



2020-2024 State Health Improvement Plan (SHIP) Summary of community feedback



February 21, 2019

BACKGROUND

In fall of 2018, the Oregon Health Authority – Public Health Division (OHA-PHD) convened a process to develop the 2020-2024 State Health Improvement Plan (SHIP). A community-based steering committee, called the PartnerSHIP, was formed to set the vision and values, and identify the priorities for the 2020-2024 SHIP. The PartnerSHIP first identified 14 strategic issues that need to be addressed to improve health in our state:

- Safe, affordable housing
- Access to mental health
- Access to care
- Living wage
- Adverse child and life experiences, trauma and toxic stress
- Tobacco use
- Obesity
- Suicide
- Incarceration
- Climate change
- Food insecurity
- Institutional bias
- Violence
- Substance use

Although all the identified issues are important for improving health in our state, it isn't feasible to address all 14. Therefore, a number of avenues were created to solicit community feedback on which of the 14 issues should be addressed in the 2020-2024 SHIP. Seven community based organizations were funded to solicit feedback from marginalized communities, community members were invited by OHA-PHD to complete an online survey (in either English or Spanish), and agencies and other interested persons were invited to submit comment via email, social media, and other convenings. This report summarizes feedback received by the OHA-PHD between November 13, 2018 and January 31, 2019.

FEEDBACK FROM COMMUNITY BASED ORGANIZATIONS

OHA-PHD funded seven community-based organization to solicit feedback from marginalized communities:

- **Eastern Oregon Center for Independent Living (EOCIL)** —Serves the disability community in 13 rural and frontier counties of Eastern Oregon.
- **Micronesian Islander Community (MIC) (of Asian Pacific American Network of Oregon)**— Serves the Micronesian and Pacific Islander community, including Compact of Free Association (COFA) citizens, throughout the Willamette Valley.
- **Next Door**—Serving Latinx and Native American communities throughout the Columbia River Gorge area via its Health Promotion Services, Nuestra Comunidad Sana (Our Healthy Community).
- **Northwest Portland Area Indian Health Board (NPAIHB)**— Serves all federally recognized tribes in Idaho, Oregon, and Washington, including the 9 tribes located in Oregon.
- **Q Center**—LGBTQIA+-identified persons living in the Portland metro area.
- **Self Enhancement Inc. (SEI)**— Provides education, advocacy, and wraparound support services for the African American/Black community and other underserved youth and families across the Portland metropolitan area.

2020-2024 SHIP: Summary of community feedback

- **Unite Oregon**—Serving people of color, immigrants and refugees, and LGBTQ-identified people in Jackson and Josephine counties.

These organizations used a variety of methods to solicit feedback based on the unique needs and preferences of the community. Methods include distribution of electronic and paper-based surveys, community listening sessions, and door to door conversation with neighbors. The feedback provided by these organizations is summarized below:

Organizations	Number of people engaged	Ranked Priorities	Other issues of concern
EOCIL	150	Housing, mental health, living wage, substance use, access to care, childhood trauma, food insecurity	
MIC	65	Housing, violence, living wage, food insecurity, climate change, access to care	Eligibility for services (e.g. COFA Citizens)
Next Door	137	Housing, living wage, mental health, ACEs, trauma and toxic stress, food insecurity	Poverty, safety/access to services for Latino/a community
NWPAIHB	215	Housing, mental health, substance use, childhood and lifelong adversity, living wage, obesity and suicide	Underfunded social services, culturally responsive, trauma informed services, support for elders
Q Center	219	Access to care, housing, mental health, institutional bias, ACEs, trauma and toxic stress, living wage	Civil rights, isolation, legal services, transportation, mentorship, cross-cultural solidarity building
SEI	54	Housing, living wage, violence, ACEs, trauma and toxic stress, substance use, mental health	Homophobia, gang activity, culturally specific resources, higher education, bullying
Unite Oregon	164	Housing, living wage, mental health, ACEs and life experiences, climate change, access to care, institutional bias	Underfunded social services, culturally responsive, trauma informed services, support for elders

FEEDBACK FROM OHA-PHD SURVEYS

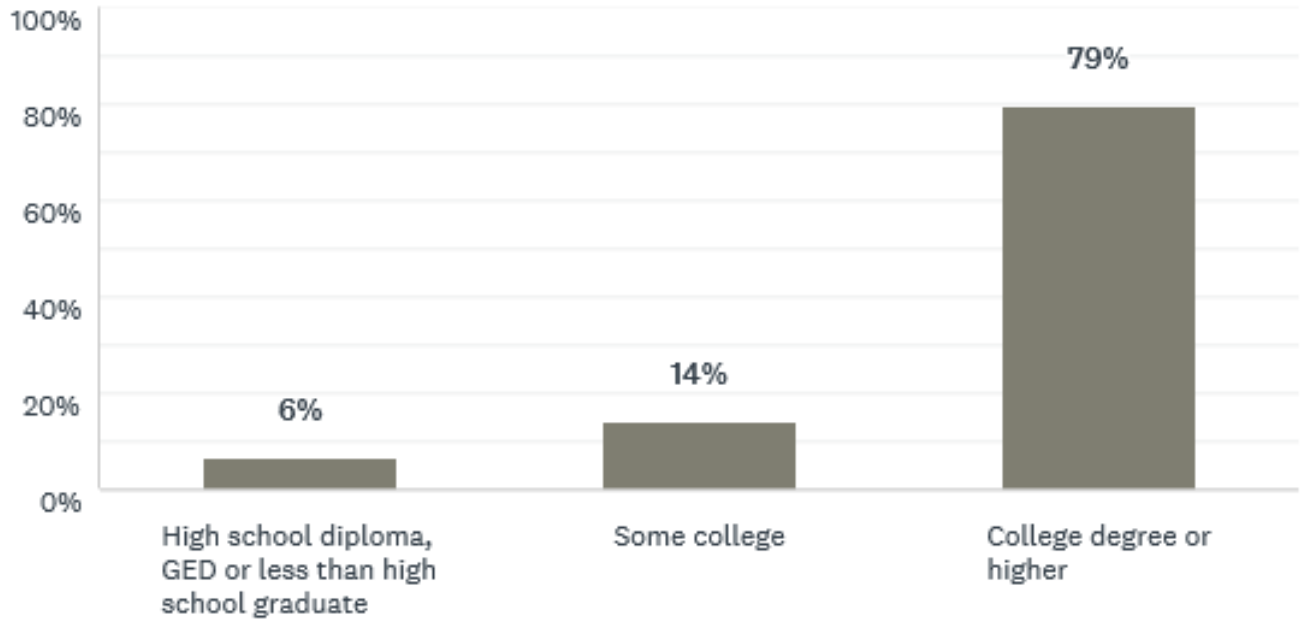
Online surveys (in both English and Spanish) were created in SurveyMonkey. The survey asked respondents to identify the top five issues (out of the original 14 identified by the PartnerSHIP) that need to be addressed to improve the health of their community. Respondents were asked to suggest strategies, programs or activities that could be leveraged to address the issues they selected. Respondents were also able to identify other issues, beyond the 14 provided, that were more important to them. Finally, to understand the unique needs of marginalized communities, respondents were asked how they identify their race/ethnicity, gender, sexual orientation, educational achievement, and experience with disability.

The OHA-PHD distributed the survey to community members through a number of networks, including but not limited to: Local and Tribal Public Health Departments, Coordinated Care Organizations and Consumer Advisory Councils, Federally Qualified Health Centers, members of the State Health Assessment Steering Committee and PartnerSHIP, the Public Health Advisory Board and Oregon Health Policy Board, Office of Rural Health, Early Learning Hubs, Regional Health Equity Coalitions, Disability Services Advisory Councils, state agencies (Oregon Housing and Community Services, Oregon Youth Authority, Department of Human Services, Department of Corrections, Oregon Department of Education, Department of Environmental Quality, and Oregon Department of Transportation), and over 100 social service and health care organizations serving marginalized communities. Finally, ads were purchased and survey links were shared via OHA's Facebook page. A unique survey link was also shared with staff within the Oregon Health Authority.

DEMOGRAPHICS - English Survey (n=1,487)

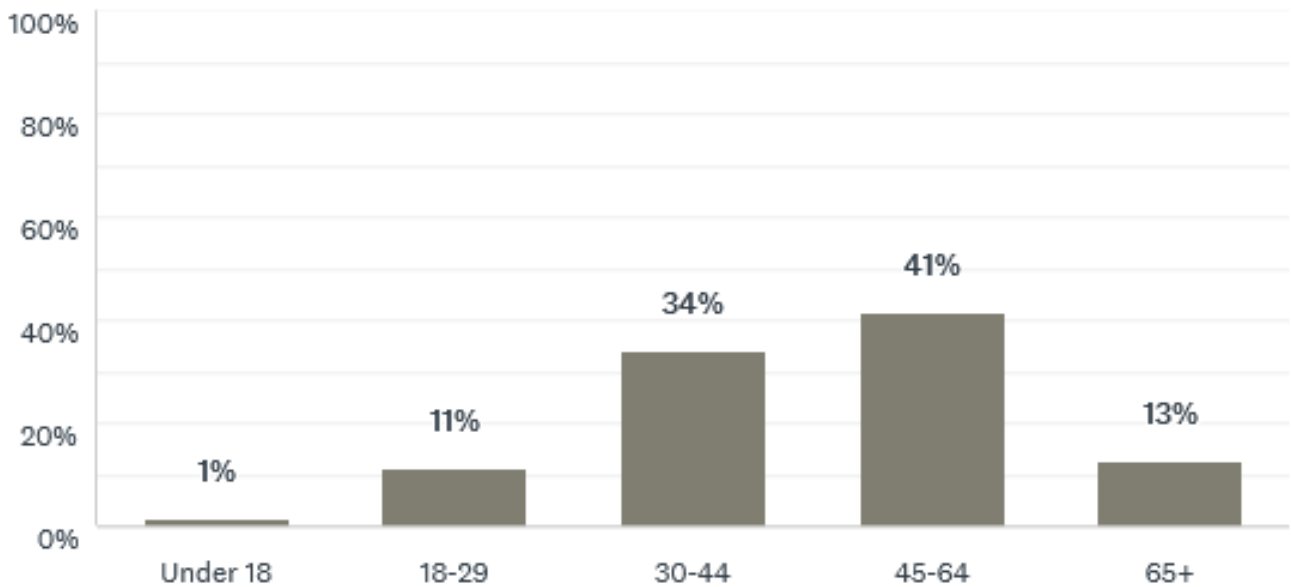
HIGHEST LEVEL OF EDUCATION (n=1,435)

Most people had a college degree.



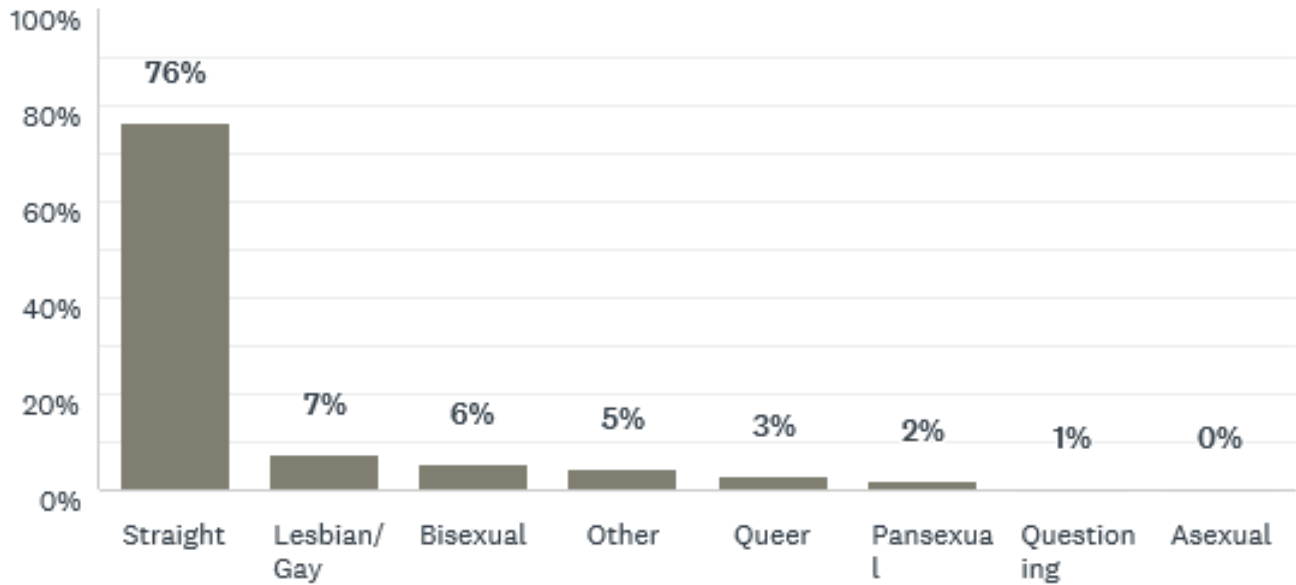
AGE (n=1,429)

Most people were between the ages of 30 and 64.



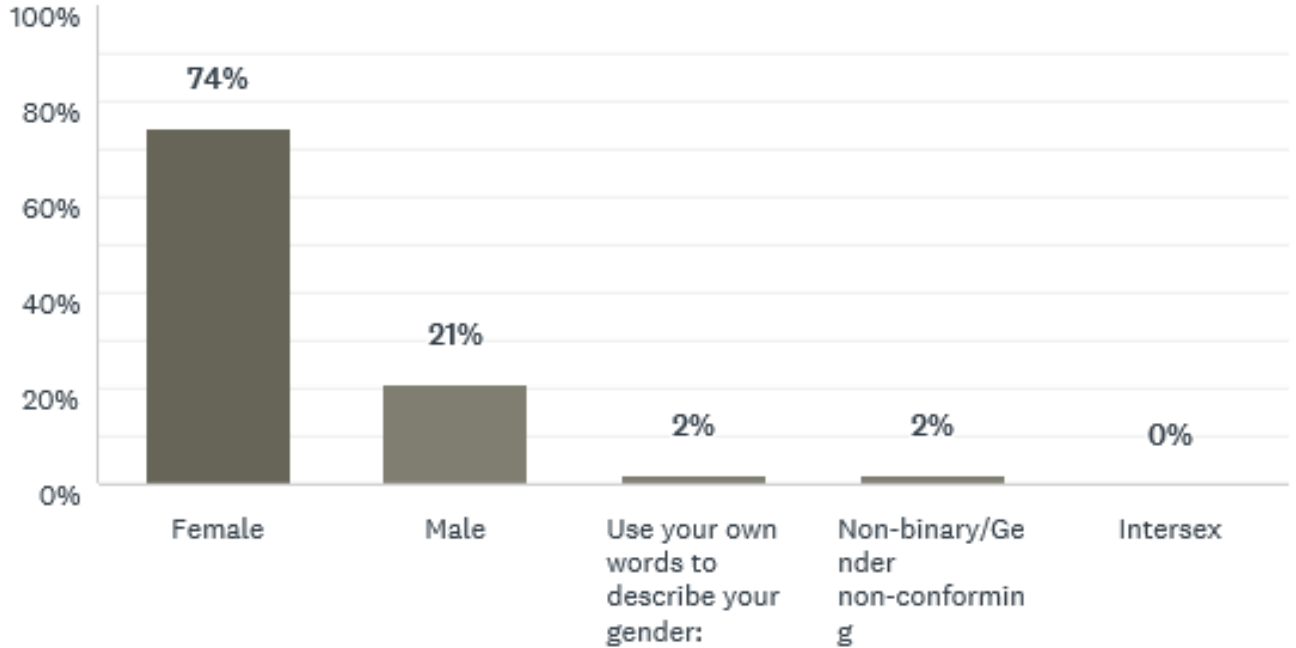
SEXUAL ORIENTATION (n=1,399)

A quarter of people identified as lesbian, gay, bisexual, queer, or other.



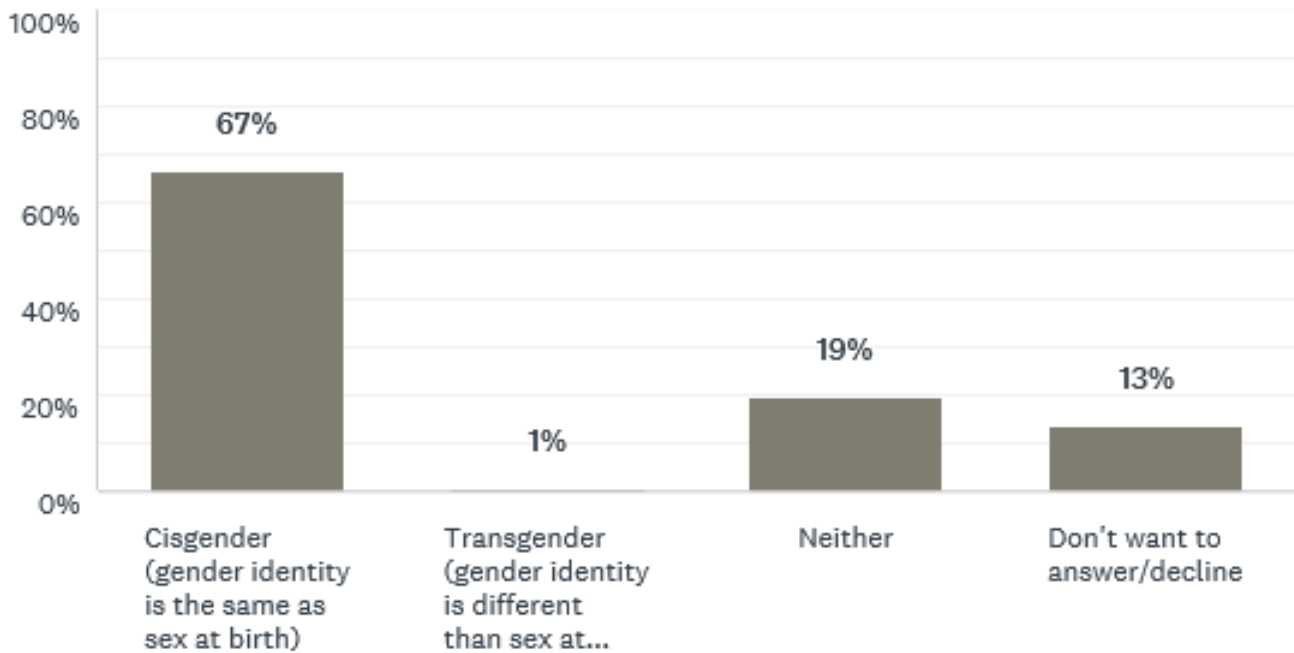
GENDER (n=1,429)

Most people identified as female.



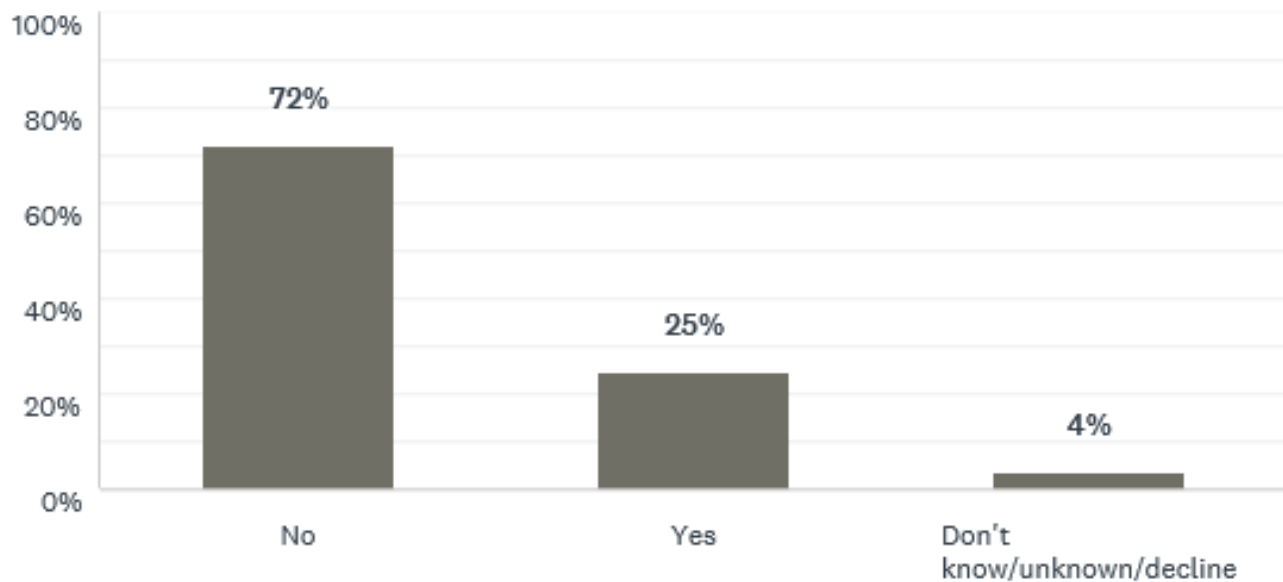
GENDER CIS/TRANS (n=715)

Most people identified as cis-gender (gender identify is the same as sex assigned at birth).



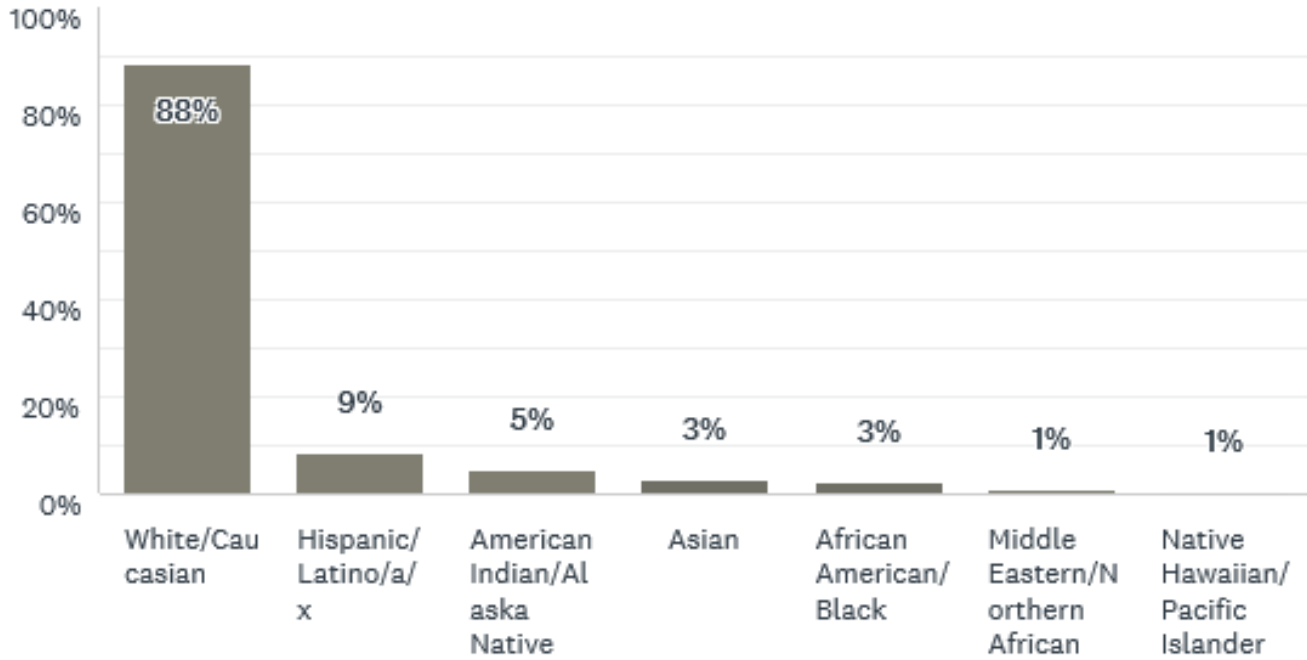
DISABILITY – Physical, mental or emotional condition limits activity (n=1,424)

A quarter of people said they have a physical, mental or emotional condition that limits their activity.



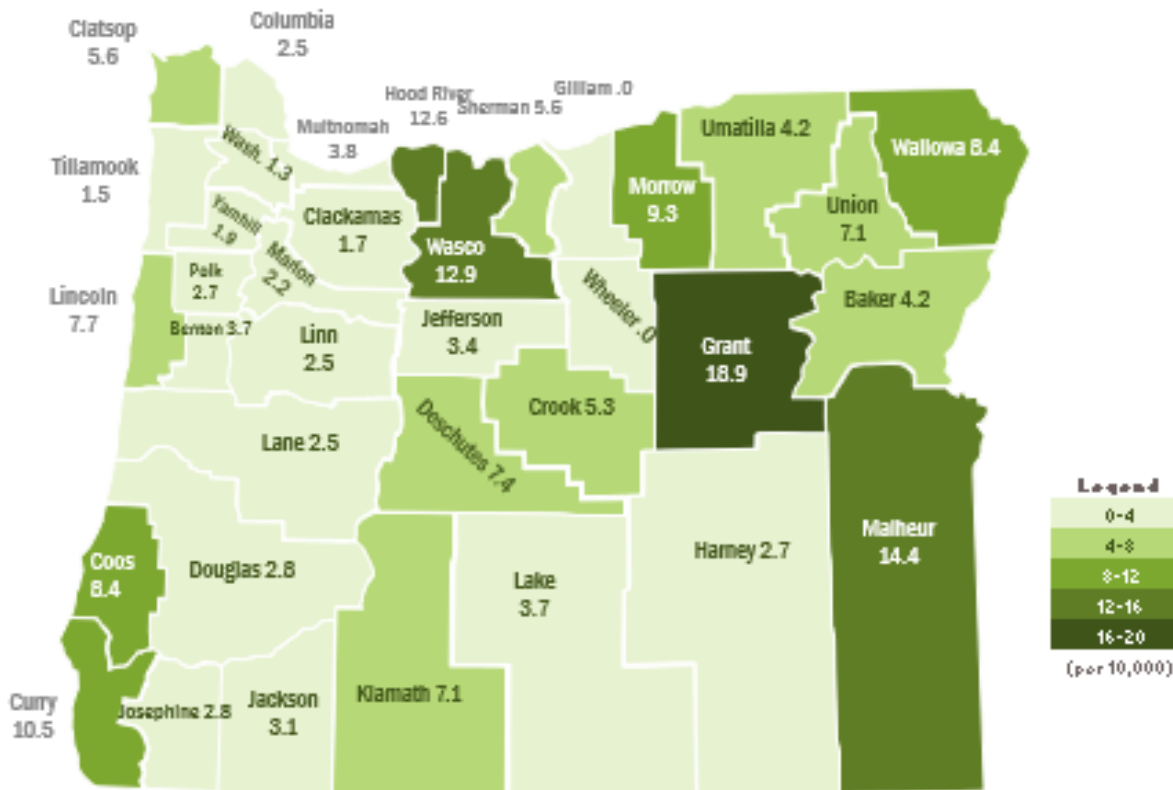
RACE/ETHNICITY (n=1,359)

Respondents were racially/ethnically representative of Oregon.



COUNTY OF RESIDENCE (n=1,427)

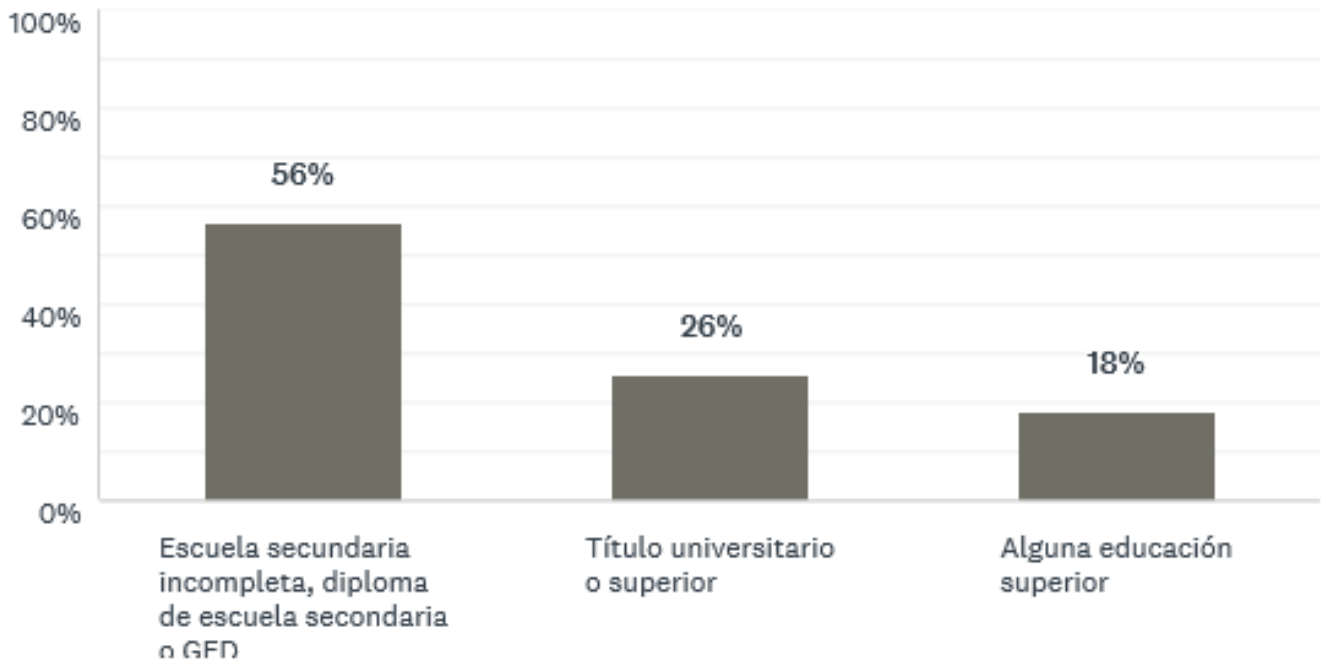
Ratio of responders to county population per 10,000



DEMOGRAPHICS – Spanish survey (n=39)

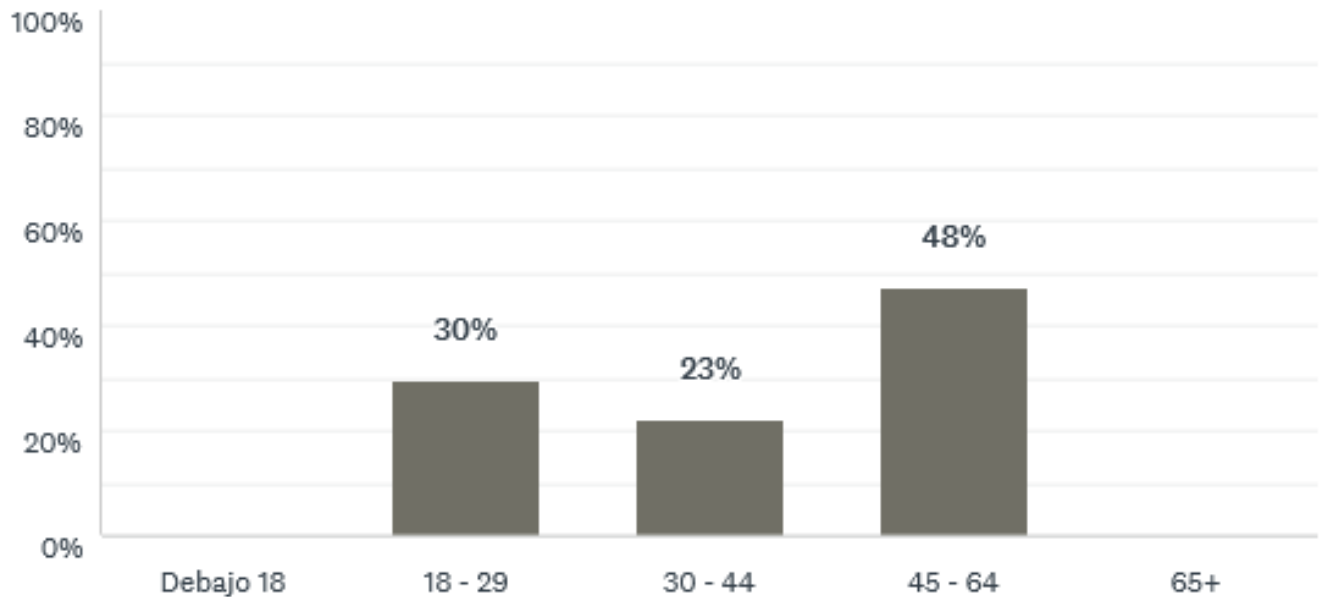
HIGHEST LEVEL OF EDUCATION (n=39)

More than half of people had a high school degree, GED, or less than a high school education.



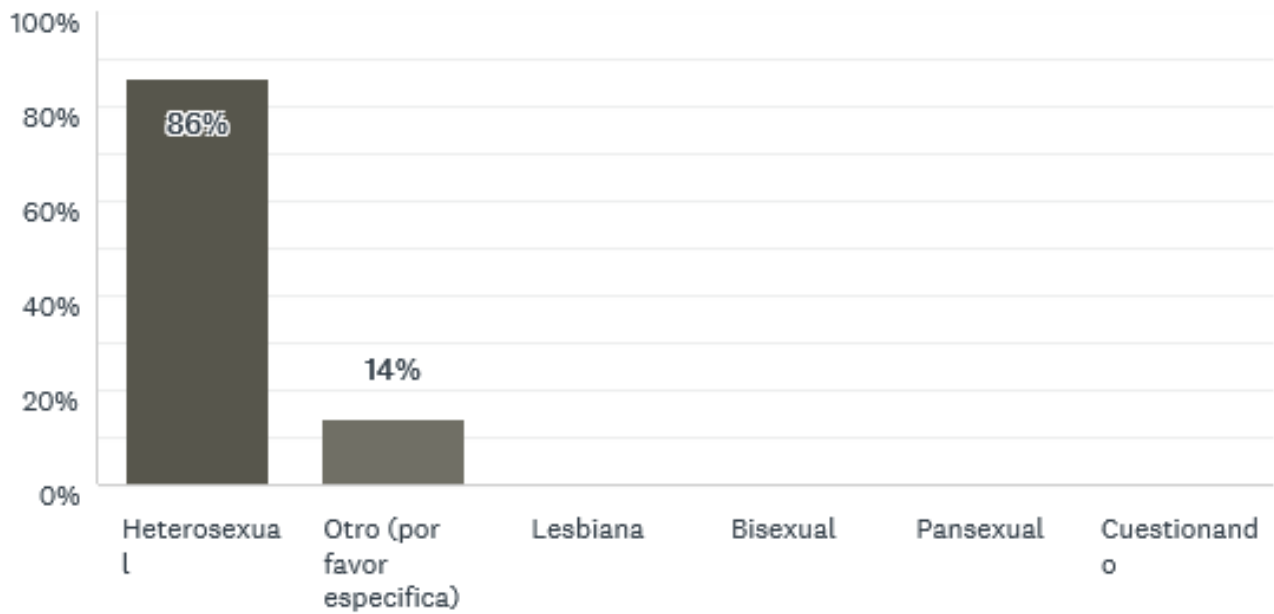
AGE (n=40)

Respondents were between 18 and 64 years of age.



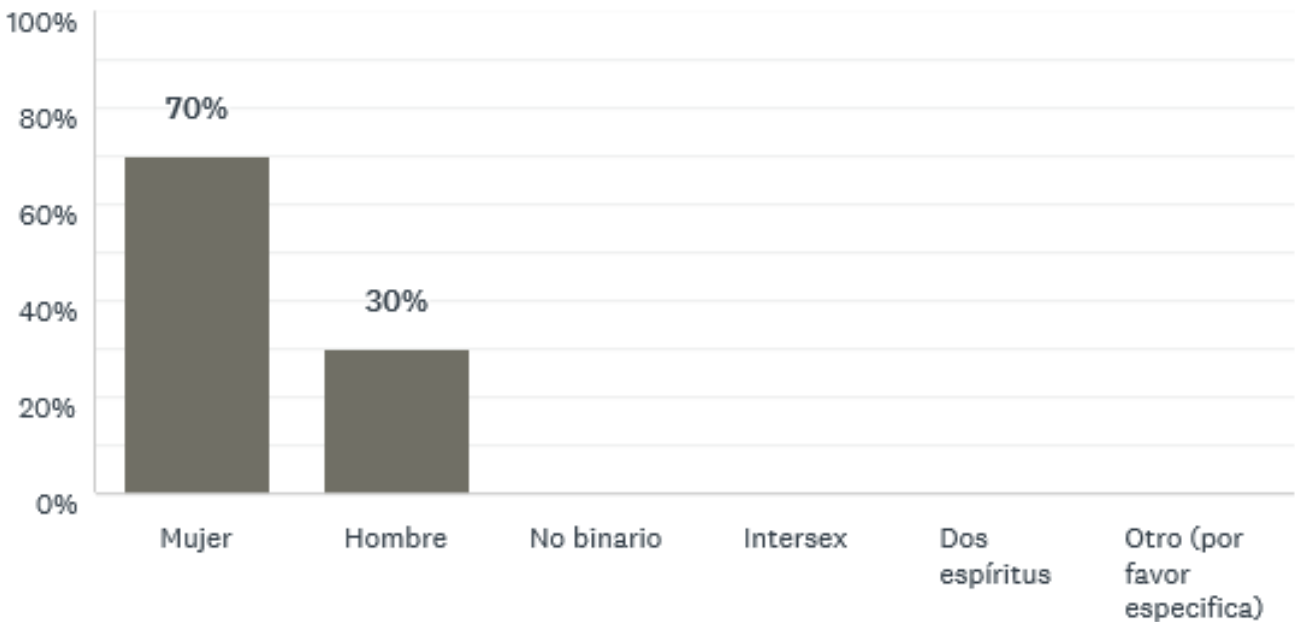
SEXUAL ORIENTATION (n=36)

Most people identified as heterosexual.



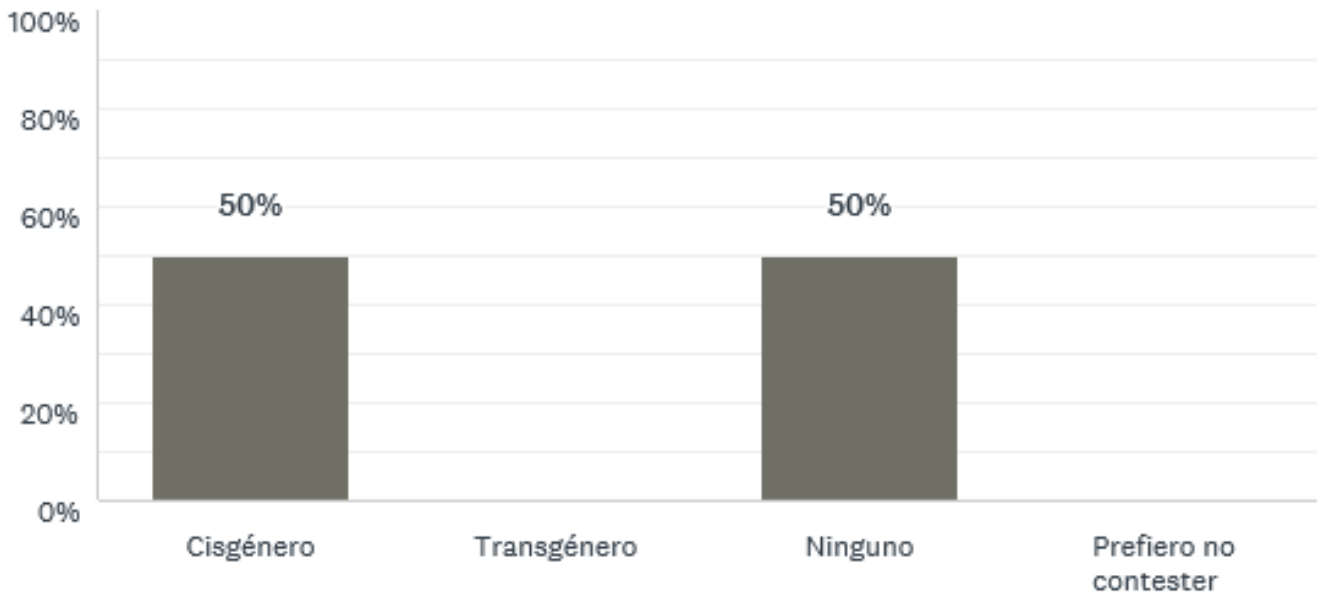
GENDER (n=40)

Most people identified as female.



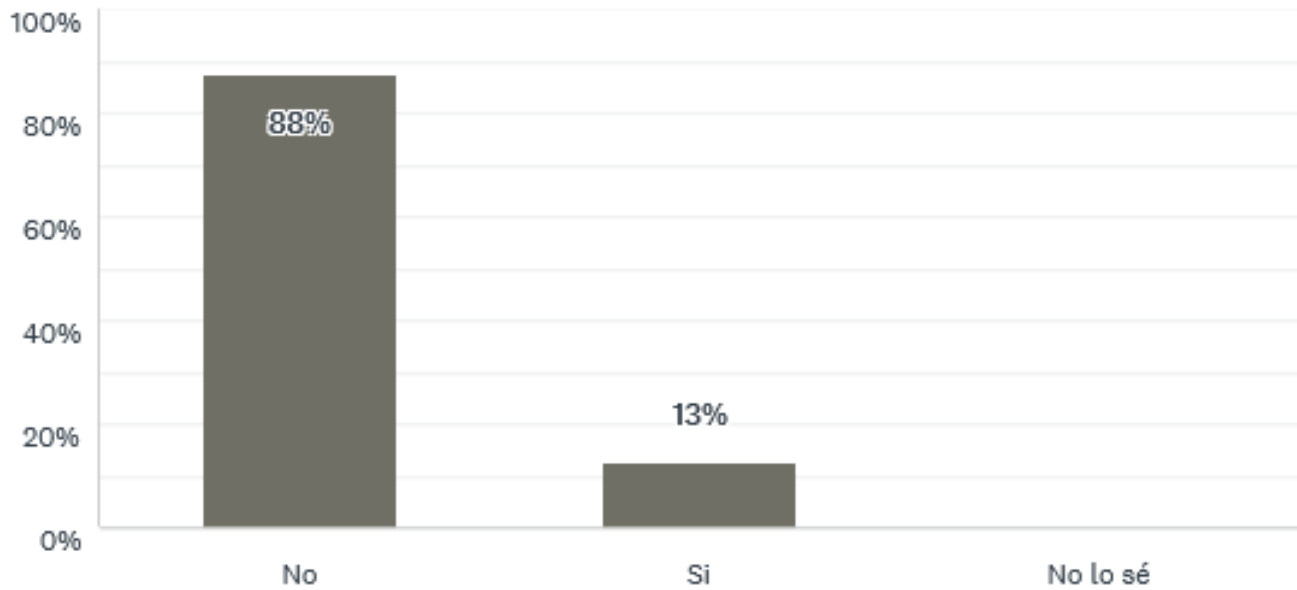
GENDER CIS/TRANS (n=8)

No one identified as trans-gender (gender identity different than sex assigned at birth).



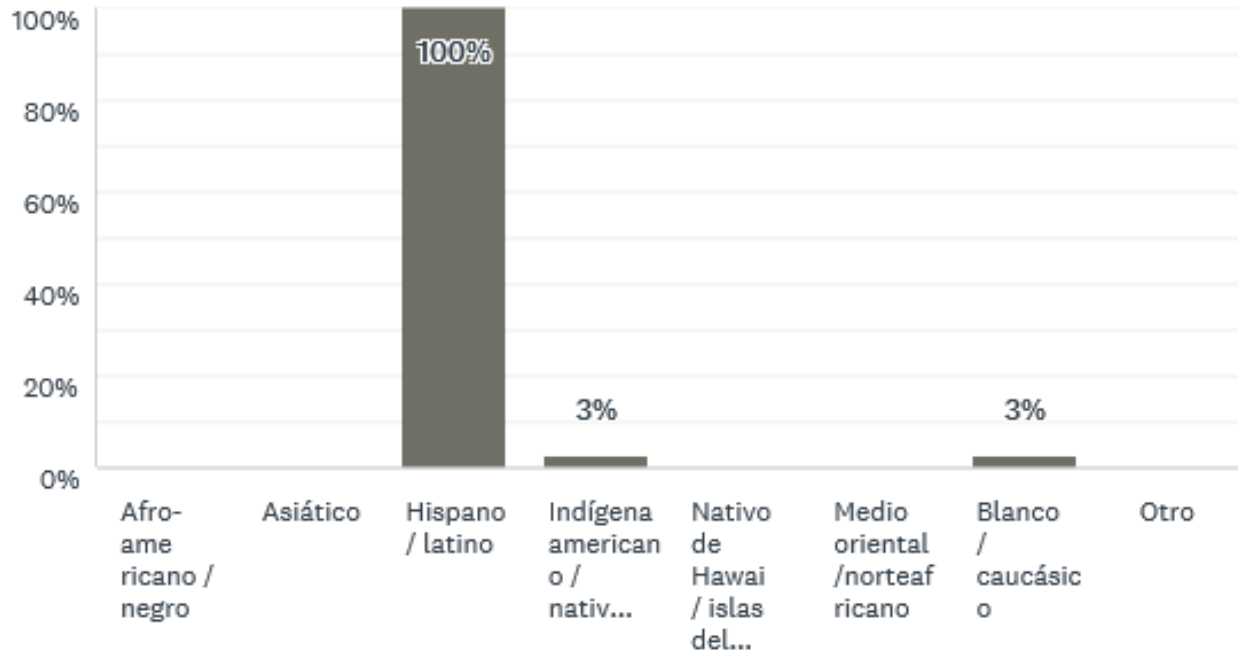
DISABILITY (n=40)

Most people did not identify as a person with a disability.



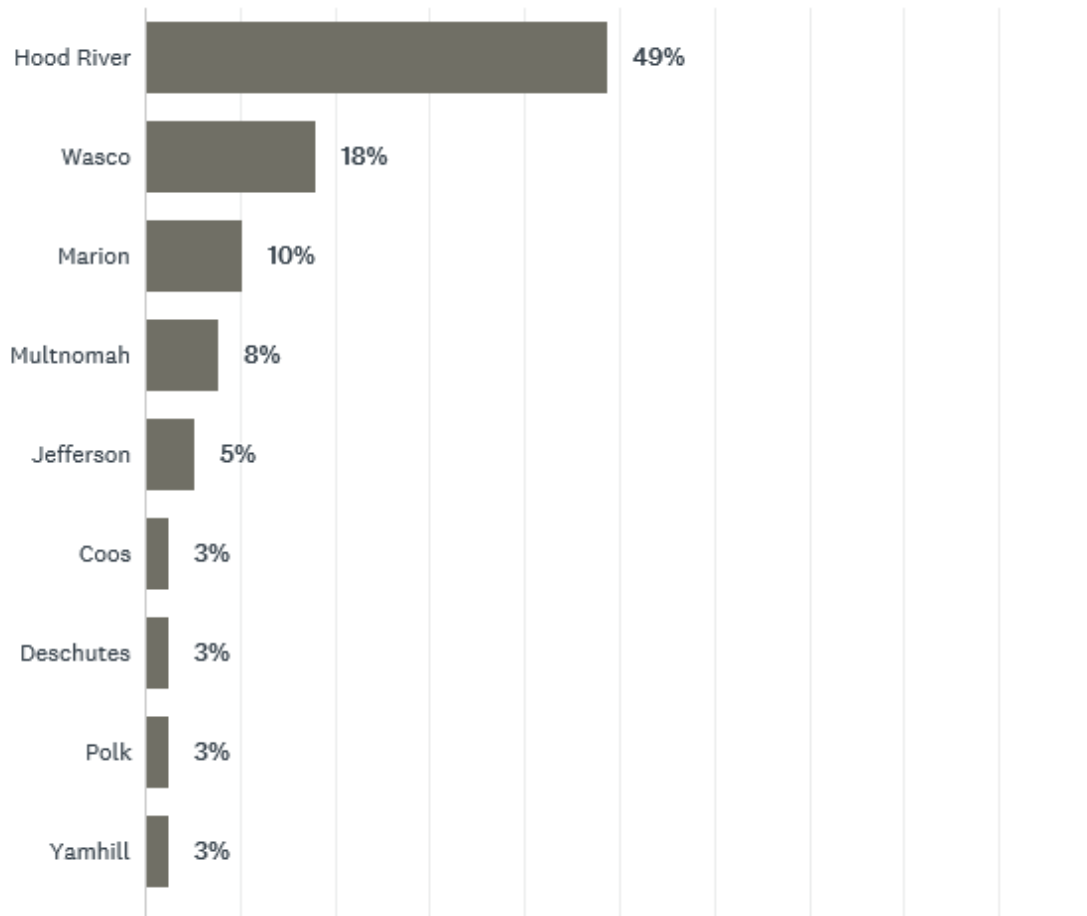
RACE/ETHNICITY (n=40)

All respondents to the Spanish survey identified as Hispanic/Latino.



COUNTY OF RESIDENCE (n=39)

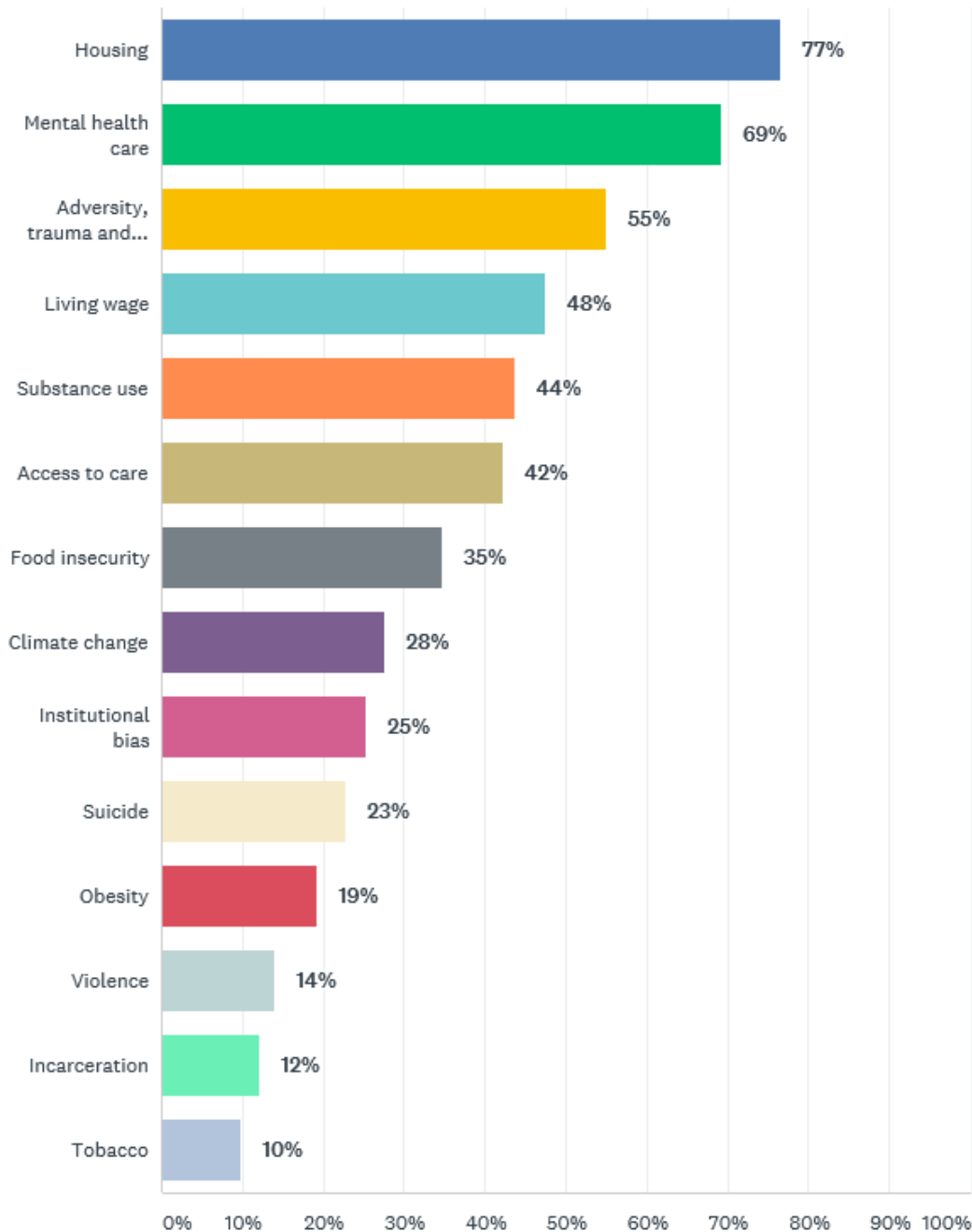
Most people live in Hood River county.



Select the top 5 issues you think need to be addressed in order to improve the health of your community?

Across all respondents to the English survey, the top six issues were housing, access to mental health, ACEs, trauma and toxic stress, living wage, substance use and access to care.

ALL RESPONDENTS – English (n=1,487)

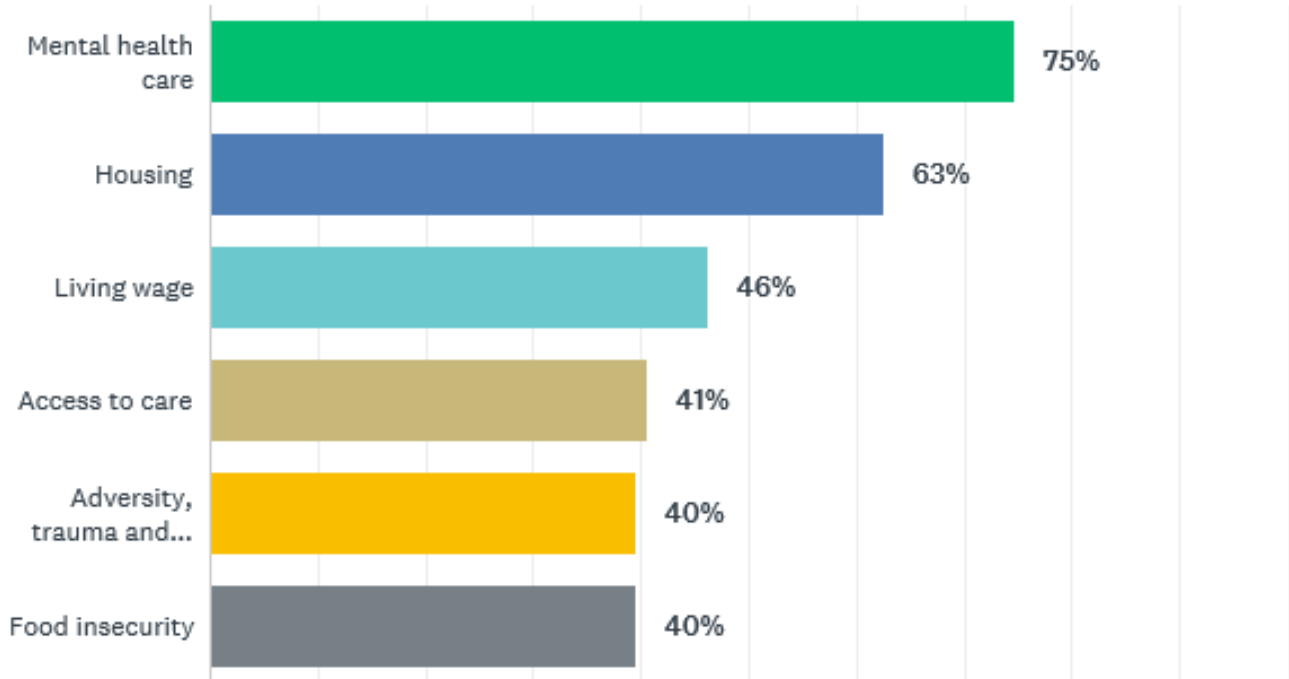


RESULTS BY PRIORITY POPULATIONS

To understand the primary issues among priority populations, we looked at results by different subgroups. With some exceptions (namely food insecurity and institutional bias), the top 6 issues (housing, mental health, ACEs/trauma, living wage, access to care and substance use) were consistent across all respondents.

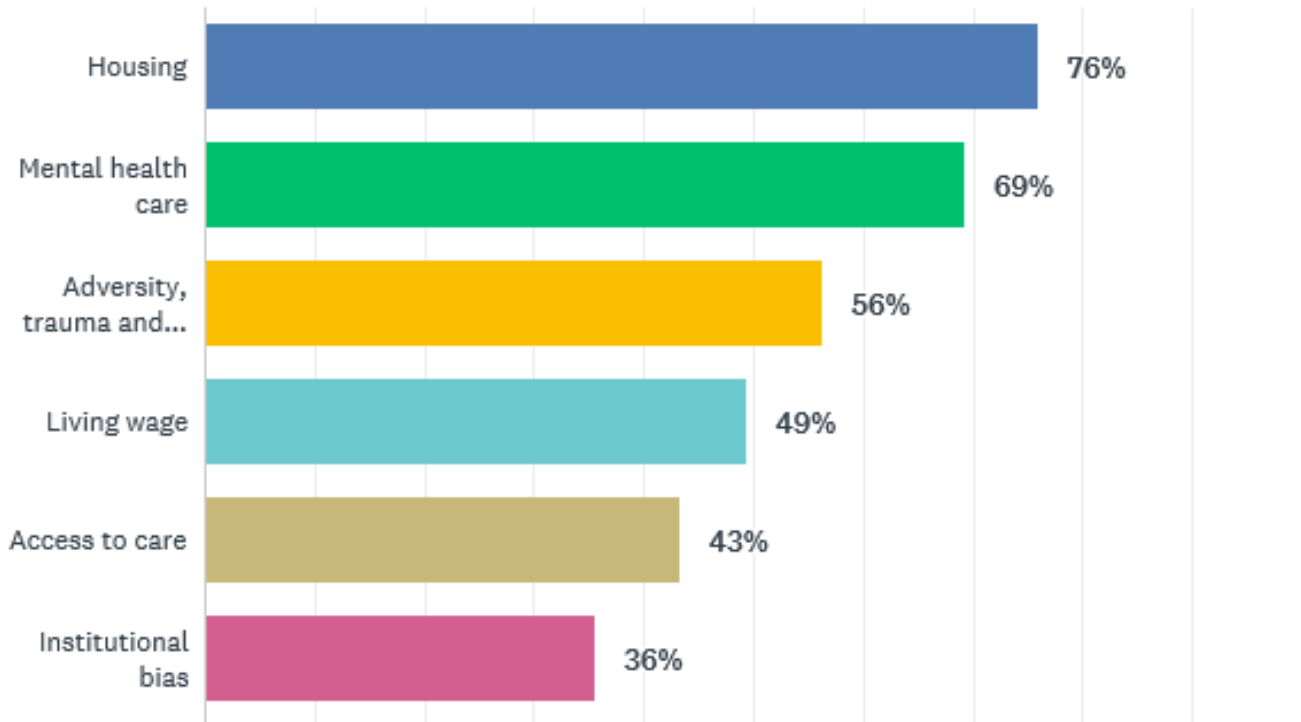
BY EDUCATION (high school diploma, GED or less than high school) (n=91)

Among respondents with less education, food insecurity was ranked higher than substance use.



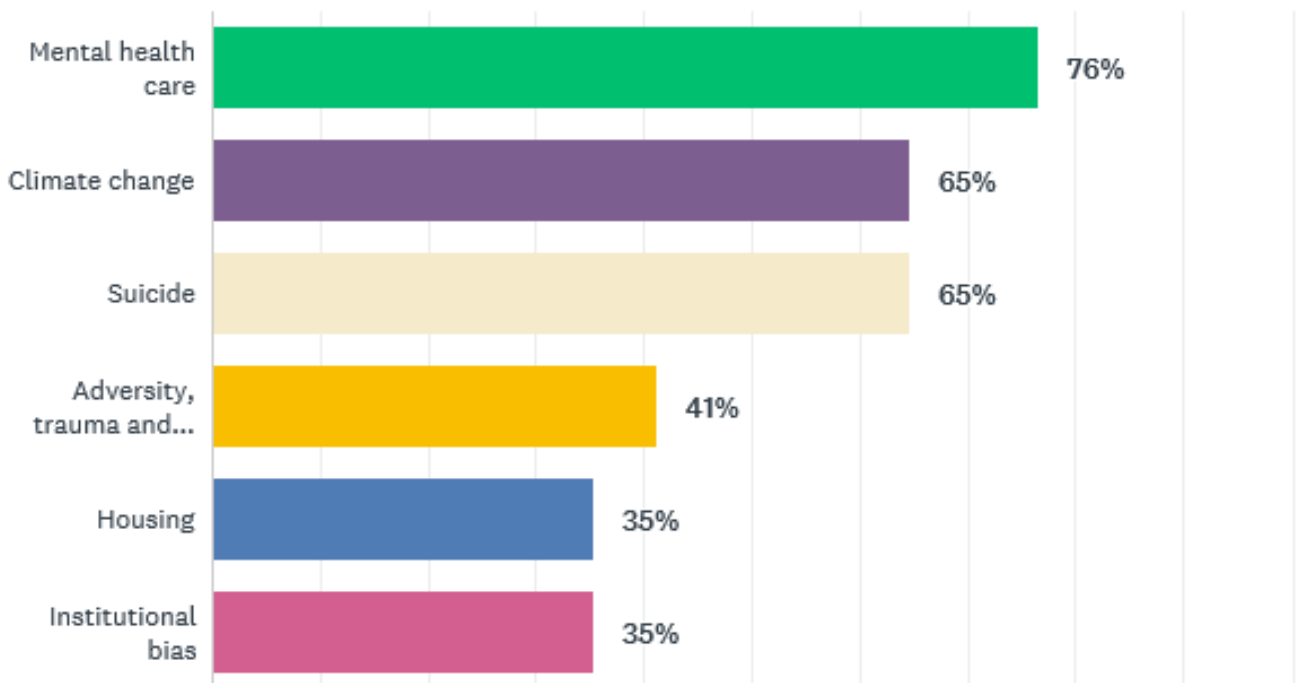
BY SEXUAL ORIENTATION (non-straight identified) (n=332)

Among respondents who identified as lesbian, gay, bisexual, queer, or other, institutional bias was ranked higher than substance use.



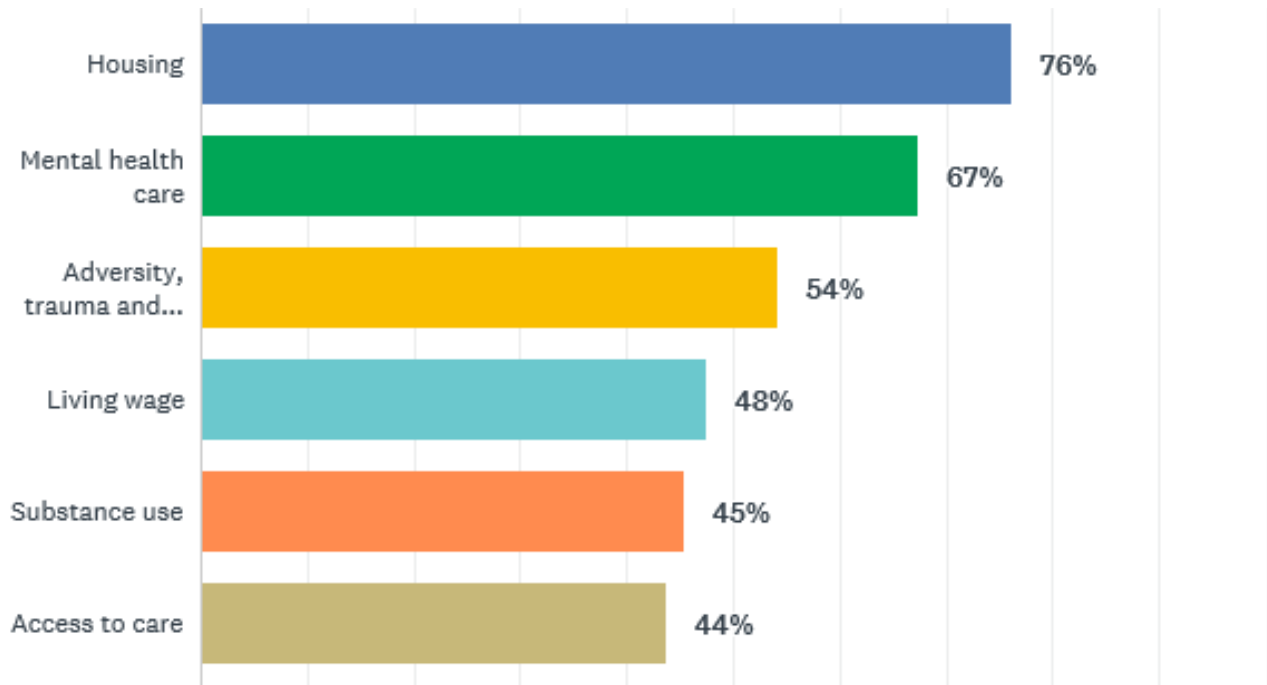
BY AGE – YOUTH (<18) (n=17)

Among youth, climate change, suicide and institutional bias were ranked higher than access to care, living wage or substance use.



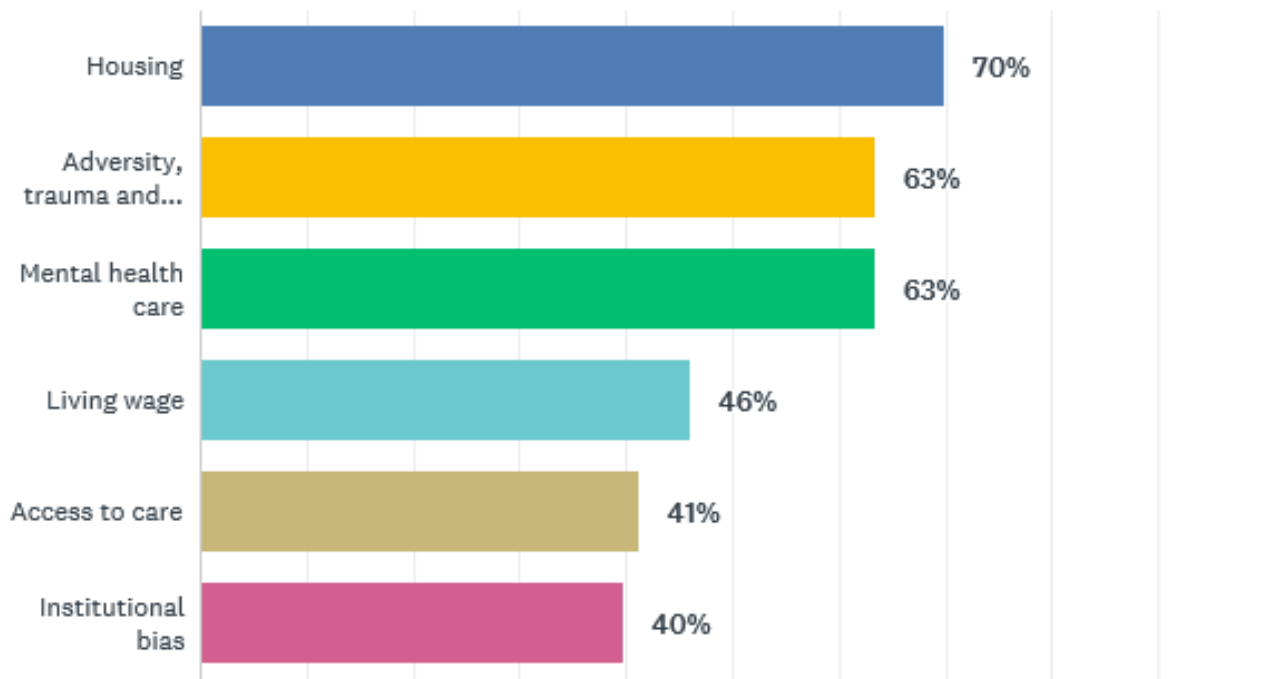
BY AGE – OLDER ADULTS (65+) (n=181)

There was no difference in the top issues when looking at responses from older adults.



BY GENDER – NON-BINARY (n=62)

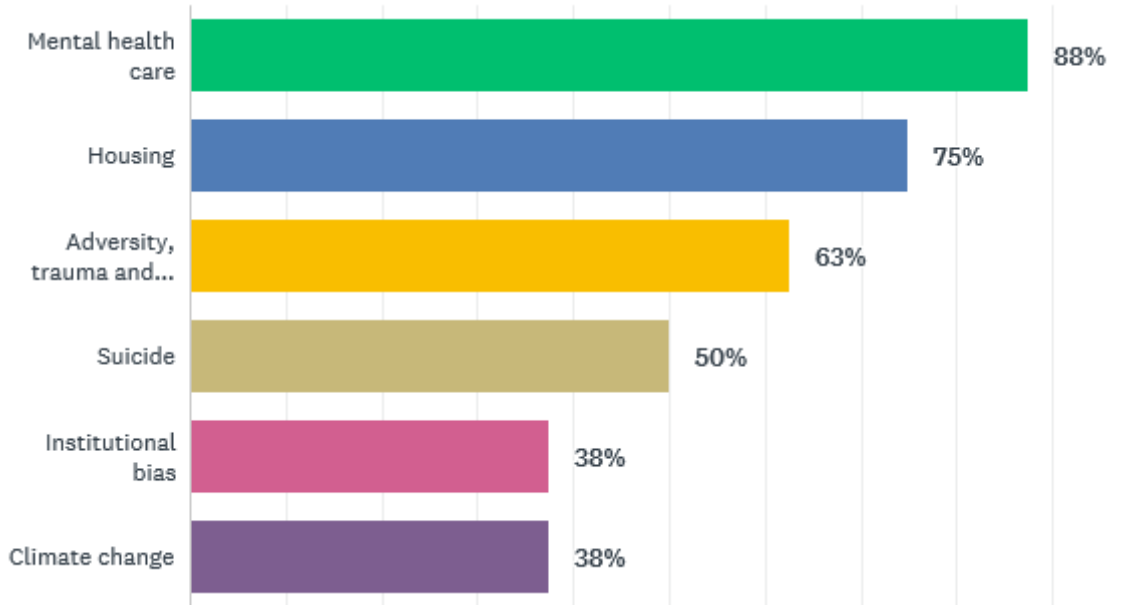
Among respondents who identified as non-binary (or something other than male or female), institutional bias was ranked higher than substance use.



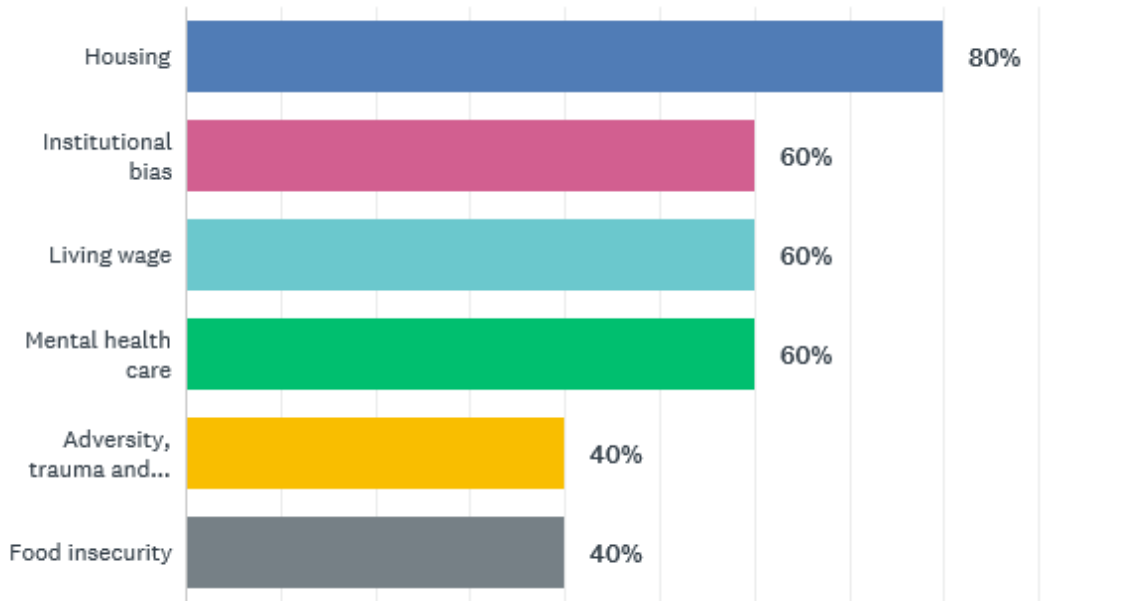
BY GENDER – TRANS IDENTIFIED (n=13)¹

Among respondents who identified as transgender, suicide, institutional bias, climate change, and food insecurity came into the top six.

Design 1



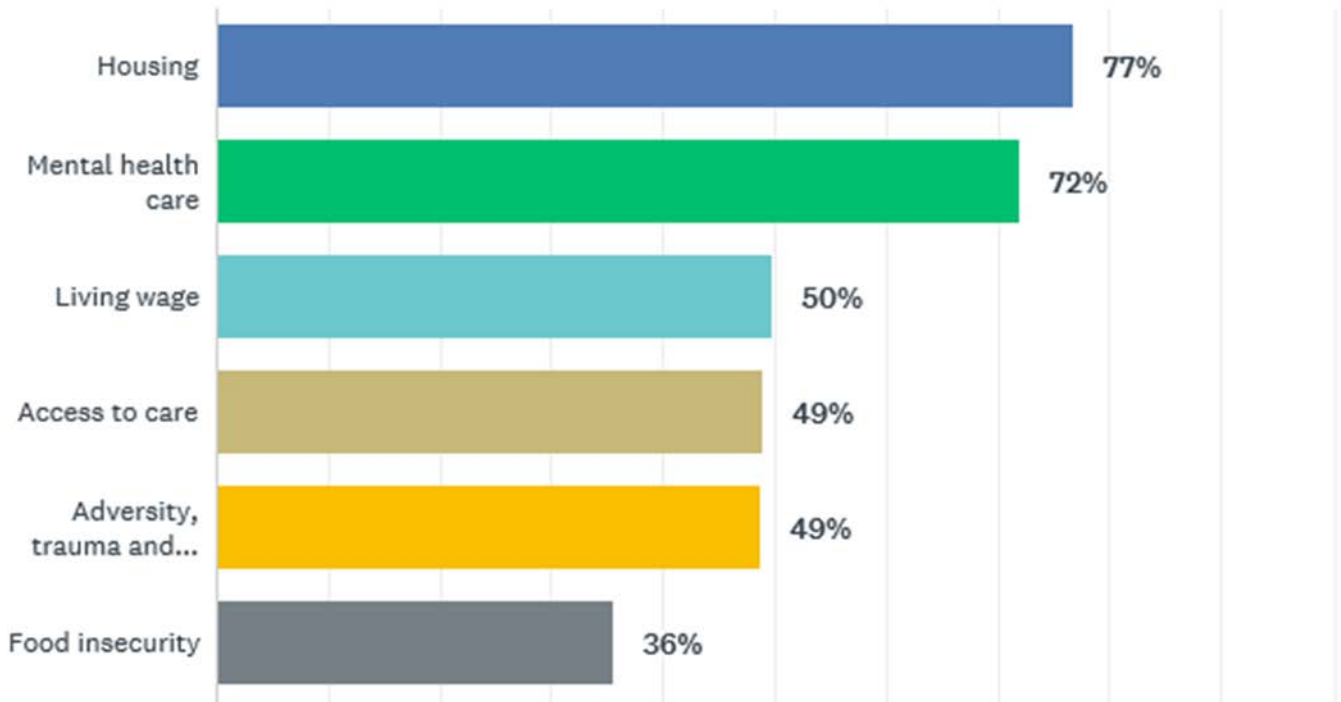
Design 2



¹ A change in survey design was made to make the tool more culturally responsive. Because the change was made after data collection had begun, priorities identified by trans identified respondents are provided in two charts.

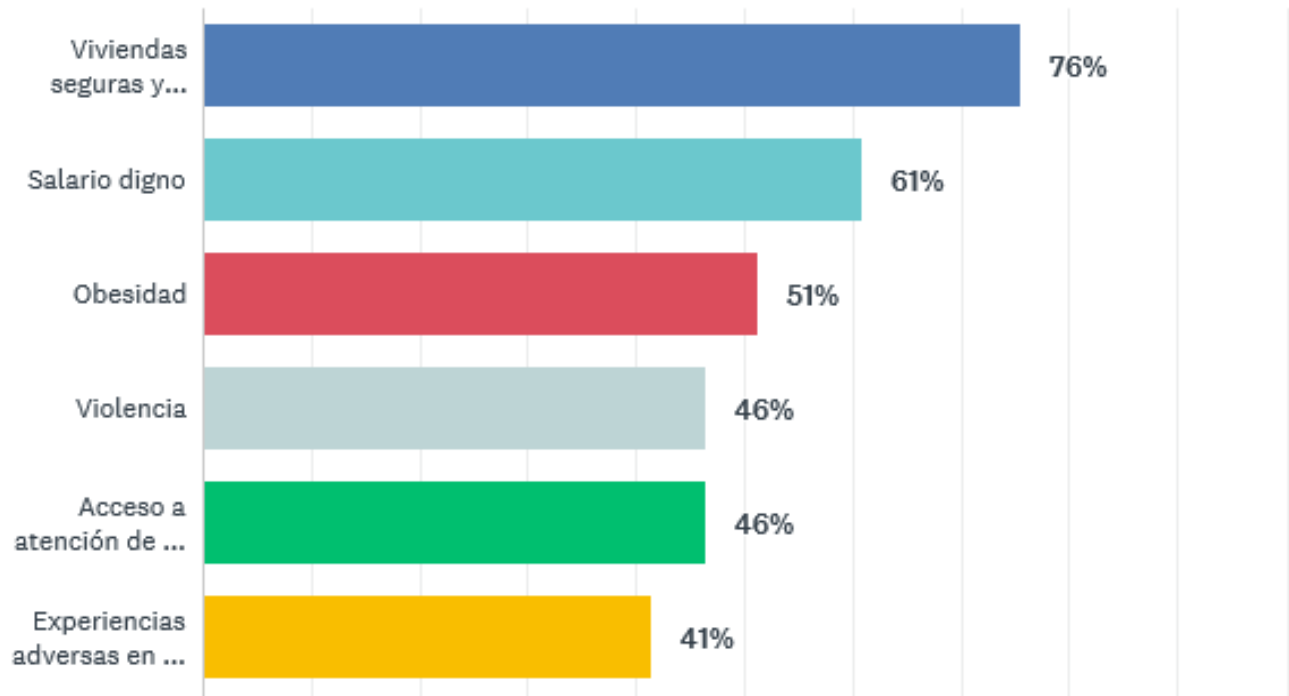
DISABILITY – DOES PHYSICAL, MENTAL OR EMOTIONAL CONDITION LIMIT YOUR ACTIVITIES (n=349)

Among those who identified as having a disability, food insecurity was ranked higher than substance use.



BY LANGUAGE – SPANISH SPEAKING (n=41)²

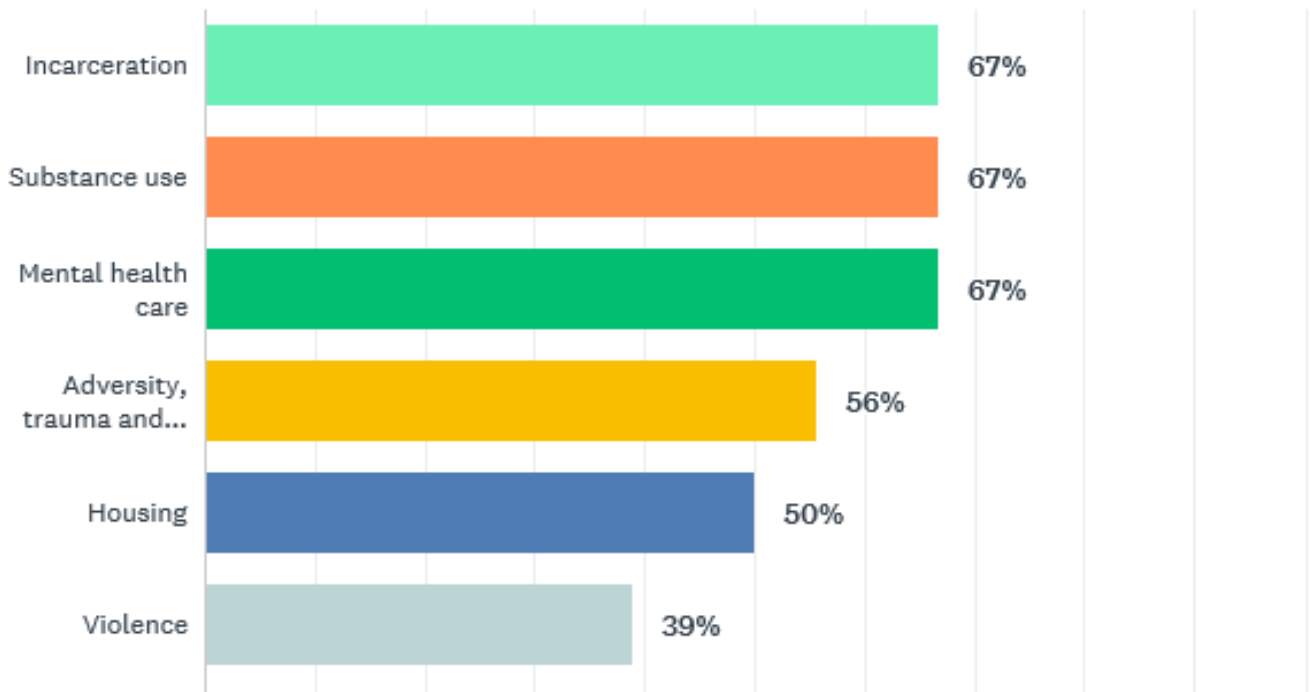
Among those who responded to the Spanish survey, obesity and violence were in the top six instead of substance use and access to care.



² Housing, living wage, obesity, violence, access to mental health, trauma and ACEs

CURRENTLY INCARCERATED (n=18)

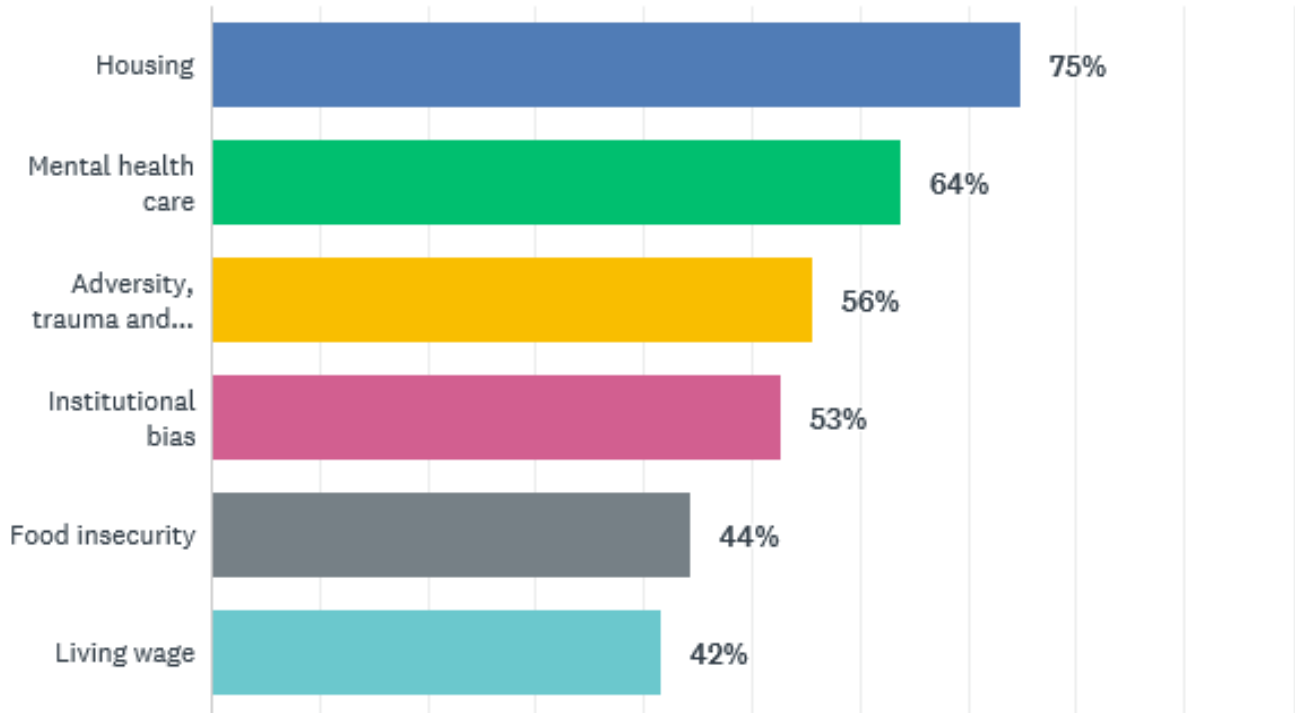
With help from the Department of Corrections, 18 surveys were completed by persons serving time in a state prison. Among those respondents, incarceration and violence were in the top six instead of access to care and living wage.



BY RACE/ETHNICITY

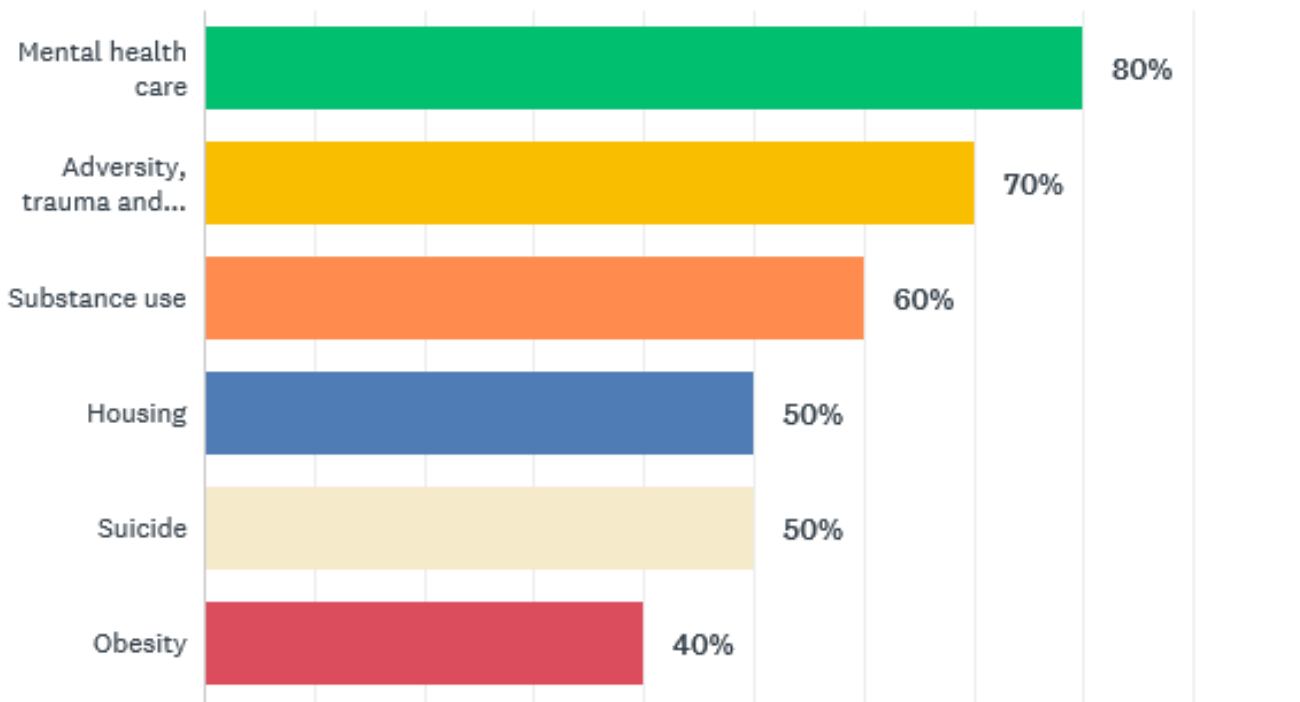
AFRICAN AMERICAN/BLACK (n=36)

Among respondents who identified as African American/Black, institutional bias and food insecurity were in the top six instead of substance use and access to care.



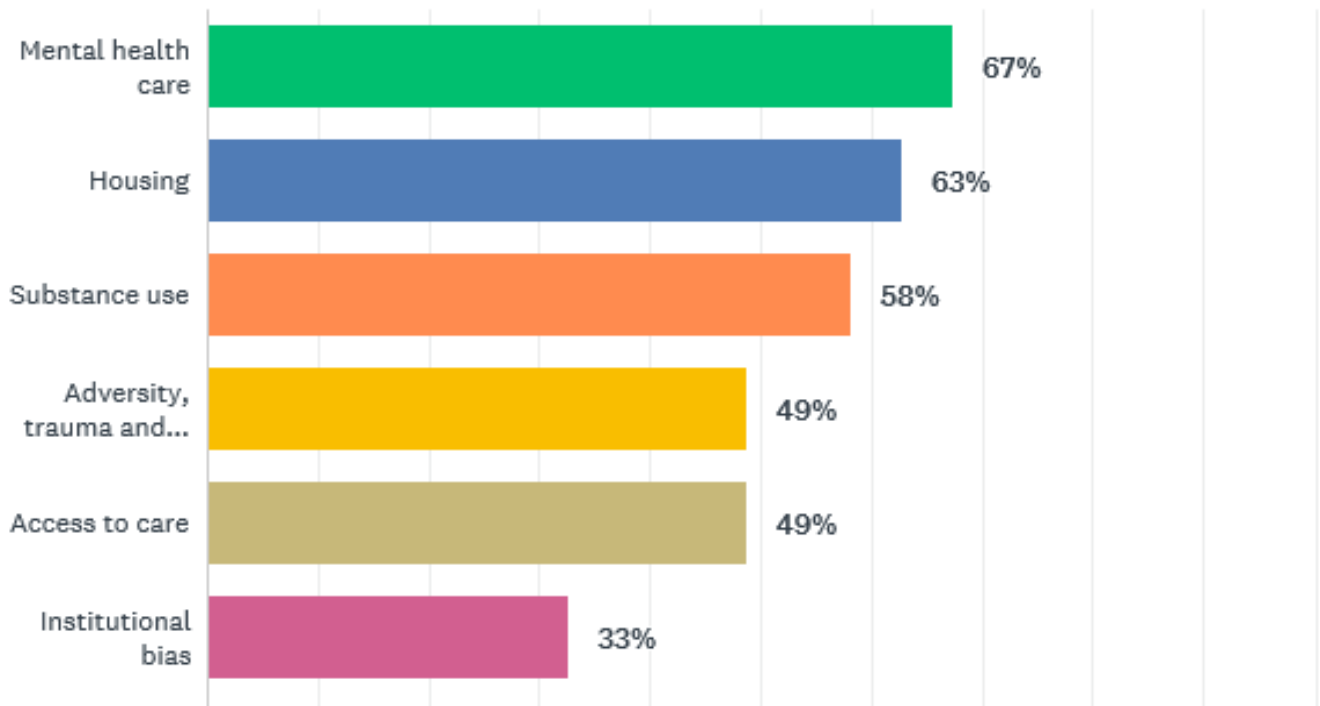
NATIVE HAWAIIAN/PACIFIC ISLANDER (n=10)

Among respondents who identified as Native Hawaiian/Pacific Islander, suicide and obesity were in the top six instead of access to care and living wage.



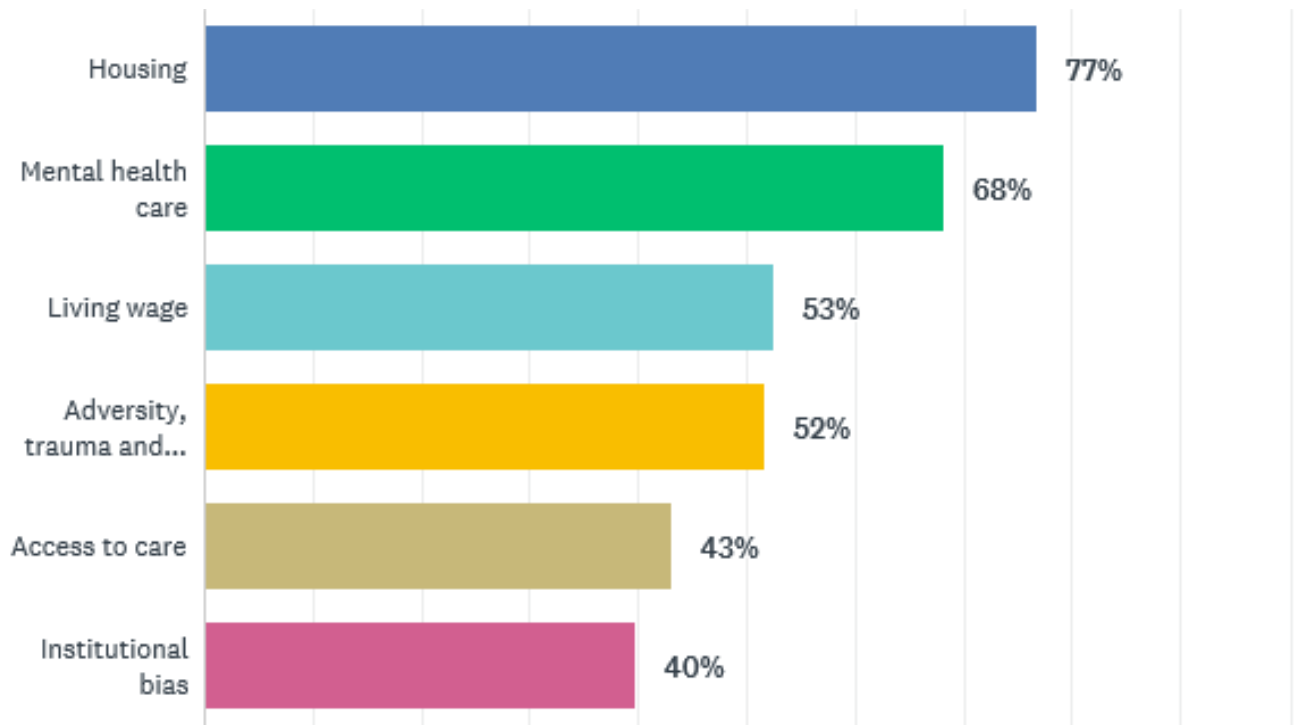
ASIAN (n=43)

Among respondents who identified as Asian, institutional bias was in the top six instead of living wage.



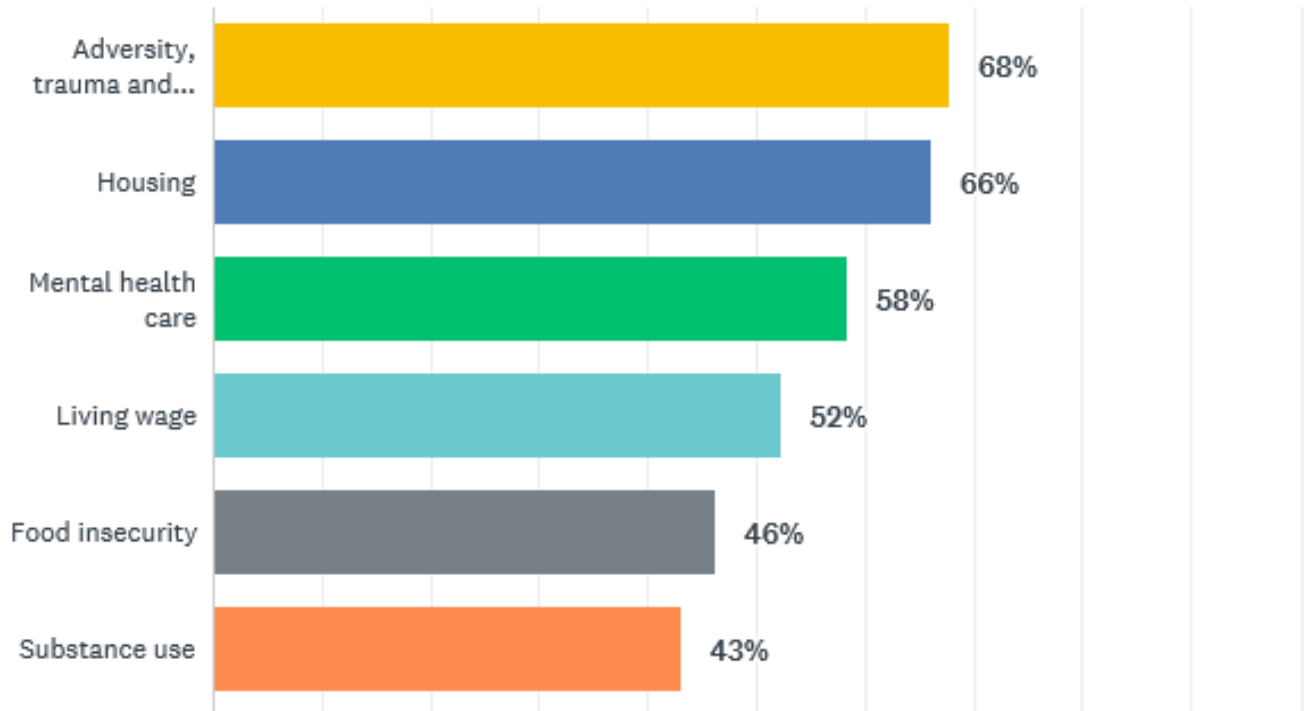
LATINX (n=116)

Among Latinx identified respondents, institutional bias was in the top six instead of substance use.



AMERICAN INDIAN/ALASKA NATIVE (n=65)

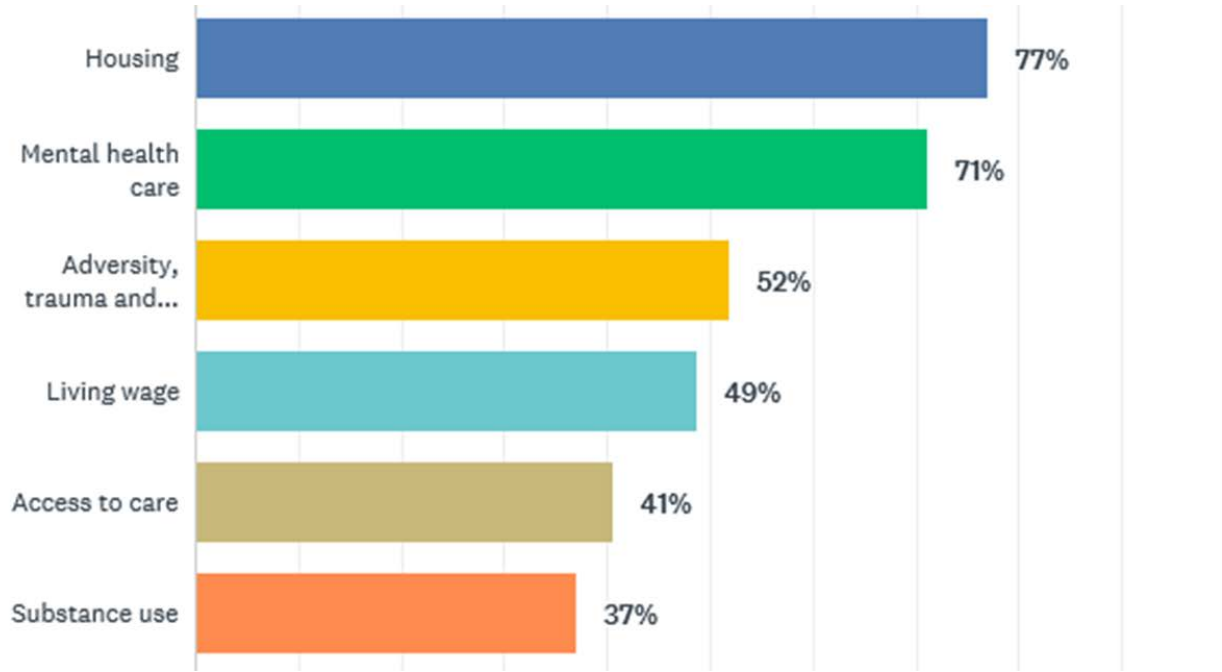
Among American Indian/Alaska Native identified respondents, food insecurity was in the top six instead of access to care.



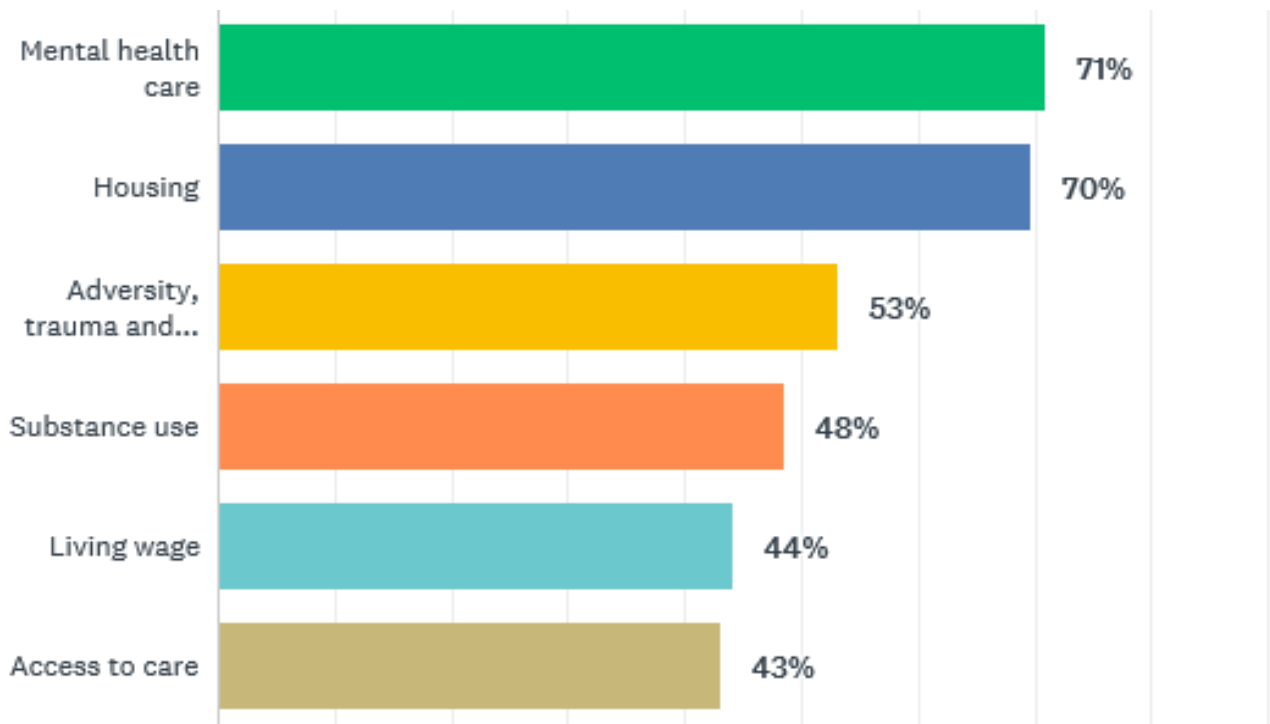
GEOGRAPHY

When looking at responses by geography, there was no difference in the top six issues when compared to all responses.

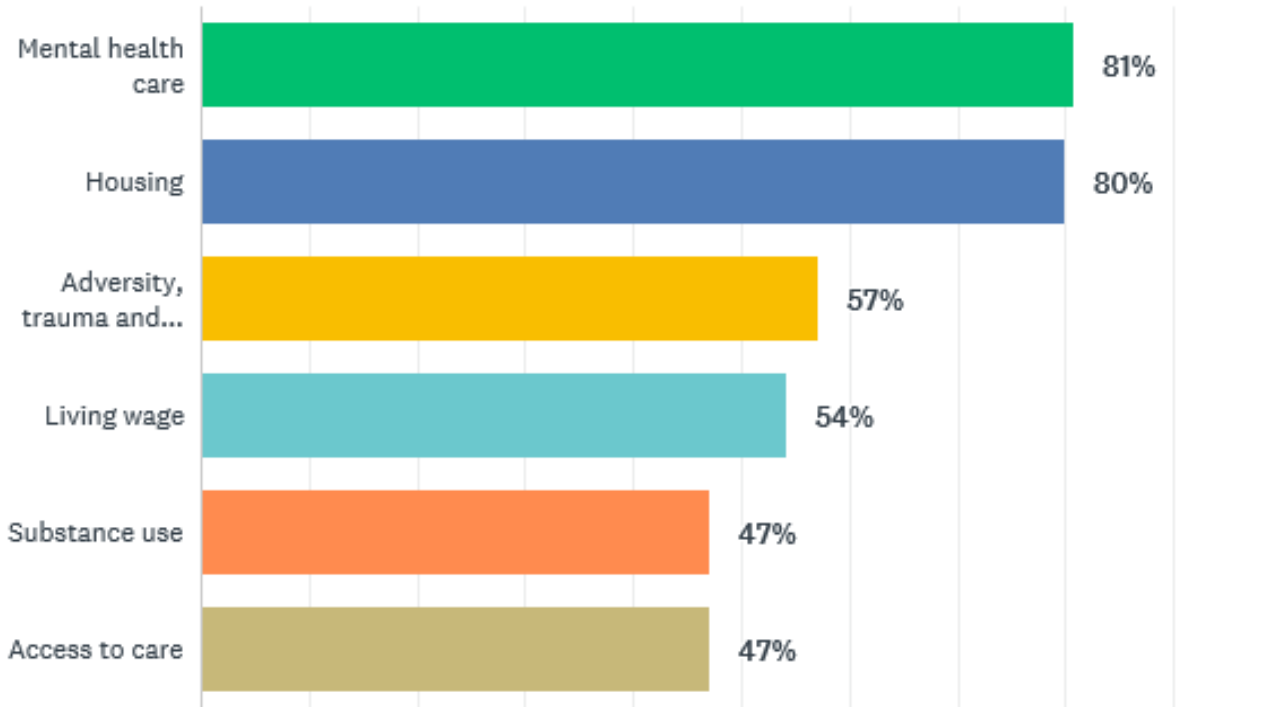
PORTLAND METRO (n=491)



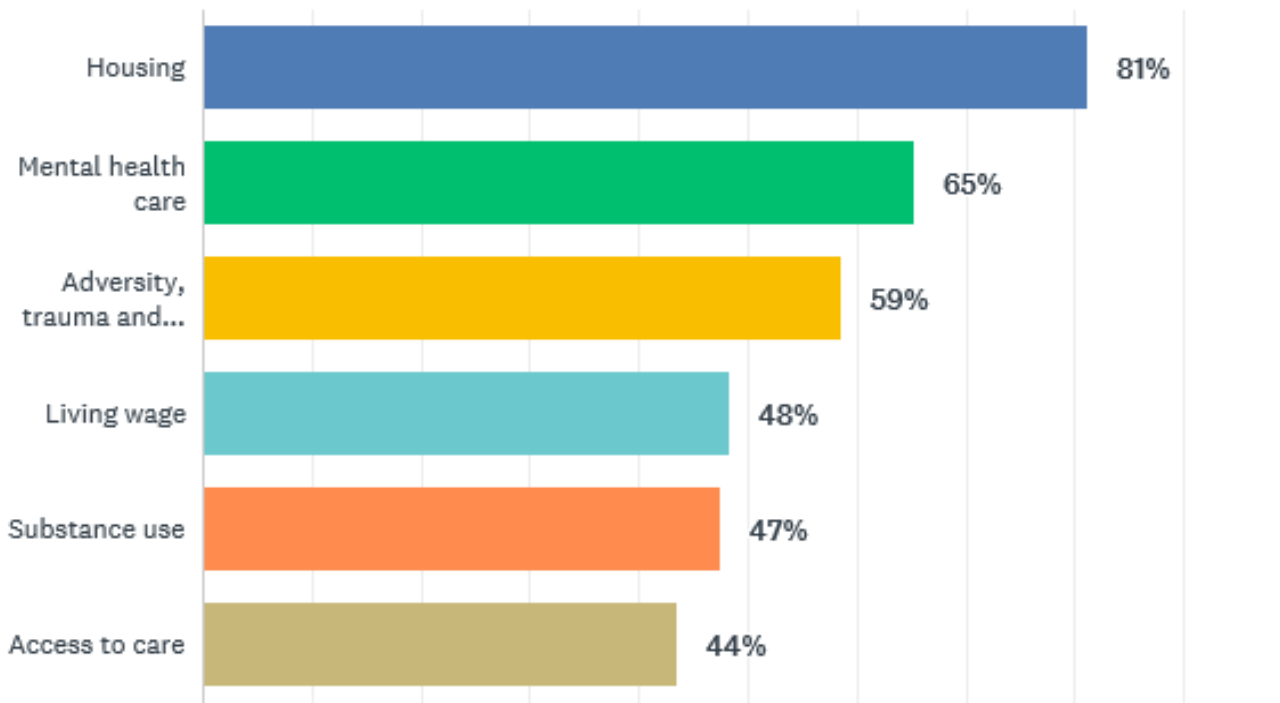
COLUMBIA/EASTERN OREGON (n=258)



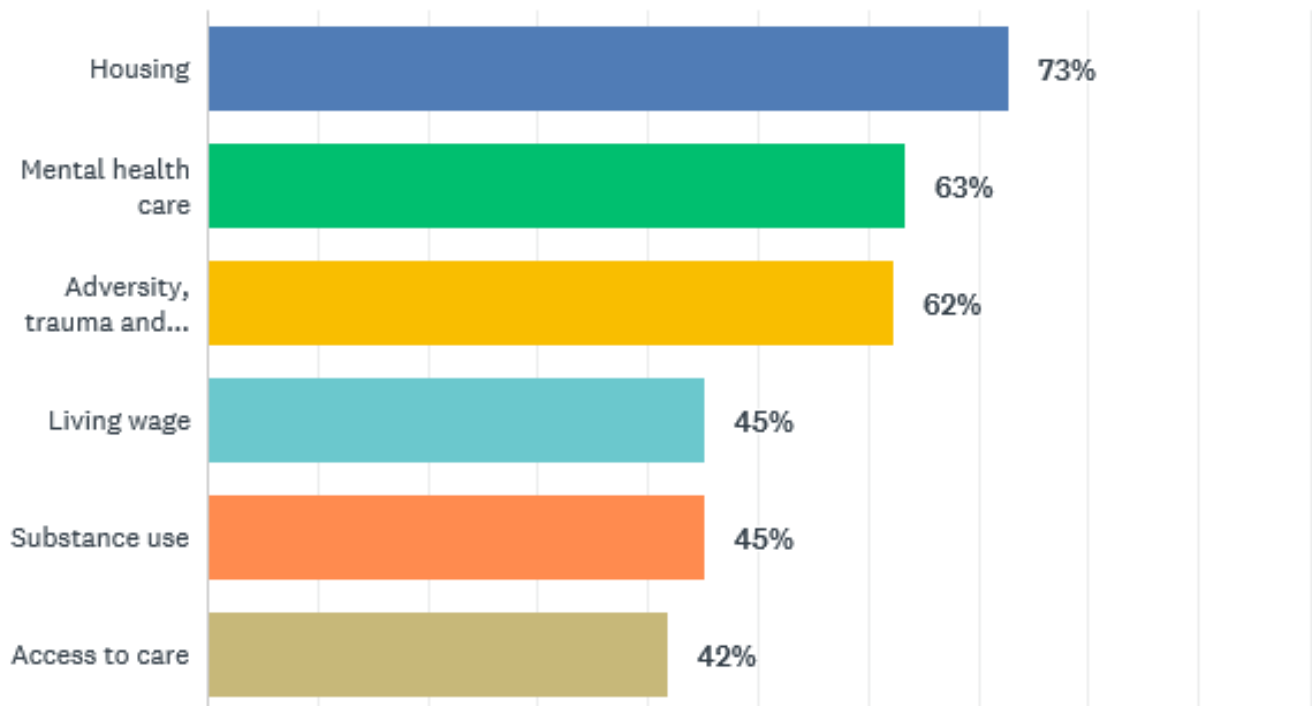
COASTAL (n=140)



I-5 CORRIDOR (n=379)

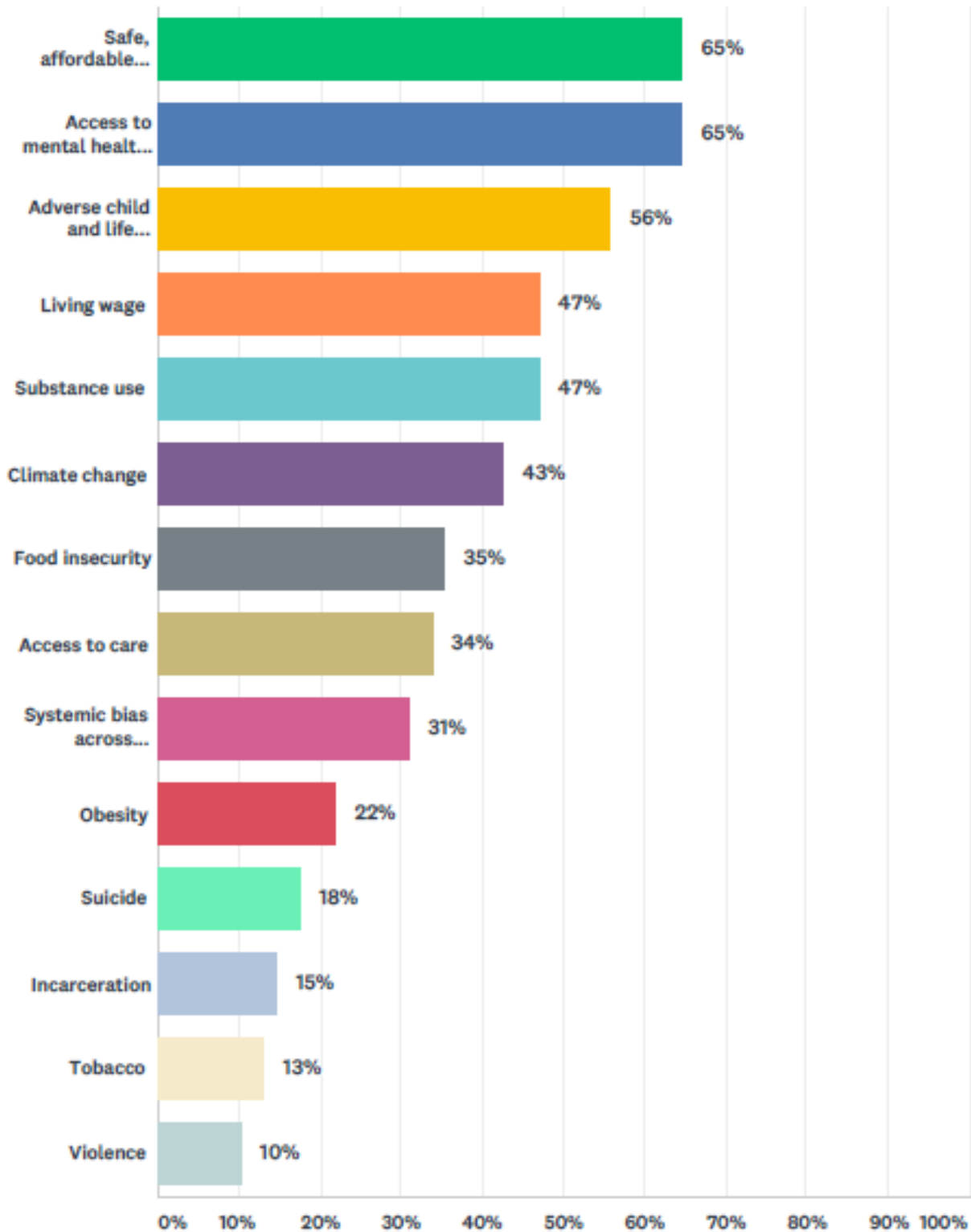


CENTRAL OREGON (n=210)



PHD EMPLOYEES (n=68)

A unique survey link was also shared with PHD employees. The top six issues were consistent, except for climate change which was ranked higher than access to care.



IS THERE ANYTHING ELSE THAT IS MORE IMPORTANT? (n=705)

Half of responses to this question reiterated one of the 14 provided issues. For example, 10% of responses had something to do with housing or homelessness. Among responses that were about something new, the following table summarizes the additional issue and themes from the responses.

Topic	#/% of responses	Related to:
Education	63 (10.4%)	Early childhood education, child care access and affordability, parent education, K-12 outcomes, after school/summer programming and mentoring, positive youth development, vocational and job training, college affordability
Transportation	38 (6.27%)	Public transportation, particularly in rural areas and for older adults, active transportation (safe access to walking/biking infrastructure)
Social cohesion	24 (3.96%)	Bullying, impact of inequality on communities, isolation and alienation, connection, cultural exchange, divisions or fragmented communities, single parent families
Chronic Pain	23 (3.80%)	Most responses voiced displeasure for OHA policies related to tapering/restrictions on prescribing of prescription opioids.
Oral Health	22 (3.63%)	Although already addressed within the context of access to care, responders felt oral health should be addressed as its own priority.
Social Services	20 (3.3%)	Need for better coordination among providers, easier access, increased services, some concerns about DHS
Vaccinations	20 (3.3%)	Most responses voiced concern about vaccine safety and displeasure with mandated vaccination.
Other	< 2%	Dementia, Emergency preparedness, Environmental toxins, Gun safety, Screen time, Chronic diseases, Reproductive and maternal health, STIs

OTHER FEEDBACK RECEIVED

OHA-PHD received additional feedback from the public via emails to publichealth.policy@state.or.us and comments on OHA's Facebook page. The following summarizes common themes of this feedback:

- Needs related to homelessness, including food, shelter, water and sanitation
- Access to care
 - Cost of care, including medications
 - Medical errors
 - Provider shortages, especially behavioral health care
 - Changes in opioid prescribing guidelines
- Mental health and substance use prevention, including tobacco use
- Nutrition and physical activity
- Wildfires
- Consider "public health modernization" as a unique priority
- Violence
- Vaccinations (concern about safety/opposition to mandated vaccination)

OHA-PHD was invited to facilitate a prioritization process with two community partners: OHSU's Center for Youth and Children with Special Health Care Needs (OYCSHCN) and the Medicaid Advisory Committee (MAC). The following summarizes the prioritized issues from both organizations:

OHSU's Center for Youth and Children with Special Health Care Needs (OYCSHCN)

- Access to mental health
- ACEs/trauma/toxic stress
- Access to care
- Institutional bias
- Safe, affordable housing
- Other area of concern: Injury

Medicaid Advisory Committee

- Living wage
- Access to mental health
- Access to care
- Safe, affordable housing
- ACEs/trauma/toxic stress
- Substance use
- Food insecurity

Finally, the OHA-PHD received five letters from interested parties who provided additional feedback on the priorities. Copies of these letters can be found at healthoregon.org/2020ship.

All Care Health – LBTQIA Listening Session Summary

- Need for culturally responsive providers, policies and systems
- Transportation is a barrier, especially in rural areas

ViiV Healthcare

- Disappointment that HIV isn't being considered as a priority
- Opportunities for attention to HIV within
 - Substance abuse
 - Access to care
 - Institutional bias

Central Oregon Suicide Prevention Alliance

- Recommend suicide be a priority

Washington County Public Health Advisory Council

- Climate change, suicide, tobacco, institutional bias, access to care, access to mental health

Oregon Office on Disability and Health

- Housing, access to mental health, tobacco, access to care, food insecurity