

## 2019 RHA Update (November 2018)

In lieu of November's Regional Health Assessment Steering Committee meeting, we are providing this update. We are hard at work scheduling focus groups, and putting together data for the 2019 assessment. At the 12.7.18 meeting, we hope to have enough to report on that will justify an in-person meeting. Until then, we wanted to let you know about progress without making to date.

### **Quantitative Data Update:**

#### **Jenny Faith's Updates:**

1. All RHA sections have now been divvied up between four epidemiologists: Nansaa Conway, Jenny Faith, Nicole Middaugh, and George Conway. We are all working on our sections with a goal of completing a draft by the end of 2018 or early 2019.
2. We have been making data requests from outside entities (e.g., PacificSource, St. Charles) and we are already receiving some of that data back. Thank you to our partners!
3. I have been working on draft sections for:
  - a. Demographics (estimated around 80% complete)
  - b. Causes of death and QOL (90% complete)
  - c. Chronic Diseases (90% complete)
  - d. Communicable Diseases (50% complete)
4. I have not yet started drafts of my remaining two sections (Oral Health and Access to Healthcare), but I have been gathering data and making data requests. These are shorter sections so I don't anticipate any issues completing them on time.

#### **Nansaa Conway's Updates:**

##### **Section: Maternal Health and Pregnancy:**

Most of the available data (except pregnancy alcohol use and oral health) have been downloaded, collected, filtered, sorted and organized and 70% have analyzed. The OPHAT and Vital Statistics data source is a unique source of regional county data estimates, permitting comparisons. The data on pregnancy alcohol use and oral health have been requested from the Oregon PRAMS analyst. I hope that they will provide me with sufficient data.

The compiled data are aggregated in different periods, due to the available sources, e.g., 2008-2016; 2010-2016; 2014-2016, some with trend analysis possible. I am still working on analyses, using a variety of software and epidemiologic methods.

**Section: Infant, Early Childhood, and Adolescent Health:**

Data have been gathered from a variety of electronic sources, including the Oregon Healthy Teens Survey. The Healthy Community Assessment and US Census are the most commonly used.

The Healthy Teen Survey only posts raw data. Thus, currently, I am working on organizing these, estimation, and analysis.

**Next steps:**

1. Validate gathered data and collect additional and missing data for both sections.
2. Produce comparable estimates over time for the most common social determinants of risk (e.g., ethnicity, poverty, and health care equity) and habits such as smoking and drinking.
3. Most important part: Statistical analyses including p-value, CI, mean frequency, and trends will be estimated.
4. The data analysis should be reasonably accurate and illustrated by graphs, maps, and tables. Each will illustrate frequency distributions and point out differences among variables in data set.

**Please Welcome Our Newest Epidemiologist:**

In addition, Deschutes County Health Services is contracting with an additional Epidemiologist who will be helping with a few sections of the RHA. Her name is Nicole, and here is a little more information about her:

*Nicole Middaugh, ScD, MS, received her doctorate in Epidemiology (concentration in nutrition, obesity, and environmental epi) from the Harvard School of Public Health. After graduating, she moved to Alaska and worked at the Alaska Native Epidemiology Center before beginning her CDC Epidemic Intelligence Service (EIS) fellowship at the New Mexico Department of Health. While an EIS Officer in New Mexico, Nicole investigated suicide and drug related overdose deaths as well as other chronic and infectious diseases. After completing her fellowship, Nicole joined the Washington State Department of Health in the maternal child health surveillance and evaluation section. Nicole will be working on the mental health, alcohol tobacco and drug use, and injury sections of the Central Oregon RHA.*

*Nicole is from Anchorage, Alaska and has two children, 3 and 0.5 years old. she enjoys running, mountain biking, cooking, and looks forward to getting more sleep in the future.*

**Qualitative Data Update:**

**Difference between Forces of Change and Community Themes and Strengths:**

	<b>Themes and Strengths Assessment</b>	<b>Forces of Change Assessment</b>
<b>Participants</b>	Community members who understand how health impacts them, their communities, their loved ones, and would like to share about their experiences.	Subject matter experts and individuals within the community who understand systems and determinants that impact health within central Oregon.
<b>Goal</b>	Sheds light on community issues and concerns, assets and resources, and quality of life.	Identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
<b>Questions</b>	<p>The Community Themes and Strengths Assessment aims to answer the questions:</p> <ol style="list-style-type: none"> <li>1. What is the community doing well?</li> <li>2. What concerns you about health in your community?</li> <li>3. What keeps you from being healthy?</li> <li>4. What keeps you from accessing health care specifically?</li> <li>5. What does it look like to have good quality of life in the community?</li> <li>6. What does it take for everyone in your community to be healthy?</li> </ol>	<p>The Forces of Change Assessment aims to determine:</p> <ul style="list-style-type: none"> <li>· What is occurring or might occur that could impact the community or local public health system?; and</li> <li>· What threats or opportunities are generated by these occurrences?</li> </ul> <p>Current and potential trends, factors, and events are considered for social, economic, political/legal, environmental, technological, and other forces.</p>

- Forces of Change Assessment Meetings

Group	Meeting Date	Location	Progress update
1. COHC Operations Council	10/5/18	Bend	Complete
2. COHC Provider Engagement Panel	10/16/18	Bend	Complete
3. Regional Prevention Coalition	12/6/18	Redmond	SCHEDULED
4. COHC Board of Directors	12/13/18	Redmond	SCHEDULED

- Community Themes and Strengths Assessment Meetings:

- At this point, there is the potential for 17 focus groups. The table below provides a quick overview of progress.
- Although we have many focus groups planned, gaps exist. Potential gaps we have noticed are the absence of focus groups planned for Sisters, La Pine, and Culver. Are there other gaps we are missing?
- Please remember, for reliability, focus groups are being conducted by the same two individuals, Channa Lindsay & Rebeckah Berry, therefore time and schedules limit scheduling too many.

Group	Meeting Date	Location	Progress update
1. Community Advisory Council (CAC)	10/11/18	Prineville	Focus Group Completed
2. Homeless population	10/16/18	Bend	Focus Group Completed
3. Jefferson Health Department	12/11/18	Madras	SCHEDULED
4. Let's talk Diversity	12/13/18	Madras	SCHEDULED
5. Latino Community Association (LCA)		Bend	November/December 2018
6. Latino Community Association (LCA)		Redmond	January/February 2019
7. Deschutes Health Department		Bend	December 2018/January 2019
8. Crook Health Department		Prineville	Agreed to focus group. Waiting for confirmation of date/ time.

9. Deschutes Youth Action Council (YAC)		Bend	Agreed to focus group. Waiting for confirmation of date/ time.
10. Crook Youth Action Council (YAC)		TBD	Agreed to focus group. Waiting for confirmation of date/ time.
11. Jefferson Youth Action Council (YAC)		TBD	Waiting on introduction.
12. Head Start Parents		TBD	December 2018
13. Native Aspirations		Warm Springs	Agreed to focus group. Waiting for confirmation of date/ time.
14. EDCO (Economic Development for Central Oregon)		TBD	Agreed to focus group. Waiting for confirmation of date/ time.
15.		La Pine?	
16.		Sisters?	
17.		Culver?	

**Timeline:** As a reminder, our overall tentative timeline is below:

- **November 2018-April 2019:** Focus groups completed. Analysis completed. Work on RHA document and start to circulate for feedback.
- **May 2019:** ‘Final’ draft 2019 RHA complete. Review & finalize.
- **June 2019:** Create prioritization plan and materials for RHIP.
- **July/August 2019:** Complete RHIP prioritization meetings. Start draft RHIP document.
- **September 2019:** Finalize prioritization.
- **October/November 2019:** Strategy and metric development.
- **December 2019:** Finalize 2020-2023 RHIP.