OREGON PARTNERSHIP

Thursday, April 11th, 1:00 – 2:00pm

800 NE Oregon Street, Room 1B
Portland, OR 97232

Webinar Link: https://global.gotomeeting.com/join/890713053
Conference call line for audio: +1 (669) 224-3412
Access code: **890-713-053**

Meeting Objectives:
- Provide update on subcommittee formation
- Finalize health equity framework
- Discuss criteria for strategy identification

Time	Items
1:00 – 1:05pm	**Welcome, introductions and meeting purpose**
1:05 - 1:10pm	**Public Comment**
1:10 – 1:20pm	**Update on subcommittee formation** • Institutional bias. • Adversity, trauma and toxic stress. • Economic drivers of health • Access to equitable preventive health care. • Behavioral health
1:20 – 1:40pm	**Finalize framework**
1:40 – 1:55pm	**Criteria for strategy identification**
1:55 – 2:00pm	**Wrap up and next steps**

2020-2024 State Health Improvement Plan PartnerSHIP Meeting #4
April 11th, 2019

Oregon Health Authority

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Plan for the hour

- Update on subcommittee formation & work plan

- Finalize framework

- Discuss criteria for strategy identification

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Public Comment

Subcommittee formation

Institutional bias

Confirmed	Pending invitation
Kim Sogge, P'SHIP	*OHA - Office of Equity & Inclusion (lead)*
Paul Virtue, P'SHIP	PLE: Barry Fox-Quamme, Centers for Independent Living
Brian Gibbs, P'SHIP	Coalitions of Communities of Color
Clarice Freitas, P'SHIP	Tribes
Channa Lindsay, Deschutes County	Regional Heath Equity Coalitions
	Local Public Health Authorities
	Department of Education
	Department of Human Services
	Department of Transportation
	Oregon State Sherriff's Association
	Coordinated Care Organizations
	Measurement committees

Adversity, trauma and toxic stress

Confirmed	Pending invitation
Laura Williams, P'SHIP	*OHA- Maternal & Child Health (lead)*
Frank Franklin, P'SHIP	PLE: Oregon State Hospital resident
Kirt Toombs, P'SHIP	PLE: TIO Youth Advisory Council
David Bangsberg, P'SHIP	Regional Heath Equity Coalitions
Annie Valtierra Sanchez, P'SHIP	Tribes
Kimberlee Handloser, Jackson County	TRACES
Susan Boldt, Cascade Health Alliance	Kevin Modica
TBD, Trauma Informed Oregon	Alicia Moreland Capria
	Department of Education
	Department of Human Services
	Coordinated Care Organizations
	Local Public Health Authorities
	Oregon State Sherriff's Association
	Danica Brown, NPAIHB
	Measurement committees

Economic drivers

Confirmed	Pending invitation
Victoria Warren Mears, P'SHIP	*OHA- Health Policy and Analytics (lead)*
Rebeckah Berry, P'SHIP	PLE: Consumer Advisory Councils
Kim Sogge, P'SHIP	Oregon Office of Public Policy
Cat Livingston, P'SHIP	Partners for a Hunger Free Oregon
Alicia Ramirez, P'SHIP	Department of Transportation
Carly Hood, Oregon Primary Care Association	Department of Education
	Department of Human Services
Connor McDonnell, Oregon Housing and Community Services	Oregon State Sherriff's Association

Cord Van Ripper, Cascade Health Alliance Brian Frank, OHSU Jacob Fox, Homes for Good	Tammy Baney, Central Oregon Intergovernmental Council Tribes Regional Heath Equity Coalitions Local Public Health Authorities Bureau of Labor and Investigations Coordinated Care Organizations Measurement committees

Access to equitable preventive care

Confirmed	Pending invitation
Cat Livingston, P'SHIP *Katie Harris, P'SHIP* *Kelle Little, P'SHIP* *Katrina Hedberg, P'SHIP* *Jim Rickards, P'SHIP* Nina Fekaris, National Association of School Nurses Laura McKeane, Allcare Health Senna Tower, United Way Lane County Muriel De Lavergne-Brown, Crook County	*OHA -HIV/STD/TB (lead)* PLE: Oregon State Hospital PLE: Consumer Advisory Councils Jessica Richardson, Harney District Family Care Clinic Danielle Sobel, Oregon Primary Care Association Haven Wheeler, Outside In Oregon Community Health Workers Association Bridgett Canniff, NPAIHB Tribes Regional Health Equity Coalitions Local Public Health Authorities Coordinated Care Organizations Measurement committees

Behavioral health

Confirmed	Pending invitation
Holden Leung, P'SHIP *Katrina Hedberg, P'SHIP* *Paul Virtue, P'SHIP* *Erin Schulten, P'SHIP* Athena Goldberg, Allcare Health	*OHA-Adolescent Health (lead)* PLE: Consumer advisory councils (SUD, Children's MH, Adult MH) Alcohol and Drug Policy Commission Alliance for Suicide Prevention Department of Education Department of Human Services Janice Garceau, Deschutes County Charmaine Kinney, Multnomah County Tribes Regional Heath Equity Coalitions Oregon State Sherriff's Association Local Public Health Authorities Coordinated Care Organizations

	Measurement committees

Subcommittee Process Map

SHIP Priorities identified

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PartnerSHIP Webinar

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Subcommittees formed

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Meeting 1: Introductions & rapport building → Meeting 2: Identifying context and goal → Meeting 3: Identifying strategies → Meeting 4: Prioritizing strategies → Meeting 5: Review strategies and identify measures → Meeting 6: Finalize strategies, measures and logic model → Meeting 6: Incorporating community feedback → Meeting 7: Work plan development & ongoing implementation

Sector-specific meetings to review strategies

OHA Metrics Meeting

PartnerSHIP Meeting: Review strategies and community engagement plan

PartnerSHIP Meeting: SHIP Approved

Community Feedback

Design and publications process

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Finalize health equity framework

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Purpose of frameworks

- Provide an organizational structure for the strategies

- Call out roles and responsibilities of implementers

- Address the interrelatedness of the issues

- Maintain an equity lens

- Tool for subcommittees to maintain focus and consistency across priority areas

Example 4: VicHealth Framework for health equity

DIFFERENCES IN HEALTH AND WELLBEING OUTCOMES
- Life expectancy • Mortality rates • Morbidity rates • Self-rated health status

Differential health and wellbeing outcomes are seen in life expectancy, mortality rates, morbidity rates and self-rated health. These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

SOCIAL POSITION

Individuals' health-related knowledge, attitudes and behaviours result from and are responses to, their socioeconomic, political and cultural context, social position and daily living conditions.

Positive changes in health-related knowledge, attitudes and behaviours are most achievable for people who have minimal social barriers. Therefore, a behavioural or lifestyle focus, on its own, could increase health inequities rather than reduce them.

Taking an equity focus in knowledge, attitude and behaviour change strategies is most effective and sustainable when complemented and reinforced by changes to the socioeconomic, political and cultural context, and/or daily living conditions.

INDIVIDUAL HEALTH-RELATED FACTORS
- Knowledge • Attitudes • Behaviours

Examples of action
- Smoking cessation programs that are tailored to particular consumer needs and supported by other strategies such as restrictions on tobacco advertising, availability and smoke-free area policies.
- School-based sexuality education that is supported by a whole school approach to healthy relationships.
- Mobile phone applications for individual health behaviour change, supported by social marketing that challenges societal norms and values.
- Individual behaviour and risk profiling conducted in workplaces, followed up and supported by workplace health promotion strategies.

Prompts for planning
- What are the social variations in knowledge, attitudes and behaviours of interest? What additional individual level supports are needed?
- Could you also (or alternatively) work with others to influence the socioeconomic, political and cultural context, or daily living conditions?

SOCIAL POSITION

Social stratification means that different social groups have differential exposure and vulnerability to a range of daily living conditions — or the circumstances in which they are born, grow, live, work and age. The quality of these conditions affects people's material circumstances, psychosocial control and social connection, and can be protective or damaging to health.

Early child development refers to physical, social/ emotional, and language/cognitive development between the prenatal period and eight years of age. This is the most important developmental phase in the lifespan.

Education refers to the development of knowledge and skills for problem solving, and a sense of control and mastery over life circumstances. Education increases work opportunities, security, satisfaction, and income.

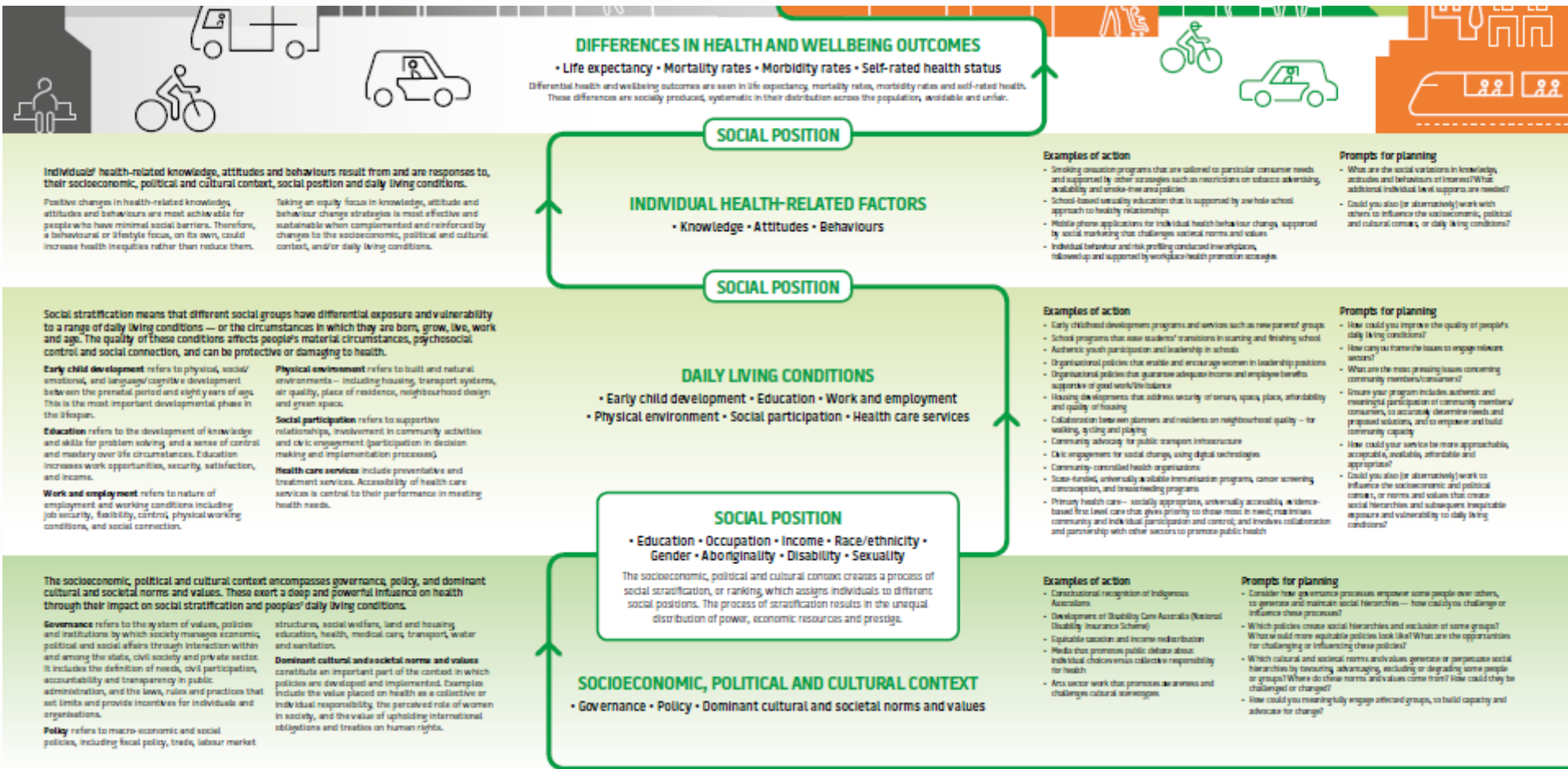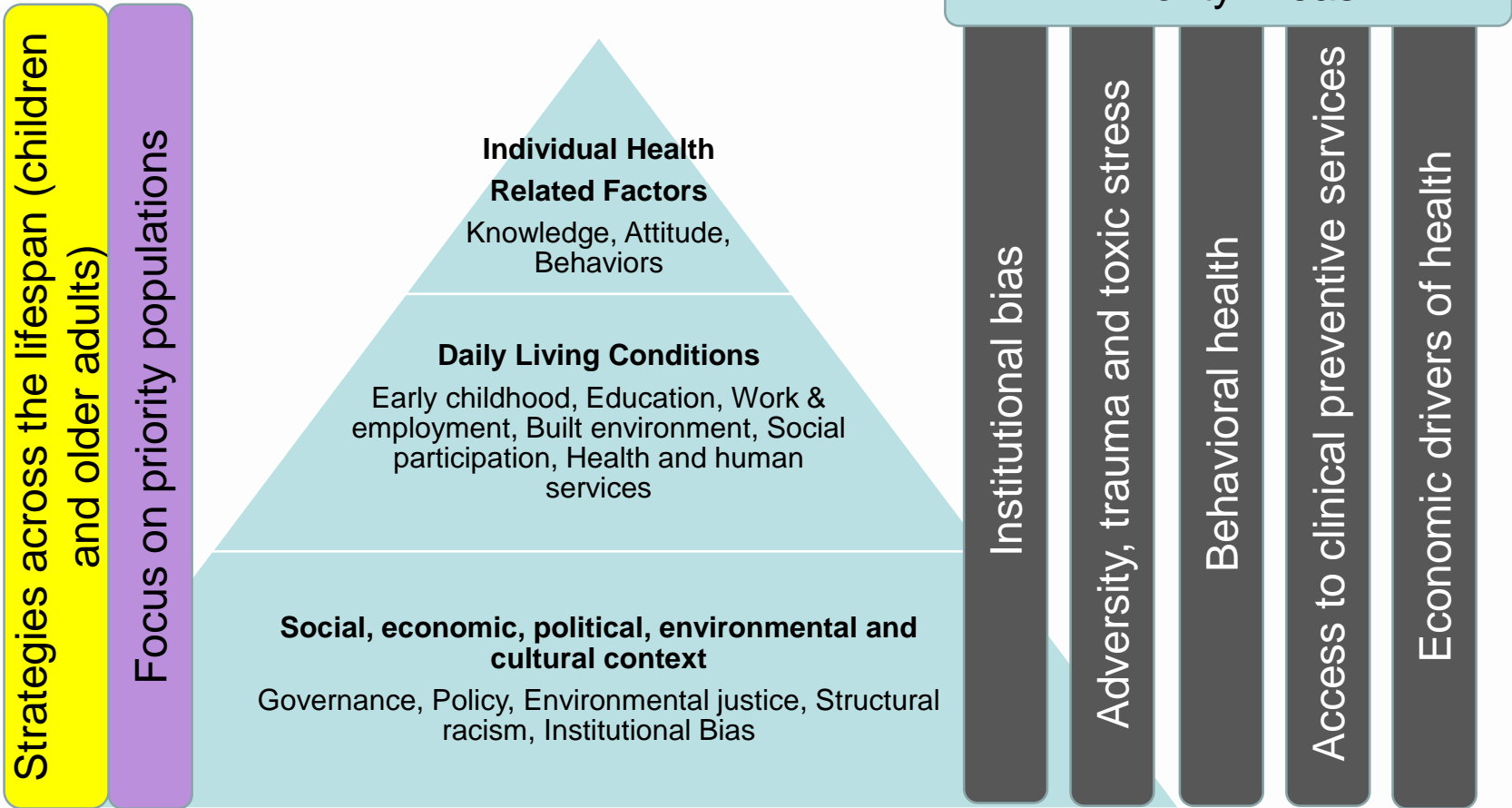**Work and employment** refers to nature of employment and working conditions including job security, flexibility, control, physical working conditions, and social connection.

Physical environment refers to built and natural environments – including housing, transport systems, air quality, place of residence, neighbourhood design and green space.

Social participation refers to supportive relationships, involvement in community activities and civic engagement (participation in decision making and implementation processes).

Health care services include preventative and treatment services. Accessibility of health care services is central to their performance in meeting health needs.

DAILY LIVING CONDITIONS
- Early child development • Education • Work and employment
- Physical environment • Social participation • Health care services

Examples of action
- Early childhood development programs and services such as new parents' groups.
- School programs that ease students' transitions in starting and finishing school.
- Authentic youth participation and leadership in schools.
- Organisational policies that enable and encourage women in leadership positions.
- Organisational policies that guarantee adequate income and employee benefits supportive of good work/life balance.
- Housing developments that address security of tenure, space, place, affordability and quality of housing.
- Collaboration between planners and residents on neighbourhood quality – for walking, cycling and playing.
- Community advocacy for public transport infrastructure.
- Civic engagement for social change, using digital technologies.
- Community-controlled health organisations.
- State-funded, universally available immunisation programs, cancer screening, contraception, and breastfeeding programs.
- Primary health care– socially appropriate, universally accessible, evidence-based first level care that gives priority to those most in need; maximises community and individual participation and control; and involves collaboration and partnership with other sectors to promote public health.

Prompts for planning
- How could you improve the quality of people's daily living conditions?
- How can you frame the issues to engage relevant sectors?
- What are the most pressing issues concerning community members/consumers?
- Ensure your program includes authentic and meaningful participation of community members/ consumers, to accurately determine needs and proposed solutions, and to empower and build community capacity.
- How could your service be more approachable, acceptable, available, affordable and appropriate?
- Could you also (or alternatively) work to influence the socioeconomic and political context, or norms and values that create social hierarchies and subsequent inequitable exposure and vulnerability to daily living conditions?

SOCIAL POSITION
- Education • Occupation • Income • Race/ethnicity •
  Gender • Aboriginality • Disability • Sexuality

The socioeconomic, political and cultural context creates a process of social stratification, or ranking, which assigns individuals to different social positions. The process of stratification results in the unequal distribution of power, economic resources and prestige.

The socioeconomic, political and cultural context encompasses governance, policy, and dominant cultural and societal norms and values. These exert a deep and powerful influence on health through their impact on social stratification and peoples' daily living conditions.

Governance refers to the system of values, policies and institutions by which society manages economic, political and social affairs through interaction within and among the state, civil society and private sector. It includes the definition of needs, civil participation, accountability and transparency in public administration, and the laws, rules and practices that set limits and provide incentives for individuals and organisations.

Policy refers to macro-economic and social policies, including fiscal policy, trade, labour market

structures, social welfare, land and housing, education, health, medical care, transport, water and sanitation.

Dominant cultural and societal norms and values constitute an important part of the context in which policies are developed and implemented. Examples include the value placed on health as a collective or individual responsibility, the perceived role of women in society, and the value of upholding international obligations and treaties on human rights.

SOCIOECONOMIC, POLITICAL AND CULTURAL CONTEXT
- Governance • Policy • Dominant cultural and societal norms and values

Examples of action
- Constitutional recognition of Indigenous Australians.
- Development of Disability Care Australia (National Disability Insurance Scheme).
- Equitable taxation and income redistribution.
- Media that promotes public debate about individual choice versus collective responsibility for health.
- Arts sector work that promotes awareness and challenges cultural stereotypes.

Prompts for planning
- Consider how governance processes empower some people over others, to generate and maintain social hierarchies — how could you challenge or influence these processes?
- Which policies create social hierarchies and exclusion of some groups? What would more equitable policies look like? What are the opportunities for challenging or influencing these policies?
- Which cultural and societal norms and values generate or perpetuate social hierarchies by favouring, advantaging, excluding or degrading some people or groups? Where do these norms and values come from? How could they be challenged or changed?
- How could you meaningfully engage affected groups, to build capacity and advocate for change?

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Feedback from February meeting

- Racism and institutional bias
- Lifespan approaches
  - Emphasis on children and older adults
- Economic inequalities
- Climate change
- Crosswalk framework with health impact pyramid

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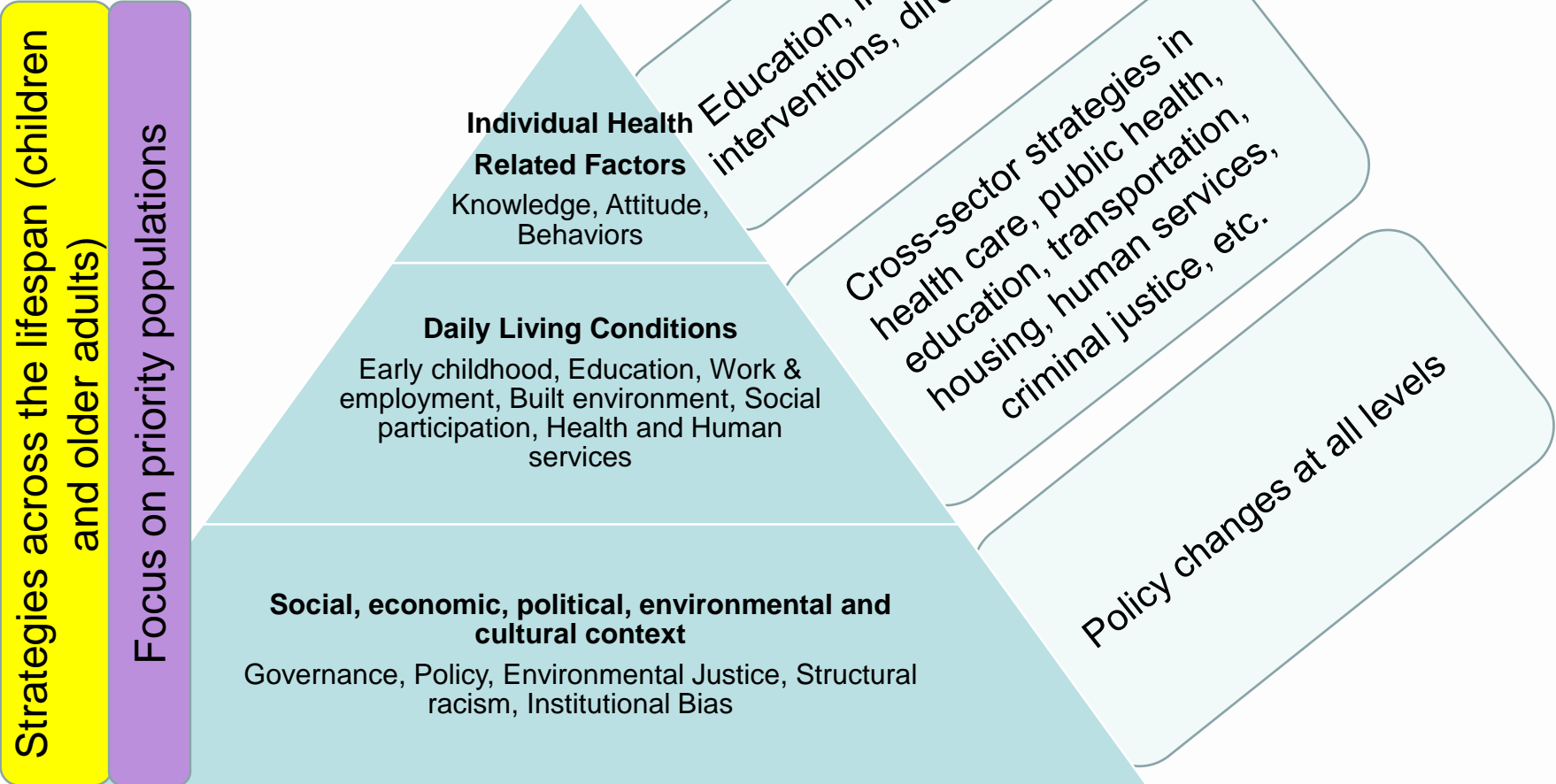Strategies across the lifespan (children and older adults)

Focus on priority populations

Individual Health Related Factors
Knowledge, Attitude, Behaviors

Daily Living Conditions
Early childhood, Education, Work & employment, Built environment, Social participation, Health and human services

Social, economic, political, environmental and cultural context
Governance, Policy, Environmental justice, Structural racism, Institutional Bias

Priority Areas

Institutional bias

Adversity, trauma and toxic stress

Behavioral health

Access to clinical preventive services

Economic drivers of health

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Health Impact Pyramid

Smallest Impact

Largest Impact

Examples

Counseling & Education
← Public education campaign on impact of trauma on health

Clinical Interventions
← Two-generation screening for ACEs

Long-lasting Protective Interventions
← Implement good behavior game in schools,

Changing the Environmental Context
← Increase community resilience, trauma informed schools and services

Socioeconomic Factors
← Universal home visiting, paid family leave, criminal justice reform, eliminate institutional bias

3. Health Impact Pyramid

Strategies across the lifespan

Focus on priority populations

Individual Health Related Factors
Knowledge, Attitude, Behaviors

Daily Living Conditions
Early childhood, Education, Work & employment, Built environment, Social participation, Health and Human services

Social, economic, political, environmental and cultural context
Governance, Policy, Environmental Justice, Structural racism, Institutional Bias
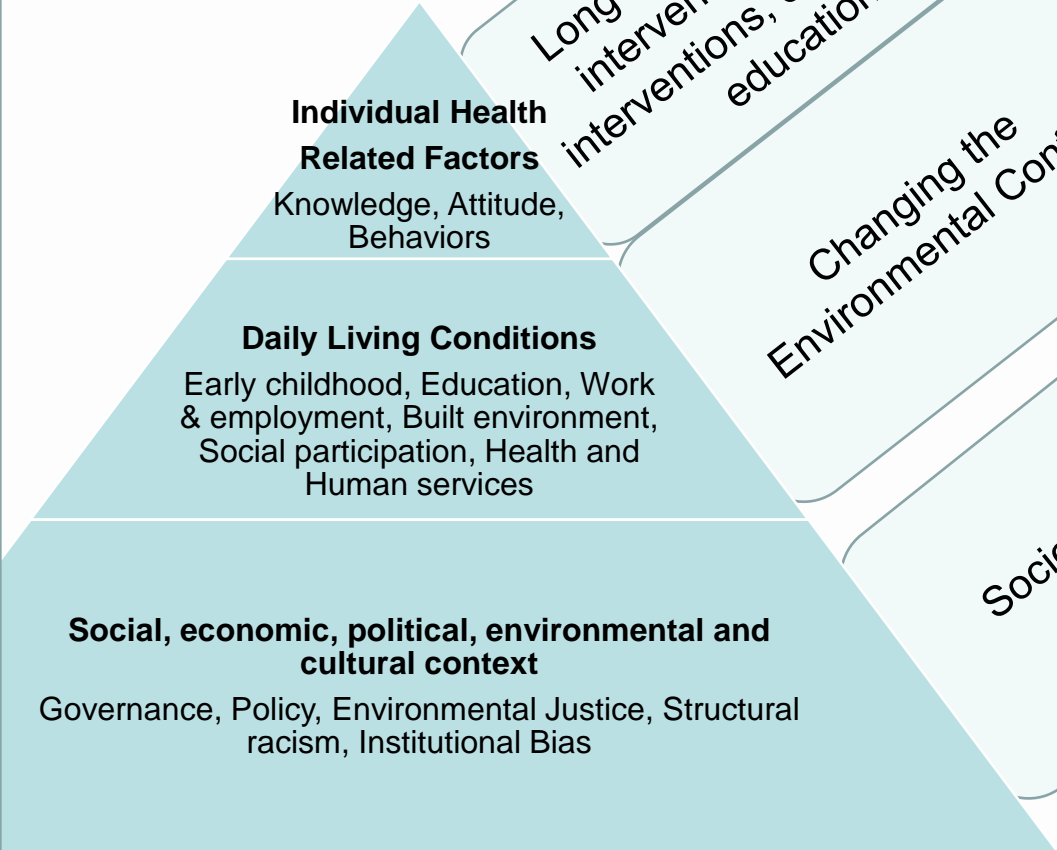
Long lasting protective interventions, clinical interventions, counseling & education

Changing the Environmental Context

Socioeconomic Factors

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4. Strategies

Strategies across the lifespan (children and older adults)

Focus on priority populations

Individual Health Related Factors

Knowledge, Attitude, Behaviors

Daily Living Conditions

Early childhood, Education, Work & employment, Built environment, Social participation, Health and Human services

Social, economic, political, environmental and cultural context

Governance, Policy, Environmental Justice, Structural racism, Institutional Bias

Education, individual level interventions, direct services

Cross-sector strategies in health care, public health, education, transportation, housing, human services, criminal justice, etc.

Policy changes at all levels

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Discuss and approve framework

Are there other changes to the framework you'd like to make?

Do you approve the framework?

Criteria for strategy development

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Strategy criteria

- Similar process used to identify strategic issues. Three criteria were used:
  - Magnitude/Severity
  - Disparities
  - Upstream determinants

- Provide consistency across subcommittees when identifying strategies

- What criteria would you like to use when establishing strategies?

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2020-2024 SHIP: Strategy Criteria

Selection criteria	Definition
Proven impact on disparities	• Strategy addresses disparities in priority populations (POC, low income, disability, LGBTQ, rural/frontier)
Will achieve intended outcome	• Right strategy for the goal • Strategy aligns with evidence-based, promising practice or is a good idea
Politically feasible	• Ability to influence and implement a policy change
Resourced or likely to be resourced	• Funding is available or likely to be available • Local expertise exists
Relevant to community	• Strategy is in use in local community • Strategy is realistic and of interest from a local perspective
Alignment with other strategic initiatives (locally or federally)	• Strategy nationally recognized or recommended
Change likely in next 5 years	• Impacts likely to be seen within 5 years of implementation
Addresses lifespan	• Relevant to a wide range of age • Relevant to young children or older adults
Legal	• Currently allowed by law

Discussion

How would you prioritize these criteria?

Which of these criteria, if any, must be met?

Which of these criteria would be nice to have?

Respond @ PollEv.com/jennysubil321

Next Steps & Final Thoughts

-Subcommittees membership will be finalized. Email Christy.j.hudson@state.or.us with additional member suggestions

-Doodle poll will be sent out to schedule subcommittee meetings

-Please complete 3-question evaluation via survey monkey: https://www.surveymonkey.com/r/LSSRQK6