



2019 Regional Health Assessment (RHA) Steering Committee Meeting
Deschutes County Health Services (Stan Owen Room)
2977 NE Courtney Drive, Bend OR 97701

Agenda: September 7, 2018 from 10:15am-11:30am

Remote Zoom Video-In Option

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/361125968>

Or iPhone one-tap :

US: +16465588656,,361125968# or +16699006833,,361125968#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 646 558 8656 or +1 669 900 6833

Meeting ID: 361 125 968

International numbers available: <https://zoom.us/u/d5oeDuCA7>

1. **10:15-10:20** **Introductions—All**

2. **10:20-11:25** **Regional Qualitative Data—Channa Lindsay**
 - **Overview of Qualitative Process (10 minutes)**
 - **Qualitative Data in Health Assessments (10 minutes)**
 - **Focus Group Question Review (25 minutes)**
 - **Groups to Collect Qualitative Data (20 min)**

3. **11:25-11:30** **Next Steps/Action Items—All**

Next Meeting: **10.5.18 from 10:15-11:30am**



<u>RHA 2019 Steering Committee</u>	<u>Organization</u>
Michael Baker	Jefferson County Health Department
Rebeckah Berry	Central Oregon Health Council
George Conway	Deschutes County Health Services
Nansalmaa Conway	Jefferson County Health Department
Caroline Cruz	Warm Springs Tribes
Muriel DeLaVergne-Brown	Crook County Health Department
Lisa Dobby	St. Charles Health System
Jennifer Faith	Deschutes County Health Services
Elaine Knobbs-Seasholtz	Mosaic Medical (CAC Vice-Chair)
Nikki Lemmon	Central Oregon Health Council
Channa Lindsay	Deschutes County Health Services
Donna Mills	Central Oregon Health Council
Katie Russell	Warm Springs Tribes
Hillary Saraceno	Deschutes County Health Services
Kelsey Seymour	Central Oregon Health Council
Whitney Swander	Better Together Central Oregon
Molly Taroli	PacificSource
Rick Treleaven	COHC Operations Council Co-Chair
Mary Ann Wren	Advantage Dental

Inclusion of Qualitative Data in the RHA

Why is qualitative data important?

- It can help fill gaps where quantitative data is not available.
- It helps give a voice to the community.
- It paints a more robust picture of health in the community.
- It helps humanize health concerns, and thus the benefits of tackling these issues.

Examples of Qualitative Data from the State Health Assessment

(Attached pages)

How do we plan to collect qualitative data?

- Interviews/ Quotes.
- Data from other qualitative assessments completed in the last few years (with permission).
- Qualitative data from the Themes and Strengths Assessment and Forces of Change Assessment.
 - **Themes and Strengths Assessment** – Community Focus groups hosted to capture community members’ experiences with health in Central Oregon.
 - **Forces of Change Assessment** – Targeted focus groups hosted to identify external threats and opportunities.
 - Health Status Assessment – Quantitative health indicators describing the health status of communities in Central Oregon.
 - Public Health System Assessment – Public Health Modernization Assessment & Certified Behavioral Community Health Clinic Gaps Analysis.

Let’s finalize Community Themes and Strengths Questions

1. What resources does your community have that can be used to improve overall community health?
2. What are the major health concerns in your community?
3. What do you consider barriers to overall health?
4. What do you consider barriers to health care specifically?
5. What does quality of life and well-being mean to you?
6. What does it take for everyone in your community to be healthy?

Focus Group Format:

- Introduce what we are doing and why (have sign in sheets) (5min)
- Take RHA-update info graphs and briefly talk about key findings (provide handouts) (5min)
- Group considers and answers questions 1-7 (provide handout) (45min)
- Closing thoughts/ explain next steps (5min)

Who should we meet with throughout the region?
(Ideas below)

- Shared future coalition
- Latino Community Association
- COHC Community Advisory Council
- Interfaith network
- Confederated Tribes of Warm Springs
- TRACES
- United Way Board
- Homeless Leadership Coalition
- Central Oregon Council on Aging (COCOA)
- What else?

Suggested MAX: 8

Health Equity and the Social Determinants of Health

Health equity is defined as the absence of unfair, avoidable, or remediable differences in health among social groups.⁷ Health equity exists when all people can reach their full health potential and are not disadvantaged because of their social and economic status, social class, race, ethnicity, religion, age, disability, gender identity, sexual orientation or other socially-determined circumstance.⁷ Achieving health equity requires a fair and just distribution of resources and power that eliminates gaps in health outcomes between and within different social groups.

To ensure health equity, OHA-PHD must examine the root causes of health inequity. These root causes are collectively called the social determinants of health. Social determinants of health (SDOH) include access to healthy food, safe neighborhoods and housing, transportation, and education.

Social determinants and the places people live, work, learn and play, have the most significant effect on individual and population-level health. People of color and those living with fewer financial resources are more likely to bear the burden of unsafe neighborhoods, substandard housing, lack of transportation, and low-quality schools. As a result, some people and communities with less or no access to these resources experience worse health outcomes, poorer quality of life, and shorter lifespans.

Community members shared:

"Eradication of institutional racism...fair systems that treat everyone with respect and dignity"

"Equity and equal access to resources. It also requires an ability to understand that not everyone's needs will be met in the same way."

"To realize that in most cases people that are not healthy did not make the choice to be that way."

"Holding oppressive structures accountable for inequitable practices, changing antiquated processes for more equitable policies and more diverse representation in decision-making arenas."

"Community health looks at the experience of EVERY person and creature in the environment. If institutions of care, service and education are not addressing/ dismantling the areas of systematic oppression of marginalized people then the community is not healthy."

Employment and Wages

Some, but not all, communities have recovered from the 2008 recession. In particular, communities that depend on timber industry profits struggle with economic insecurity.

The primary approach to reducing poverty is through employment. As of October 2017, Oregon ranked 30th in the nation in unemployment, with 4.3% of people in the state unemployed according to the U.S. Bureau of Labor Statistics.*

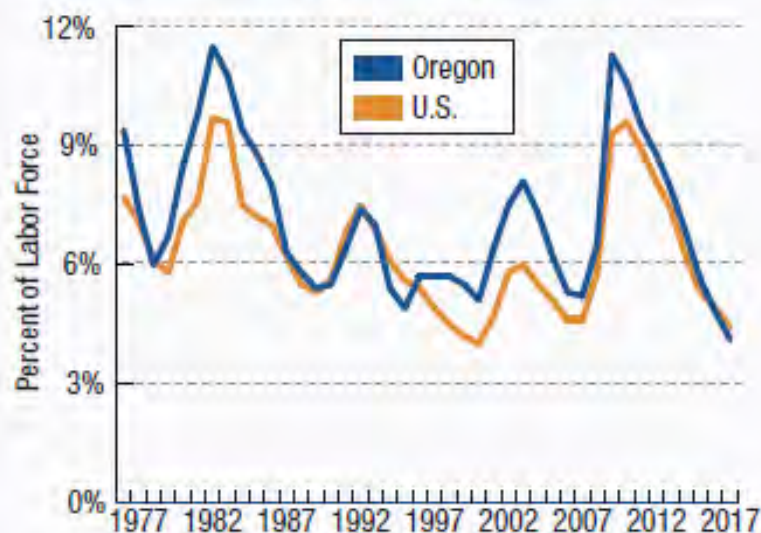
However, employment rates don't tell the whole story. Quantitative data and community members' comments make clear that obtaining a job that pays a living wage and includes paid sick leave is critical to being healthy. People fear the impact of taking time off work for health reasons, for themselves or as caregivers. Many seek jobs that would give them greater purpose and meaning and contribute more to the overall community. This is especially true for low-wage workers who make up a growing share of Oregon's economy.

My community needs...

“ Equitable distribution of resources and jobs that pay a decent wage and allow for time off.”

– SHA Community Participant

Unemployment rate by year, Oregon and U.S.



Source: U.S. Bureau of Labor Statistics