AGENDA

STATE HEALTH ASSESSMENT:
Themes & Strengths Assessment Subcommittee

September 1, 2017
1:00-3:00 pm
Portland State Office Building, 800 NE Oregon St., Conference Room 918, Portland, OR 97232

Join by Webinar: https://attendee.gotowebinar.com/register/5366789207224162562
Conference call line: 1-877-848-7030
Access Code: 2030826#

Meeting Objectives:

- Review themes from existing community health assessments
- Discuss process and findings from Health Status Assessment subcommittee
- Discuss method for community engagement process

1:00-1:15 pm	**Welcome and introductions** • Introduce subcommittee members and staff	Cara Biddlecom, Oregon Health Authority
1:15-1:40 pm	**Review August 11 Themes & Strengths Assessment Subcommittee meeting** • Provide updates on next steps from August 11 meeting • Review updates to community engagement themes based on State Plan on Aging, Areas of Unmet Healthcare Need Report, and Oregon's Children and Youth with Special Health Care Needs Assessment • Discuss themes from existing assessments	Cara Biddlecom, Oregon Health Authority
1:40-1:55 pm	**Updates from the Health Status Assessment Subcommittee** • Discuss Health Status Assessment process and findings to date	Frank Franklin and Paul Virtue, Health Status Assessment Subcommittee members
1:55-2:30 pm	**Process for community meetings** • Review discussion from August 11 meeting • Review draft community meeting outline • Discuss role of subcommittee members	All
2:30-2:45 pm	**Public comment**	
2:45-3:00 pm	**Next steps** • Identify State Health Assessment Steering Committee member(s) to report back • Review agenda for next meeting	Cara Biddlecom, Oregon Health Authority

MINUTES

STATE HEALTH ASSESSMENT: Themes & Strengths Assessment Subcommittee
DRAFT
August 11, 2017
10:00am-12:00PM
Portland State Office Building, 800 NE Oregon St., Room 918, Portland, OR 97232

Subcommittee Attendees: Tamara Bakewell, Amanda Singh Bans, Emily Berndt, Royce Bowlin, Maria Castro, Shelley Das, Frank Franklin, Meredith Guardino, Becky Jones, Tom Kuhn, Holden Leung, Jennifer Mead, Stephanie Millar, Hillary Saraceno, Erin Schulten and Paul Virtue.

Oregon Health Authority Staff: Cara Biddlecom, Danna Drum, Christy Hudson and Janis Payne.

Members of the Public: Marsha Wentzell and Jenny White.

Orientation to the MAPP process and SHA
-Cara Biddlecom, Oregon Health Authority

This is a subcommittee of the Oregon State Health Assessment (SHA). Oregon conducts a state-wide health assessment every five years as a part of public health accreditation to help describe the health of all Oregonians. This information will become a resource for data and stories and lays the groundwork for the next State Health Improvement Plan (SHIP). We will be using the MAPP process (Mobilizing for Action through Planning and Partnerships). This involves three groups of involvement: the core group, the steering committee and the community at large.

This subcommittee represents one of the four assessments in the third phase of MAPP, the Themes and Strengths Assessment. The subcommittee will be looking at qualitative data collected to advise and inform community engagement efforts taking place in October.

The State Health Improvement Plan (SHIP) drives the priorities of the Oregon Health Authority (OHA). The state aims to align with the Community Health Improvement Plans (CHIPs) working concurrently within the communities.

Overview of the Themes & Strengths Assessment
-Cara Biddlecom, Oregon Health Authority

TSA Subcommittee Tasks:

- Invite additional members
- Review themes from existing assessments
- Identify method for collecting community input including asset mapping
- Interpret key themes and findings from community input process
- Report back to the SHA Steering Committee

Maria Castro inquired on how to fill the gaps of members not included in this subcommittee. Danna welcomed any input on significant gaps in membership and recommended to be mindful of how to bridge gaps while gathering qualitative data.

Stephanie Millar asked what the relationship is between the State Health Improvement Plan and the Community Health Improvement Plans. Danna answered that the each plan has a different timeline and OHA aligned the two where possible.

Review themes from existing assessments and identify what voices are missing
-Cara Biddlecom, Oregon Health Authority

The top three themes showcased in the Community Health Assessment, Community Health Improvement Plans and Community engagement efforts were: Access to care, social determinants of health and maternal and child health.

Paul Virtue noticed that the State Health Improvement Plan (SHIP) did not identify social determinants of health as a theme. Cara stated that each of the seven health priorities in the SHIP take into account specific disparities to help achieve health outcomes. Stephanie Millar pointed out that OHA has a partnership with the Oregon Department of Transportation (ODOT) to integrate transportation with health thinking as an innovative way to look at health equity, as well as the relationship OHA has with the Department of Education even with different funding streams.

Royce Bowlin noted that one of the top five themes include behavioral health but it wasn't included on the matrix. Danna stated that was an error, as it should be included. It will be corrected and resent.

Royce also commented on OHA's partnership with the Housing and Community Services that are looking at social determinants of health.

Cara noted that the State Health Improvement Plan won't include everything but as issues arise they can be addressed through other agencies.

Tamara Bakewell suggested to include the 2015 Needs Assessment for children with special health needs because care coordination was also a main theme.

Jennifer Mead also suggested the State Plan for Aging Assessment.

Shelley Das suggested the comprehensive social determinants of health assessment though the DELTA (Developing Equity Leadership through Training and Action) research process.

Maria Castro commented to the access to care theme and how certain topics should be fleshed out to determine what type of data is available. For example, there is no data around certain groups such as transgender.

Stephanie Millar mentioned barriers to transportation that prevent access to care.

Jennifer Mead sees value in separating specific topics and lumping them together later if needed.

Frank Franklin recommended to start with race and ethnicity first.

Shelley Das discussed diversity in the workforce. Danna replied that it did not display a huge theme so it wasn't captured here. The subcommittee requests more granular data and how to capture race and ethnicity as primary social determinants.

Paul Virtue talked about health equity among different counties and stated that some community members do not attend listening sessions because they don't feel safe to attend.

Holden Leung provided a thought about language as a culturally significant social determinant.

Maria Castro discussed granular data and how it pertains to the Health Status Assessment subcommittee work. Race Ethnicity Language and Disability (REAL+D) data should be addressed as well as Lesbian, Gay, Bisexual, Transgender, and Queer data. She also noticed the Tribes are not included in this matrix.

Amanda Singh Bans mentioned there are low participation rates in primary care since community members in her area noticed that providers were not from non-dominant groups.

Discuss community meetings
-Cara Biddlecom, Oregon Health Authority

The plan is to take the qualitative and quantitative topic findings to the community at six meeting locations in the first half of October. There will be a coordination of efforts with the Community Housing Plan.

Subcommittee suggestions:

- There needs to be a targeted approach for communities of color or LGBTQ to allow them to feel comfortable to attend the community meetings. Perhaps by going to a group that serves that specific population.
- Build community trust.
- We need to bring funding including: Interpreter services, bus passes, food and childcare.
- Provide outreach by going back to the community and let them know what will be the result of the information being collected.
- The Oregon Public Transit Plans may have open houses at the same time.
- Work directly with community organizations to facilitate public meetings: Health Equity Coalitions, Community Advisory Councils (CAC) or Tribal clinics.
- Need to be more diverse besides LGBTQ, Asian, Hispanic, or African.
- Rather than convening geographically, instead target disparate groups within that geographic area.
- Health literacy without jargon.
- Inquire with community brokers on proper approaches in a specific community.
- The community meeting agenda should be no more than 2 hours but allow time to network afterwards.

- Open house style.
- Provide different ways to communicate (electronically, in writing, in person, etc.)
- Peers as co-presenters.

Next Steps

Action Items: Subcommittee members can provide feedback on the community meeting agenda at the next subcommittee meeting. Consider potential meeting locations and recommend any specific organizations that should be included in those specific locations. Frank and Paul serve on the Health Status Assessment subcommittee as well as the Themes & Strengths Assessment subcommittee. They could provide an overview of the other subcommittee's work at the next meeting.

The State Health Assessment Steering Committee meeting is scheduled on September 11th.

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

Meeting Evaluation

- Didn't feel like this was a board meeting but more like a huddle.
- Enjoyed the thoughtful introductions among all members.
- Members asked good questions including why.

Meeting adjourned

The next subcommittee meeting is scheduled for September 1st from 1pm – 3pm.

Themes & Strengths Assessment

PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Plan for Subcommittee

Welcome & Introductions

Update on themes from additional submitted assessments

Review of the findings and process from the Health Status Assessment subcommittee

Discuss updated proposal for community engagement

Evaluation & Next Steps

Introductions

Themes in Existing Assessments

Previous Efforts

- 2015-19 State Health Improvement Plan Listening Sessions
- Oregon Office of Rural Health Listening Tour
- OHA Behavioral Health Town Halls
- CCO Listening Sessions
- Areas of Unmet Health Care Needs Report
- Oregon's Children and Youth with Special Health Care Needs Assessment
- Oregon State Plan on Aging
- Local Health Assessments and Health Improvement Plans

Themes Across Previous Efforts

- Access to care/high cost of care/lack of insurance (13)
- Social determinants of health (11)
- Maternal/family/child health (8)
- Mental/behavioral health (7)
- Oral health (5)
- Health equity (5)
- Alcohol and drug use (4)
- Impact of trauma (4)
- Chronic diseases (4)
- Obesity (3)
- Care coordination (3)
- Older adults/aging-related needs (3)
- Urban/Rural/Frontier Differences (3)

Themes Across Previous Efforts

- Self-management skills (2)
- Payment reform/increasing capacity and innovation (2)
- Tobacco use (2)
- Healthy eating/active living (2)
- Caregiver education, peer/family support specialists (2)
- Young adults in transition (2)
- Built environment (1)
- Vision health (1)
- Falls prevention (1)
- Health literacy (1)
- Core public health work (1)
- Integration of physical/behavioral/oral health (1)
- Governance structures and transparency (1)
- Workforce recruitment/retention (1)

Overview of the Health Status Assessment

Health Status Assessment

- Aims to answer 4 key questions:
  - 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?

Health Status Assessment

- Reviewed existing state health indicators
- Responded to survey:
  - Ranked existing indicators in terms of importance
  - Recommended additional indicators for consideration
  - Determined framework for future indicators
    - Social Determinants of Health
    - Environmental Health
    - Prevention and Health Promotion
    - Communicable Disease
    - Access to Clinical Services

Health Status Assessment

Ambiguous/Unsettled Items for Discussion:

- Social vs structural determinants of health
- Presentation of data so that it's accessible and meaningful
  - Especially cross cutting indicators specific to the social determinants
- Number of indicators that should be selected
- Usefulness of national comparison benchmarks
- Weighting and definition of matrix criteria
- Relevant themes to share with community meetings

Phases of MAPP: SHA

Phase	Deliverables
Organize for Success & Partnership Development	Identify participants, determine planning process
Visioning	Determine focus, purpose and direction
Four Assessments	Public Health Assessment Health Status Assessment Themes & Strengths Assessment Forces of Change Assessment

Gathering Statewide Input

Community Meetings

- Updated approach based on August 11 meeting feedback
- Two methods: targeted regional meetings and individual feedback from organizations representing specific populations
- Will need to consider timeframe, available resources and participation among steering committee and subcommittee members

Subcommittee feedback

- Does this approach make sense?
- What needs to be changed?
- What are the highest priorities given limited resources?
- Would you be willing to assist with either having feedback on the state health assessment at a board or committee meeting, serving as a host site, or helping to recruit participants?
- What else do we need to consider?

Public Comment

Next Steps & Final Thoughts

- Final reflections on today's work
- Report back to steering committee on September 11
- Participation in community and stakeholder meetings
- Next meeting: November 6, 2017
  - Proposed agenda items
- Meeting evaluation
  - What worked well?
  - What could be improved?

Public Health Division

State Health Assessment
Draft proposal for community engagement meetings - October 2017

Purpose

To engage community members, especially those from communities traditionally experiencing health inequities, in the state health assessment process and collect input on community strengths and needs.

Guiding Principles/Best Practices

- Design community engagement opportunities to receive input from groups that have been less likely to participate in previous engagement efforts so that community contexts related to health inequities can inform the assessment and future improvement plan
- Pair facilitator with a trusted community member as co-facilitator
- Within resources available, try to meet logistical needs of participants (timing, child care, food, transportation, etc.)
- Host meetings at local sites of trusted organizations serving specific populations

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.

Potential meeting locations

- Portland
- Eugene
- Newport
- Medford
- Madras
- La Grande

Specific populations reached:

- Rural
- Frontier
- LGBTQ
- Tribes/Tribal Organizations
- Latino
- Low SES

- Incarcerated Persons
- Persons with Severe, Persistent Mental Illness
- Children (including those with special needs)
- Older adults
- Homeless
- Persons with disabilities
- African-American
- Immigrants and Refugees

Suggested Locations and Organizations

Location: Portland

Possible Site: Native American Rehabilitation Association (NARA)

Invitees: NARA
Cascadia Behavioral Healthcare
Basic Rights Oregon
Oregon Health Equity Alliance
Northwest Portland Area Indian Health Board
Oregon Center for Children/Youth with Special Health Needs
Oregon Latino Health Coalition
Asian Pacific American Network of Oregon
Immigrant and Refugee Community Organization
Welcome Home Coalition of Oregon
Oregon Office on Disability and Health
Oregon Association of Hospitals and Health Systems
Upstream Public Health
Oregon Public Health Institute
AHO Oregon
CCO/CACs serving region
LHDs in region

Specific Meetings with these organizations:
Asian Health & Service Center
Urban League of Portland
NAMI Board of Directors
Northwest Portland Area Indian Health Board

Location: Eugene

Possible Site: HIV Alliance

Invitees: LGBTQESSP Dean of Students and/or LGBTQ student group

HIV Alliance
LHDs in region
CCOs/CACs serving region

Specific Meetings with these organizations:
Centro Latino Americano

Location: Newport

Site: TBD

Invitees: Oregon Central Coast PFLAG
Linn/Benton/Lincoln Early Learning Hub
Cascades West COG
CCO/CACs serving region
LHDs in region

Location: Medford

Site: TBD with Southern Oregon RHEC

Invitees: Southern Oregon RHEC
Southern Oregon Success
Rogue Valley COG
CCO/CACs serving region
LHDs in region

Specific Meetings with these organizations:
Rogue Valley Disabilities Services Advisory Council
Rogue Valley Senior Advisory Council

Location: Madras

Site: TBD with Let's Talk Diversity RHEC

Invitees: Let's Talk Diversity RHEC
CT of Warm Springs
Central Oregon Health Council
Central Oregon Homeless Leadership Coalition
CCO/CACs serving region
LHDs in region

Specific Meetings with these organizations:

Focus group at Deer Ridge Correctional Institution (and/or other institutions)

Location: La Grande

Site: TBD with Northeast Oregon Network

Invitees: Northeast Oregon Network
CT of Umatilla Indian Reservation
Blue Mountain Early Learning Hub
CCOs/CAC serving region
LHDs in region

Location: Salem

Specific meetings with these organizations:
CCO Medical Directors
Salem Independent Living Council
Community Action Partnership of Oregon

Specific Meetings would be tailored to specific organization – could be done as part of regularly scheduled meeting agenda, such as a standing board or advisory committee meeting, or a separate meeting depending on organizational needs.

Themes from Community Health Assessments, Community Health Improvement Plans and Community Engagement Efforts

	Eastern Oregon	NW Coastal	Portland Metro	Central Willamette	Southern Oregon	Lane	Marion/ Polk	Yamhill	Central Oregon	Columbia River Gorge	2015-19 SHIP Sessions	OORH Listening Tour	Behavioral Health Town Halls	Areas of Unmet Health Care Needs	Oregon's Child and Youth with Special Health Care Needs Assessment	Oregon State Plan on Aging	CCO Listening Sessions	TOTAL
Access to care/high cost of care/lack of insurance	X	X	X	X	X	X	X			X		X	X	X	X		X	13
Social Determinants of Health (housing, education, employment, transportation, poverty, etc.)	X		X		X	X	X		X	X		X	X			X	X	11
Maternal/family/ child health	X			X	X		X	X	X	X					X			8
Mental/behavioral health	X			X	X	X			X		X					X		7
Oral health	X				X			X	X	X								5
Health equity			X			X					X		X				X	5
Alcohol and drug use	X	X	X			X												4
Impact of trauma					X		X			X	X							4
Chronic diseases (asthma, diabetes, cardiovascular disease)				X	X			X	X									4
Obesity	X	X			X													3
Frontier v. Rural v. Urban												X	X	X				3
Care coordination												X	X		X			3
Older adult/ aging-related needs					X								X			X		3
Self-management skills					X								X					2
Payment reform/increasing capacity and innovation								X									X	2
Tobacco use	X				X													2
Healthy eating/ Active living			X		X													2
Caregiver education, peer/family support specialists													X		X			2
Young adults in transition													X		X			2
Falls prevention					X													1
Health literacy					X													1
Core PH Work											X							1

Built environment	X																	1
Integration of physical, behavioral and oral health																	X	1
Governance structures & transparency																	X	1
Workforce recruitment & retention												X						1

Community Health Assessment and Improvement Plan Themes – Updated 8/19/17

Region	Date and Source	Themes
Eastern Oregon (Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	2015 (Healthy Klamath) 2016 (EOCCO)	• Maternal and child health • Social determinants of health • Build environment • Mental health • Oral health • Social determinants of health • Access to services • Obesity • Tobacco use • Alcohol and drug use
NW Coastal (Clatsop, Columbia, Tillamook)	2014 (Columbia Pacific CCO)	• Alcohol and drug addiction • Obesity • High cost of care/lack of insurance
Portland Metro (Washington, Multnomah, Clackamas)	2016 (Health Share CCO) 2016 (Family Care CCO) 2016 (Health Share/Family Care CCO)	• Social determinants of health (housing, unemployment, etc) • Alcohol and drug use • Healthy eating • Access to care • Health equity
Central Willamette (Linn, Benton, Lincoln)	2015 (Intercommunity Health Network CCO)	• Access to health care (includes housing and culturally appropriate services) • Behavioral health • Child health (includes injuries, breastfeeding) • Chronic disease (includes asthma, physical activity/healthy eating, and tobacco use and exposure) • Maternal health (includes unplanned pregnancies, pre-conception/pre-natal care, postpartum care/support)

Community Health Assessment and Improvement Plan Themes – Updated 8/19/17

Southern Oregon (Curry, Josephine, Jackson, Coos, Douglas)	2013 (Western Oregon Advanced Health/All Care CCOs) 2013 (PrimaryHealth/AllCare CCO) 2013 (Jackson Care CCO/AllCare CCO/PrimaryHealth 2013 (Umpqua Health Alliance) 2013 (Western Oregon Advanced Health)	• Access to quality health services • Mental health and addictions • Obesity, healthy eating, active living • Aging issues • Oral health • Vision health • Management of chronic illnesses • Falls prevention • Maternal and child health • Tobacco use • Social determinants of health (housing, education, transportation, poverty) • Health literacy
Polk/Marion	2015 (Trillium CCO)	• Alcohol and drug abuse • Housing • Access to health care • Vulnerable populations • Access to healthy food • Mental health • Poverty and homelessness
Salem Metro (Polk, Marion)	2013 (Willamette Valley Community Health)	• Access to care • Prevention/screening/treatment for people with history of trauma • Children with special needs • Homelessness • Transportation
Yamhill	2014 (Yamhill CCO)	• Chronic conditions • Oral health • Increasing capacity and innovation • Behavioral health
Central Oregon (Crook, Deschutes, Jefferson)	2016 (Central Oregon Health Council)	• Behavioral Health (identification and awareness, substance use and chronic pain) • Cardiovascular disease

		• Diabetes • Oral health • Reproductive and Maternal Child Health • Social Determinants of Health (Education and health, Housing)
Columbia River Gorge (Hood River, Wasco)	2016 (Pacific Source CCO Columbia Gorge	• Food and housing security • Lack of insurance • Oral health • Transportation • Poverty • Impact of trauma • Child health needs

Other Plans

Focus	**Date and Source**	**Themes**
Areas of Unmet Health Care Need	2017 (Oregon Areas of Unmet Health Care Need Report) Oregon Office of Rural Health	• Areas of Highest Unmet Need: Drain/Yoncalla, Cascade Locks, North Lake, Oakridge, Cottage Grove, Glendale, Glide, Clatskanie, Waldport, Warm Springs, Yachats • Areas of Lowest Unmet Need: Portland West, Portland Inner South, Portland Downtown, Hood River, Lake Oswego, Tigard, Corvallis/Philomath, Bend, Eugene/University, Sisters, Portland Middle South • Based on 9 variables: Travel time to nearest PCPCH, Primary Care Capacity Ratio, Mental Health Providers per 1,000, Dentists per 1,000, 138-200% FPL, Preventable hospitalizations per 1,000, ED

		Dental visits per 1,000, ED Mental visits per 1,000
Oregon's Child and Youth with Special Health Care Needs	2015 (Title V Maternal and Child Health Block Grant Five-Year Needs Assessment Findings) OHSU Center for Children and Youth with Special Health Needs	• Services to meet needs for transition to adulthood • Medical home – distribution across state, certification does not require practices meet standards specific to CYSHCN • Care coordination for CYSHCN • Accessing specialty care and family supports • Family supports (respite care, mental health services, genetic services, housing assistance, income support, social supports, etc.) • Culturally and linguistically responsive services
Oregon State Plan on Aging	2017-2021 DHS Aging and People with Disabilities	• Aging and Disability Resource Connection • Person-directed services and supports • Nutrition services • Disease prevention/health promotion • Family caregiver supports • Legal assistance and elder rights protection • American Indian programs • Housing • Transportation • Behavioral health