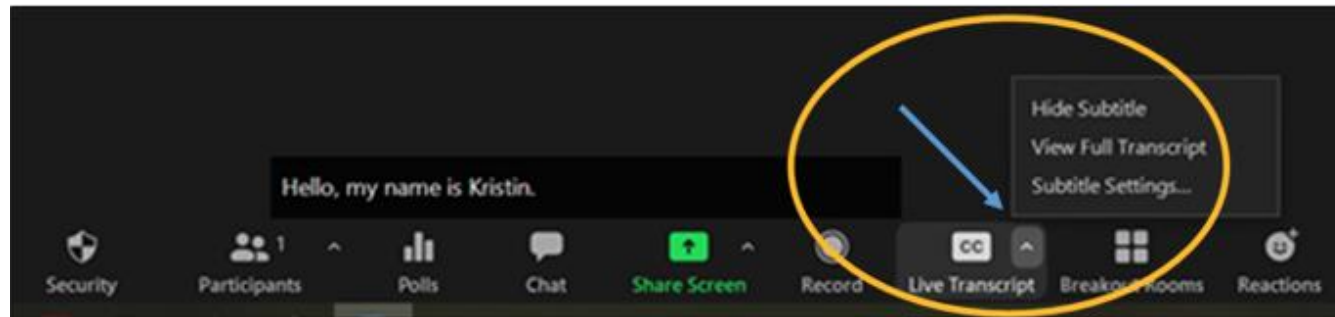


Closed Captions

Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.

For English Closed Captions:



Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

State Health Assessment

Steering Committee Meeting
August 12, 2024



POLICY AND PARTNERSHIPS

Public Health Division



OHA staff

Sara Beaudrault
Rose Harding
Jameela Norton
Victoria Demchak

Welcome!



(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

Welcome!!

- Christine Kan Lee, Health Share
- Lourdes Reyna Alcalá, Eastern Oregon Coordinated Care Organization
- Evelyn McCoy-Harris, Seed of Faith Ministries
- Todd Jeter, Samaritan Health Plans
- Cheryl Carter, Community Champion
- Sisilia Afemui, Le'o 'o e 'OFA
- Jacqueline Leung, Micronesian Islander Community
- Hannah Rarick, Oregon Spinal Cord Injury Connection
- Whitney Wilson, NAYA (July 2024)



Welcome to our facilitators from MetGroup

Kirsten Gunst, Senior Director



Debra Clark, Director

Kristin Gimbel, Executive Vice
President



Agenda review and meeting purpose

- Group Agreements
- Relationship-building activity
- Welcome! Let's chat about SHA meeting strategy/ July follow up
- September in person meeting details
- Mission, Vision and Values discussion
- Break
- Data and assessment

Group agreements

Group agreements – working draft

- 1. Lean forward, lean back.** *Share space. Allow room for different opinions. Don't be afraid to share your perspective! This is a judgment-free zone.*
- 2. Curiosity is queen.** *Be open to continuous learning along the way.*
- 3. Explain and unpack jargon and acronyms.**
- 4. Be present, be authentic.** *Show up as fully as you can in the way that is most comfortable for you. ("Be present, be authentic", as a way to invite others to feel comfortable being present at the table as themselves, and meet others in the same way?)*
- 5. Honor all experiences and expertise.** *Appreciate others as human beings with abundant and interconnected experiences.*
- 6. Extend grace to each other and to ourselves.** *Assume best intentions.*

Relationship building

Breakout room

Introduce yourself and share:

If you could instantly solve one public health issue worldwide, which one would you choose and why?



The Road Ahead: State Health Assessment

- 4 regular meetings
- 1 in person meeting
- Roughly 16 hours together this year

Here's what we are hoping to accomplish in 2024

- Finalize M/V/V
- Review Starting Point Assessment (SPA)
- Review key indicator datapoints
- Establish and host Community Engagement ad hoc group
- Establish and host Data/Assessment ad hoc group
- Compose draft SHA (OHA Staff)

Following up July meeting topics

Including Tribes in Mission statement

- Met with TJ and chatted about a couple options of getting input. We will be bringing this topic to a future Tribal Public Health meeting space to gather input.
- We will continue the work in this group and Jameela/Sara will highlight/share/uplift preferences of Public Health Tribal Leaders with this steering committee

July follow up continued, Priority Population

- Expanding priority population list

- Renaming list

Issue/Topic Log

Information Shared	Date	What was done?	Status
Can we change "Priority Population" as a descriptive word	7/15/2024	JN Consulted SMEs to learn more	SMEs request we hold this conversation until after data share to demonstrate impact/gather more ideas about possible replacement term
Request to add other groups to priority pop list (older adults, youngest Oregonians)	6/10/2024	JN Consulted SMEs to learn more	SMEs request we hold this conversation until after data share to demonstrate impact/gather more ideas about possible additional identities to be added
Request to add "Tribes" to Mission statement	7/15/2024	Met with committee member who suggested this addition, came up with mutually agreed upon plan	We are requesting a meeting with Tribal PH leaders, will continue work of larger group and work to align as Tribal PH leaders/SHA SC desire

How do you think we should handle topics that come up?

- Issue/topic log ?
- Office hours the day after the meeting to debrief/share thoughts
- Offline meetings where we report back?
- 1-1 meetings ?

September in person meeting

- September 15- Optional Dinner in Portland location TBD
- September 16- 8:30-4:30 meeting
- Location: 733 SW Oak St. Suite 100 Portland Oregon
- Agenda coming soon!
- MetGroup will provide assistance with travel planning/reimbursement

Mission, vision, and values


Mission, Vision and Values (2020-2024)

Vision

Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Values

- Equity and social justice
- Empowerment
- Strengths-based
- Authentic community input
- Accountability



Values: What we stand for.
The guiding beliefs and principles that drive
our decision making and work. *Our guideposts*

Mission: WHAT we do and
for WHOM? *The map*

Vision: Where we hope to be in
the future? *The destination*

Original Options for Mission Statement:

- OPTION 1: We draw on community voices, experiences, and ideas to shape state health priorities and solutions so that all Oregonians have the resources and opportunities to thrive.
- OPTION 2: We gather community-driven priorities and ideas to develop a plan for health that ensures every Oregonian has what they need to thrive.
- OPTION 3: To ground state health priorities and solutions in the needs of communities most impacted by health inequities.

Proposed Mission Statement (Revision of Option 1):

We draw on **community** voices, experiences, and ideas to shape state health priorities and solutions so that all people **living in Oregon** have the resources and opportunities to thrive

Original Options for Vision Statements:

- OPTION 1: Every Oregonian has access to affordable, appropriate and adequate resources that they need to live a healthy life.
- OPTION 2: A state where each community has what it needs to reach [self-determined] optimal health and well-being.

Proposed Vision Statement (Revision of Options 1 & 2 Combined):

Each community in Oregon has **access** to affordable, appropriate and adequate resources that they need to reach optimal health and well-being.

Values Clusters:

- Social justice and equity
- Communication and understanding
- Collaboration and community
- Compassion and empathy
- Personal integrity and ethical values

Proposed Updated Values Statements (1 of 2):

- Equity:
 - The steering committee ensures an **inclusive statewide process**, and makes decisions **guided by a recognition of current and historical injustices and the enduring impact on communities**.
 - SHIP priorities address the self-determined needs of all community members, particularly populations that have historically been marginalized or underserved. **This includes capacity building resources and long-term community-tailored investments to bolster community agency and create the conditions for self determination**. The final plan addresses immediate health concerns as well as long-term wellbeing within communities.
- Transparency:
 - OHA maintains open lines of communication with the steering committee and communities, and **there is clarity around the process, goals, and outcomes of the work**. The SHA/SHIP priorities are clear, focused, and actionable.
 - External communication is shared and available to all community members via a bi-monthly memo.

Values Statements (2 of 2):

- Accountability:
 - The steering committee is centered and driven by the shared group agreements. Each member understands their roles and responsibilities, and **contributes to the best of their ability to help OHA develop a plan informed by data that accounts for the needs of each community across the State.**
 - Regular opportunities for feedback are provided to committee members to ensure open communication and adjustments in how the process is managed and facilitated by OHA.
- Collaboration:
 - The committee works towards common goals and fosters a sense of shared purpose and collective responsibility for public health outcomes.
 - The steering committee is engaged in collaborative partnerships with local organizations, healthcare systems, and community leaders to inform community-driven priorities to guide planning **and priorities.**

Group Discussion:

- Can you support the adoption of the mission, vision and values for the steering committee?
 - If no, what would need to change for you to support the adoption?

Breakout Rooms

Break



And Now Some Data: Along with Some Perspective

Dean Sidelinger
Nita Heimann

State Health Advisory Steering Committee
August 12, 2024

The logo for the Oregon Health Authority, featuring the word "Oregon" in a small serif font above the word "Health" in a large serif font, with the word "Authority" in a smaller serif font below "Health".

Oregon
Health
Authority

Looking Back...

Historical Context

- The data we are presenting are previous SPHIs
- Compiled prior to Healthier Together Oregon
- Preceded COVID-19



...to Look Ahead



Our Request

- Consider these data as starting points
- Consider Healthier Together Oregon Scorecard

Types of Data

- Vital statistics
- Health care data
- Surveys
- Administrative data – service utilization
- And more...











Healthier Together Oregon

Healthier Together Oregon Scorecard



The table below shows the most recent data for each indicator.

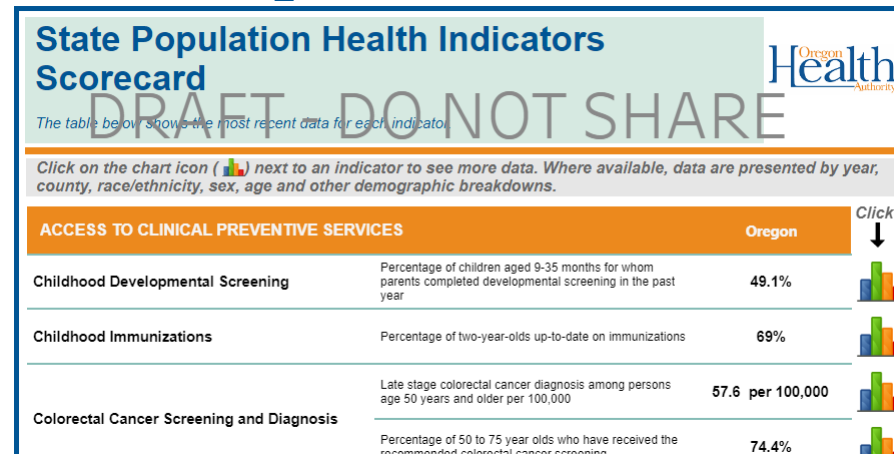
Click on the chart icon () next to an indicator to see more data. Where available, data are presented by year, county, race/ethnicity, sex, age and other demographic breakdowns.

ACCESS TO EQUITABLE PREVENTIVE HEALTHCARE		Oregon	Click ↓ 
Adult Dental Visits	Percentage of adults with a dental visit in the previous year	66.1%	
Childhood Immunizations	Percentage of two-year-olds up-to-date on immunizations	69%	
Colorectal Cancer Screening	Percentage of 50 to 75 year olds who have received the recommended colorectal cancer screening	74.4%	
ADVERSITY, TRAUMA, AND TOXIC STRESS		Oregon	
Adverse Childhood Experiences (ACEs) Among Children	Percentage of children with high ACEs score (2+)	20.1%	
Chronic School Absenteeism	Percentage of students missing 10% or more of school days in a year	38.1%	
High Concentrated Disadvantage	Percentage of population living in census tracts with a high level of concentrated disadvantage	26.8%	
BEHAVIORAL HEALTH		Oregon	



Data and Disclaimers

- Some data not yet updated
- The link will take you to all of the current State Population Health Indicators, not just those we will discuss today
- Data are preliminary and should not be shared outside the Steering Committee as they are still being reviewed



https://visual-data.dhsoha.state.or.us/t/OHA/views/SPHI_17225536206750/statescorecarddash?%3Aembed=y&%3AisGuestRedirectFromVizportal=y

Items to Ponder

- What is missing?
 - Topics
 - Data breakdown
 - Context
- What may be removed and tracked elsewhere?
- Ideas for sources of data in these topic areas we are missing?

Questions?



**Thank you.
See you in
September**

Rowena Crest Wildflowers by
Mike Putnam,
[https://mikeputnamphoto.com/pr
oduct/rowena-crest-wildflowers/](https://mikeputnamphoto.com/product/rowena-crest-wildflowers/)

Mike Putnam

OHA's Definition of Health Equity

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- **The equitable distribution or redistribution of resources and power; and**
- **Recognizing, reconciling and rectifying historical and contemporary injustices.**

HTO operationalizes the collaboration required to advance OHA's goal of eliminating health inequities by 2030.

What is the State Health Improvement Plan (SHIP)?

Vision:

Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Acronym Check

- CBO- Community Based Organization
- CHA- Community Health Assessment
- CHIP - Community Health Improvement Plan
- LPHA- Local Public Health Authority
- OHA- Oregon Health Authority
- PHD- Public Health Division
- SHA- State Health Assessment
- SHIP- State Health Improvement Plan

Acronym Check Continued

- SPA – Starting Point Assessment
- REALD- Race Ethnicity, Language and Disability
- SOGI- Sexual orientation or gender identity
- Census- United States Census
- BRFSS- Behavioral Risk Factor Surveillance Survey

Anticipated: Phases 2 and 3, the SHA and SHIP (Steering committee can change timeline)

Developing the State Health Assessment 2024-25

September/Oct

Health indicator data review, assessment planning, community engagement

November/ Dec/Jan

Review process so far, develop data themes

Feb/March

Review draft SHA, work toward final

Developing the State Health Improvement Plan 2025

March

Define/ revise SHIP priorities

April

Define draft strategies, metrics

May

Final decisions on SHIP made, OHA works to produce it