlak and Kelle Little will provide the HSA subcommittee report at the September 11th Steering Committee meeting. All subcommittee members are welcome to attend.

Action Item: OHA will provide Rebecca and Kelle a summary of the conversation today including consensus items, ambiguous items, unsettled items and items that need steering committee input in a power point presentation.

Paul and Frank sit in both subcommittees so it would be ideal for them to also share the conversation from this subcommittee and vice versa..

The survey collecting indicator feedback and recommendation will remain open for subcommittee members who wish to provide feedback. OHA will apply the criteria to the indicators and share with the subcommittee. At the next meeting, the subcommittee will also determine how to present data to the community.

Meeting evaluation:
Mandy Davis commented that she is still learning about public health lingo. She appreciates the discussion on structural determinants of health as more upstream.

Paul Virtue had technical difficulties with the phone line.

Public Comment
There was no public comment by phone or in-person.

Meeting adjourned.

The next meeting is scheduled for October 5, 2017 from 1 pm - 3pm.