

>> Community Engagement Process with Diverse Communities: Input on OHA's Strategic Plan, October 2019



Oregon
Health
Authority
EQUITY AND INCLUSION DIVISION

Oregon
Health
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Community Partner Outreach Program

Acknowledgments

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Background

Why a culturally specific approach is significant

The Oregon Health Authority (OHA) is embarking on a strategic planning process to identify the agency's goals for the next five to 10 years to continue to move toward improving the health of all people living in Oregon. As part of that effort, the agency has engaged culturally and linguistically diverse communities. OHA reached out to priority populations* who are most harmed by health inequities. These groups were selected specifically because the agency acknowledges the disproportionate harm of health inequities they face, as well as the historical and contemporary effects of structural and institutional racism and discrimination. To acknowledge and address this, the agency paused strategic planning efforts to ensure community engagement was respectful, meaningful and ultimately working toward building long-term relationships and trust.

These efforts are meaningful because OHA is deliberately planning, investing in and using new processes and strategies to ensure that engagement is meaningful, respectful, and culturally and linguistically appropriate. Creating and fostering trusting relationships with historically disenfranchised communities lays the groundwork for people to feel comfortable and have opportunities to share candidly about their experiences and needs. This allows OHA to better understand the full context of population-specific health inequities and to learn directly from communities about how to most meaningfully, strategically and sustainably address health equity in Oregon.

This process began by asking communities if they wanted to be engaged in providing feedback on the OHA strategic plan, and if so, how. It is important to note that these efforts were possible due to existing relationships and trust the Office of Equity and Inclusion (OEI) and the Community Partner Outreach Program (CPOP)[†] have fostered with diverse communities for many years. Also, the key to this effort was the resource investment and commitment made by OHA leadership to provide the support and resources communities needed to lead their own input sessions across the state.

* Priority populations include communities of color; Tribal communities including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people; Immigrants; Refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; and Individuals who identify as lesbian, gay, bisexual, transgender, or queer, or who question their sexual or gender identity. (ORS 413.042, OAR 943-021-0005)

[†] For more information about CPOP, please go to: <https://oregoncpop.org>

There were 22 in-person events in 11 counties with more than 400 participants. These events were conducted in seven primary languages (see Appendix A for details). Additionally, there were three remote participation options: one statewide webinar conducted in Spanish, one statewide survey in both Spanish and English, and a weekly radio call-in show in Spanish. Each event was led by either culturally specific community-based organizations or grassroots community members and was customized to be culturally and linguistically appropriate. This included having appropriate meeting formats, serving culturally appropriate food, and having known community leaders facilitate discussions in communities' preferred languages.

For OHA to meaningfully address health equity, the agency needs to adjust its strategies. By approaching community engagement in ongoing, culturally and linguistically appropriate ways, OHA is building trust and relationships to better understand communities, health inequities and what is needed to support the health and wellness of all Oregonians.

Lessons learned and logistical supports

These are the lessons learned highlights. More specific details about engagement events are available in Appendix C.

- Some communities did not want OHA present for their events. This reflects the distrust some feel toward government agencies due to historical and present-day injustices, and the need to invest time and resources in building relationships with communities. Despite this, many communities expressed the desire to get to know and have ongoing engagement with OHA.
- OHA needs more staff solely devoted to this work, to dedicate the time and capacity necessary for the full engagement process, including outreach, engagement and follow-up.
- More time is needed for community outreach. There were missed opportunities to engage some groups because the timeline for completing the outreach events was too aggressive. Some community leaders did not feel they had enough time for planning and outreach to do as good of a job as they wanted, so they declined altogether. Especially summertime, a high season for many Farmworkers and migrant communities working extra-long hours on evening and weekend, timing was a challenge for recruitment.
- Never assume all communities know who OHA is or what the agency does. There is not visibility of physical OHA offices in the community and unless someone from their own community explains OHA's function, the agency may get dismissed. There are great opportunities to create and strengthen agency visibility to marginalized communities by creating appropriate linguistically and culturally marketing materials.

- Every engagement is an opportunity to build new relationships by asking what communities need and how OHA can help; however, follow-through is key to building trust.
- Each engagement is also an opportunity to share information and resources, and to build the capacity of community members around key concepts related to health and wellness (health equity, social determinants of health, what are coordinated care organizations (CCOs), etc.). However, for input or feedback events, ensure OHA staff do not monopolize time by talking to participants for long periods.
- Always ask what formats for engagement are most appropriate and be creative with additional formats for people who cannot attend on a specific day or time.

The following were helpful logistical supports at the engagement events:

- Having a facilitator guide that was developed to explain the details and objectives of community engagement. This included a popular education toolkit to help facilitate communications and trust.
- Having at least two trained notetakers at each event.
- Before beginning, ask broad questions such as, “Define what health is to you?” “What do you think of when you think of health?” and “What are the social determinants of health?”
- Using audio recordings (when appropriate and the group agrees) and having the audio transcribed and translated for analysis after the event. This alleviated the need for detailed notes, and you don’t lose the tone of comments made.
- Having multiple OHA staff attend to help with logistics and answering questions, but not so many staff that it becomes intimidating to the group.
- Taking time to explain OHA’s purpose, role and key functions.
- Having easy-to-read materials and visuals to explain who OHA is.
- Depending on how familiar participants are with social determinants of health, time spent to explain this concept (see facilitator guide for more info).
- Writing each question on the chart paper, including the delta/plus feedback chart at the end. This helps participants refocus on the questions.
- Simplifying questions for participants by using plain language.
- Taking time to thoroughly explain the media consent form, as well as what audio, photos, and video would be used for.
- Using short videos to help explain key concepts.
- Using visual aids helps explain the social determinants of health to participants and to reference examples (see figure 1).

Figure 1. Economic, Cultural, and Social Conditions



Figura 1. Condiciones socioeconómico y culturales



Limitations

It is important to mention there were limitations on collecting feedback from these priority communities.

- Time constraint: There was six weeks to collect feedback and coordinate logistics for the community engagement events. Most community organizations already had events scheduled throughout the summer. Although they were willing to participate and collaborate with us, it was additional work for them.
- Evaluators had a short time frame to analyze all the data from the over 20 community engagement events.
- Some communities did not want to be recorded or to have large group discussions. Therefore, notetaking in a way that reflected all the details of these discussions was especially challenging.
- Notetaking is a specific skillset that requires training and practice.
- Higher quality audio recorders are needed for data collection clarity.
- Access to timely and quality translation services was a challenge, and ultimately affected the quality of the data.

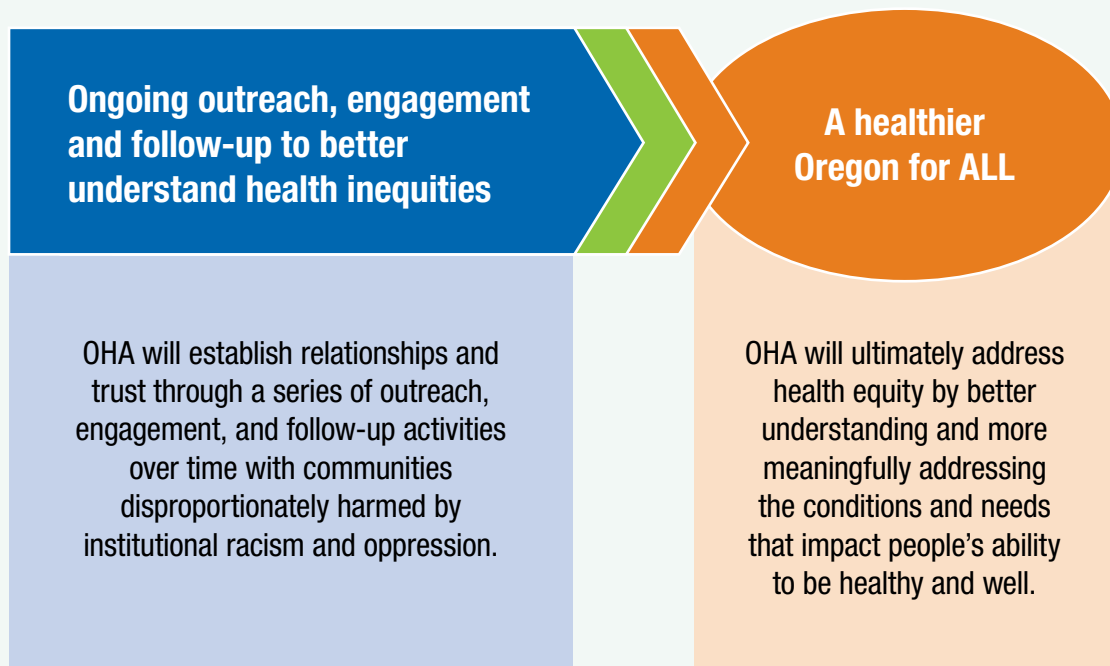
Recommendations

Utilizing a continuous community engagement model

OHA should shift away from engagement models in which interactions with communities are transactional and largely occur when the agency needs input, information or feedback for specific initiatives. Instead, the agency should consider a continuous community engagement model that values building long-term trust and relationships with communities.

By doing engagement work in this way, the agency will still be able to accomplish initiative-specific goals, but engagement will be more comprehensive and inclusive of all the state's populations. When communities have opportunities to engage in respectful ways and feel that they can trust OHA, they are more willing to openly share the barriers and challenges they experience; this helps the agency to better understand population-specific inequities. This can begin future dialogues about creative and sustainable solutions to uplift health equity in all communities across the state.

Figure 2. Continuous Community Engagement Model



Two keys to carrying out this model are: ensuring adequate time is allocated for engagement efforts; and ensuring there is the capacity for follow-up and timely feedback. As the agency begins to shift to a model of building trust and relationships, it will need adequate time to navigate sensitive dynamics such as distrust of government, and cultural and linguistic differences. Workforce diversity and non-defensive active listening strategies can help to mitigate some of these challenges. Engagement activities must be open to hearing community feedback, even when it does not appear to “fit” within the current frameworks the agency is using. There is endless wisdom in community experience, and it is key to be open to many ways of communicating, learning, and understanding.

Additionally, each time the agency engages the community it should develop a plan to set expectations around feedback and follow-up. For example:

1. How will OHA use the input or feedback? It is important to note that not every bit of feedback may be reflected and if not, why (feasibility, only using most common themes, etc.).
2. What will be the timeline to incorporate or carry out input or feedback?

3. How will communities know or become aware of new documents, processes, initiatives, etc., that they were providing input on?
4. Will there be an opportunity for the community to provide feedback on draft versions of the work they are commenting on?

Develop a community engagement team

OHA should develop an agency-wide team to focus solely on community engagement of priority populations* across the state. This team should accomplish its work via a community engagement-specific strategic plan that uses respectful, long-term strategies. Such a team could help coordinate efforts to lessen and eventually eliminate silos and duplication of work. It could also decrease input or feedback fatigue communities experience when asked similar things from multiple places within the agency. This approach would ultimately:

- Establish with these communities the trust and relationships needed to improve health outcomes and achieve health equity.
- Advance coordination and communication to ensure more strategic use of OHA capacity.
- Improve outreach and engagement so the agency is better informed to serve all Oregonians.

Team members would be stationed in the agency's various divisions but meet frequently as a team. While each team member would focus on division-specific work, those efforts will be braided into the agency-wide community engagement strategic plan and align with the agency's mission, vision and values. This effort must include the building of internal capacity around this work in each division so that staff outside this team understands and know the value of meaningful, culturally and linguistically appropriate community engagement, and how it applies to their own work.

To accomplish this OHA will need the following:

- An internal OHA steering committee to develop the community engagement team. The committee should be comprised of staff with demonstrated community engagement expertise.

* Priority populations include communities of color; Tribal communities including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people; Immigrants; Refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; and Individuals who identify as lesbian, gay, bisexual, transgender, or queer, or who question their sexual or gender identity. (ORS 413.042, OAR 943-021-0005)

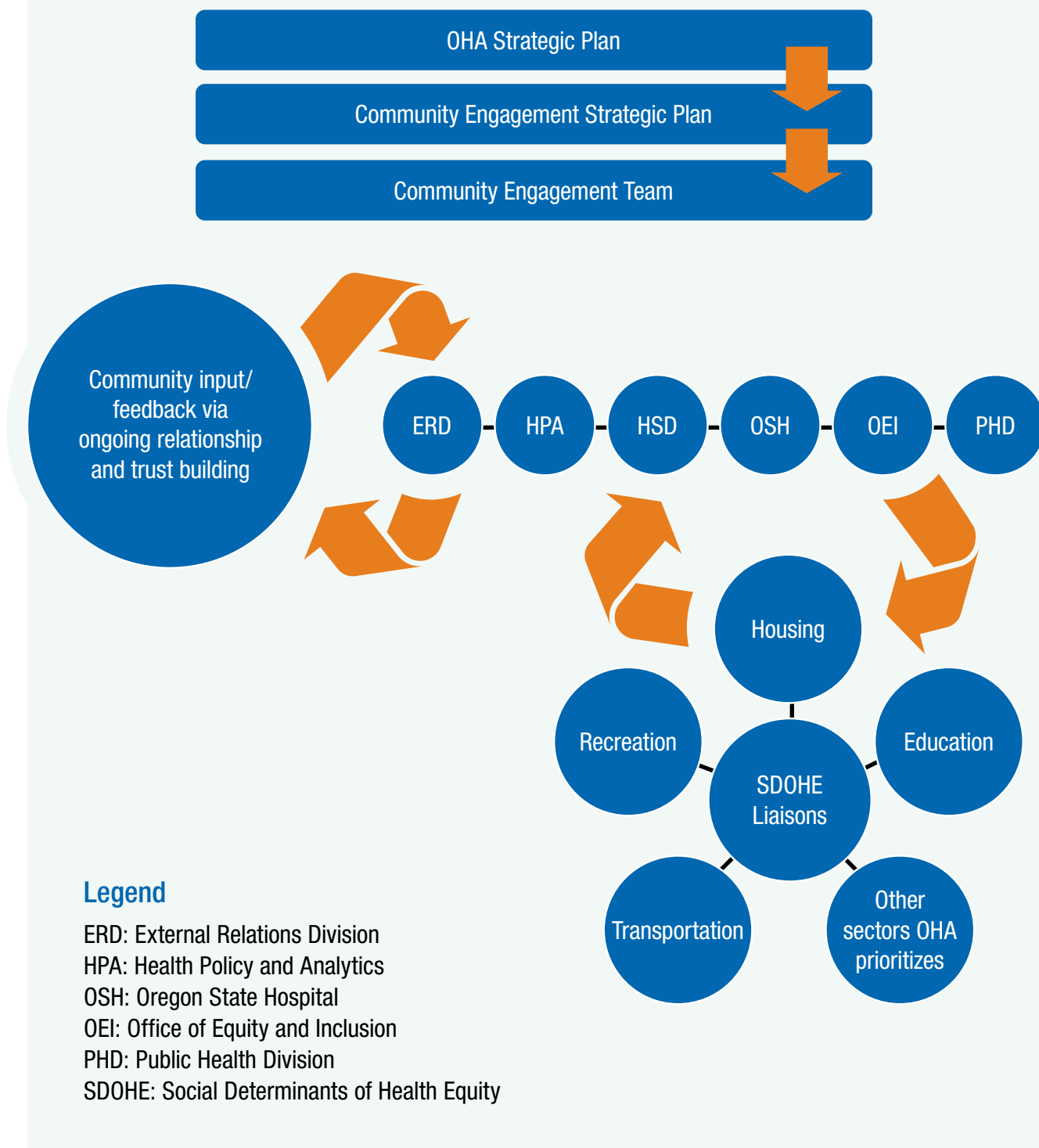
- A team of staff located in each division solely devoted to accomplishing the agency’s community engagement goals carrying out community engagement efforts. This would include the External Relations Division, Health Policy and Analytics Division, Health Systems Division, Equity and Inclusion Division, Oregon State Hospital, and Public Health Division. Depending on relevance and interest, it would also be critical to have a touchpoint with Tribal Affairs.
- Staff should have the following experience and competencies: bilingual or multilingual; bicultural or multicultural; demonstrated expertise in carrying out meaningful community engagement strategies; the ability to work respectfully with many diverse communities; understanding anti-racism, unconscious bias, health equity, social determinants of health equity; and lived experience.
- This team should have dedicated support from agency research analysts to assist with research and evaluation related to community engagement efforts.
- This team must have access to timely and high-quality translation services to succeed. Shared services do not have the necessary capacity for this. It must be included in the budget.
- Dedicated funding to support community engagement efforts, which should include line items referenced in the “Budget” section below.
- Administrative support is needed to assist with the logistics of completing, submitting, and tracking paperwork related to processing community engagement supports.

Social determinants of health equity liaisons

Barriers related to the social determinants of health equity (SDoHE) were frequently mentioned in feedback from engagement events. In addition to access to quality, affordable and appropriate health care, major themes included housing, nutrition, education, transportation, and recreation. Communities frequently highlighted the challenges of systems not communicating or coordinating efforts.

Staff recommends the creation of SDoHE liaison positions. This will allow OHA to begin to identify opportunities for coordination and collaboration to more strategically use resources and ultimately better serve Oregonians. The SDoHE liaisons should work closely with the community engagement team to understand and prioritize population-specific challenges that require stronger partnerships and focused efforts between OHA and other sectors.

Figure 3. Agency connections to community engagement



Communications materials

OHA should have a core set of easily understandable resources in various formats (for example, written, video) readily available for community engagement purposes. They should also be available in multiple languages and ADA-accessible formats. This should include the following topics:

1. What is OHA and what is its role?
2. An organization chart with a brief description of each division's functions.
3. Materials defining and describing (with examples) key concepts that come up often in community engagement efforts (health equity, social determinants of health, etc.)

Investment in language access

Publications and Creative Services, part of ODHS|OHA Shared Services needs adequate resources to provide timely, accurate, complete, and consistent translations. They should follow the tenets of plain language and be culturally responsive. The translation process should include back translation* and plain language review. Staff should follow up with the source (community member or another partner) to confirm accuracy. All core communication materials listed above should be available in Oregon's 15 most commonly spoken languages, as well as all others upon request.

Staff recommends that OHA create an OHA staff translation team for greater internal capacity for this key support as well as a greater ability to manage timeliness and quality control for translations on any community engagement, community partners and community members materials.

Agency policies, procedures and fiscal management

In carrying out community engagement efforts, opportunities to address internal systemic barriers become apparent. Agency policies, procedures, contracts and agreements and fiscal management play a key role in determining what is allowable and feasible. These policies can either support or hinder meaningful community engagement work, and it is important to identify and analyze barriers and consider what potential solutions could be.

For example, as a result of community engagement efforts for the OHA strategic plan, the need for a policy that supports the use of childcare at community engagement events was identified and efforts are underway to develop this policy

* The process of back translation is when a translated document is converted back into the original language to ensure completeness, accuracy and readability.

for OHA. Relatedly, there is also the need to communicate policies and procedures that support community engagement work to internal staff and external partners to ensure clarity and consistent practices.

Decision-maker engagement with community

It is important to have OHA decisionmakers in attendance at engagement events. This demonstrates that the agency's leaders are investing time to hear from the community because they value community members' lived experiences and expertise. It is also an opportunity for OHA leaders to hear people's powerful stories firsthand, build relationships directly with community members, and better understand the context of people's lives and how it affects their health and wellness. Having staff with decision making authority attending community events can help lessen system challenges and support OHA in being more nimble and efficient when addressing community barriers to achieving health equity.

Budget

Having sufficient resources to support meaningful community engagement often makes the difference in people's ability to participate. It was critical that leadership allocated over \$100,000 to supporting this effort. This ensured that communities had the resources they needed to conduct successful community engagement events.

Staff recommend that agency encourage divisions and units conducting community engagement to build necessary supports into budgets. The following line items should be included in future community engagement budgets:

- Agencywide training to build necessary competencies around understanding the need, value and purpose of meaningful and appropriate community engagement.
- Supporting technology and tools for collecting and analyzing qualitative and quantitative data.
- Research and evaluation support.
- Culturally appropriate catering.
- Childcare.
- Translation.
- Interpretation.
- Outreach and marketing.
- Participation stipends or gift cards.*
- Facilitation.
- Transportation and lodging.
- Administrative or indirect support for community-based organizations' outreach, coordination and payment processing work. This should generally be 10-12 percent, although the agency should consider budgeting at least 18 percent for Tribes as an equity consideration due to a lack of proportionate infrastructure support.

* Offering compensation for community members' labor to guide OHA efforts is important. It demonstrates gratitude for and value of the expertise provided and works to mitigate potential barriers to participation such as loss of wages from missing work. Compensation also works as an effective incentive to increase participation from community members.

Appendix A

Table of specific community engagement events

#	Lead organization or person	Location	Population(s)	Language(s)	Role of OHA
1	CPOP Community Partners: Mano a Mano, Interface, Northwest Human Services	Woodburn	Latino	Spanish	OHA facilitated, organized
2	CPOP Team	Virtual (statewide webinar)	Latino application assisters	Spanish	Regular OHA-facilitated webinar and discussion opportunity
3	Mid-Columbia Health Equity Advocates [a Regional Health Equity Coalition, (RHEC)]	Hood River	Latino	Spanish	Provide intro, help facilitate, answer questions
4	Eugene/Springfield NAACP	Eugene	African American, Latino, mixed race	English	Requested no OHA presence
5	Mid-Columbia Health Equity Advocates [a Regional Health Equity Coalition, (RHEC)]	Hood River, Radio Tierra: Entérate with Alejandro Aguilera Cano	Latino	Spanish	None requested
6	Olalla Center	Newport	Guatemalan and Latino	Mam Spanish	Set up and clean up, answer questions, help facilitate and provided visuals.
7	Eric Richardson, Eugene	Springfield	African American, Latino, mixed race	English	Requested no OHA presence
8	Eastern Oregon Health Equity Alliance/Euvalcree [a Regional Health Equity Coalition, (RHEC)]	Hermiston	Latino, Guatemalan indigenous	K'iche Mam Spanish	Set up/clean up, answer questions, help facilitate if needed, etc.

#	Lead organization or person	Location	Population(s)	Language(s)	Role of OHA
9	Mid-Columbia Health Equity Advocates [a Regional Health Equity Coalition, (RHEC)]	The Dalles	Latino	Spanish	Provide intro, help facilitate, answer questions
10	Oregon Health Equity Alliance [a Regional Health Equity Coalition, (RHEC)]	Portland	People of color	English	Help if needed, listen if not
11	Eugene/Springfield NAACP	Springfield	African American, Latino, mixed race	English	Requested no OHA presence
12	Oregon Health Equity Alliance [a Regional Health Equity Coalition, (RHEC)]	Portland	African immigrant	Swahili English	Requested no OHA presence
13	Eastern Oregon Health Equity Alliance/ Euvalcree [a Regional Health Equity Coalition, (RHEC)]	Ontario	Latino, Somali, Arabic speaking	Arabic Somali	Set up and clean up, answer questions, help facilitate if needed, etc.
14	Natives of One Wind Indigenous Alliance (NOWIA) Unete, Center for Farm Worker Advocacy	Medford	People with disabilities	English	Set up and clean up, answer questions, help facilitate and provided visuals
15	NOWIA Unete, Center for Farm Worker Advocacy	Phoenix	Latino, migrant, Farmworkers	English Spanish	Provide intro, took notes and answer questions
16	Eugene/Springfield NAACP	Springfield	African American, Latino, mixed race	English	Requested no OHA presence
17	Mid-Columbia Health Equity Advocates [a regional health equity coalition, (RHEC)]	Hood River	LGBTQIA2S+	English	Provide intro, help facilitate, answer questions
18	Mid-Columbia Health Equity Advocates [a regional health equity coalition, (RHEC)]	Celilo	Native American	English	Provide intro, help facilitate, answer questions

#	Lead organization or person	Location	Population(s)	Language(s)	Role of OHA
19	COFA Alliance National Network (CANN) and Marshallese Oregon Community Association	Salem	Compacts of Free Association (COFA): the Republic of the Marshall Islands	Marshallese	Provide intro, answer questions, help facilitate and took notes with the help of interpreter from their community.
20	Mid-Columbia Health Equity Advocates [a regional health equity coalition, (RHEC)]	Hood River	Community Health Workers	English	Provide intro, help facilitate, answer questions
21	Linn Benton Health Equity Alliance [a regional health equity coalition, (RHEC)]	Corvallis	Latino, African American, Arabic speaking	Arabic English Spanish	Set up and clean up, answer questions, help facilitate if needed, etc.
22	Asian Health and Service Center	Portland	Asian	Cantonese	Set up and clean up, answer questions, help facilitate if needed, etc.
23	Asian Health and Service Center	Portland	Asian	Vietnamese	Set up and clean up, answer questions, help facilitate if needed, etc.
24	Asian Health and Service Center	Beaverton	Asian	Korean	Set up and clean up, answer questions, help facilitate if needed, etc.

Appendix B

Community engagement event questions

Questions were intentionally developed, went through plain language review, reviewed by community members, translated, back-translated, and reviewed for plain language again after translation. The following questions were asked at each event.

English

1. What types of services help you, your family and your community to have better health?
2. What can OHA do to have a positive impact on your health, your family's health, and your communities' health?
3. What negative things affect your health, your family's health, and your communities' health? What can OHA do to help change these?
4. What are some situations that might affect your health, your family's health, and your communities' health in the next five to 10 years?
5. Which organizations or communities should OHA work with to improve your health, your family's health, and your communities' health?

Spanish

1. ¿Qué servicios ayudan a mejorar la salud de usted, su familia y su comunidad?
2. ¿Qué puede hacer OHA para tener un impacto positivo en la salud de usted, su familia y su comunidad?
3. ¿Qué cosas negativas afectan la salud de usted, su familia y su comunidad?
¿Y qué podemos hacer para cambiar esto?
4. ¿Cuáles podrían ser algunas situaciones que pueden afectar la salud de usted, su familia y su comunidad en los próximos 5 a 10 años?
5. ¿Con que agencias es necesario que se asocie OHA, para mejorar la salud de usted, su familia y su comunidad?

Appendix C

Facilitation guide

Spanish and English Facilitators Instructions Guide: This guide was created to help facilitators know how to lead community forums and present the objectives of community engagements effectively to collect feedback from unrepresented Oregon communities.

Why OHA needs public comments:

Introduction:

The Oregon Health Authority’s strategic plan will determine where OHA will focus its time and resources over the next five to 10 years.

Our strategic plan will focus on transforming health and health care over the next five to 10 years, so OHA is achieving better health outcomes, making health care more affordable, and improving the quality of care. This strategic plan will help us guide what our priorities are in the long term, so it is important to think “big picture” about where OHA wants to go in terms of health in our state. Before OHA makes these decisions, OHA wants to learn from you about what you consider important to you and your communities.

OHA’s Office of Equity and Inclusion (OEI) and the Community Partner Outreach Program (CPOP) have partnered to work on this project. Therefore, OHA is creating a statewide plan to engage and hear from communities across Oregon, especially for those who have historically not been involved as often.

- Good strategic planning occurs when OHA is fully informed of communities’ concerns and needs, and about what is happening in communities.

Expectations for facilitators

Preferences:

- Discussions in people’s native languages rather than using interpreters is preferred.
- Community groups should be facilitated under the guidelines of Popular Education. (Resource: <https://multco.us/file/16372/download>)
- Keep track of comments.

- Note-taking vs. audio recording (considerations for each method):
 - » Note-taking is recommended if:
 - Participants do not feel comfortable with audio recording.
 - The meeting space cannot facilitate a high-quality audio recording.
 - » Audio recording – (OHA prefers this method)
 - Ability to fully and accurately transcribe the discussion.
 - It allows for the discussion to flow naturally.
 - Facilitators and participants are always engaged

Before the events:

List of items to bring to events:

- Easel
- Markers
- Chart paper (write the definitions, questions, strengths and areas for improvement of this event)
- Notepads and pens and pencils
- Name tags
- Audio recorders (at least one per group)
- Media consents
- Confidentiality agreements

During the event:

- Either record or take notes of the discussion.
- Provide background information about what the purpose of the event is and why OHA is asking for input (for input on the OHA strategic plan).
- Ask the group the key questions provided by OHA, or similar questions so people can share their ideas and input.

After the event:

- Turn in any notes taken during the event and audio to OHA. If you need to follow up with someone after the event is over, please contact [Monica Juarez](mailto:Monica.Juarez@oha.oregon.gov) MONICA.JUAREZ@oha.oregon.gov or Allison Varga, ALLISON.VARGA@oha.oregon.gov
- Once notes and recordings are transcribed and translated, they will be sent to the facilitators to review accuracy. OHA will send back a basic “what OHA heard” summary after all notes are compiled to facilitators.

Plan for the community event: Guide for participants:

Define what is the Oregon Health Authority (OHA) and its main purpose:

1. Define social determinants of health and make a connection to the strategic plan.
2. What is a strategic plan and why does OHA need your help to create one?
3. What is OHA’s role and needs from you?
4. Five key questions (modifiable based on community needs)
5. What will OHA do with the information you provide to us?
6. Follow up plan
7. Strengths and areas for improvement for the event

Details, script and how to lead conversations:**1. Does anyone know what OHA is? And what is the role of the agency?**

OHA isn’t just OHP — it has more to do with health and wellness in general in Oregon.

The Oregon Health Authority (OHA) is the state agency responsible for making sure people in Oregon are as healthy as possible. OHA includes most of the state’s health care programs, including [Public Health](#) and the Oregon Health Plan.

In other words, because OHA works for the people of Oregon, OHA is interested in meeting people’s needs.

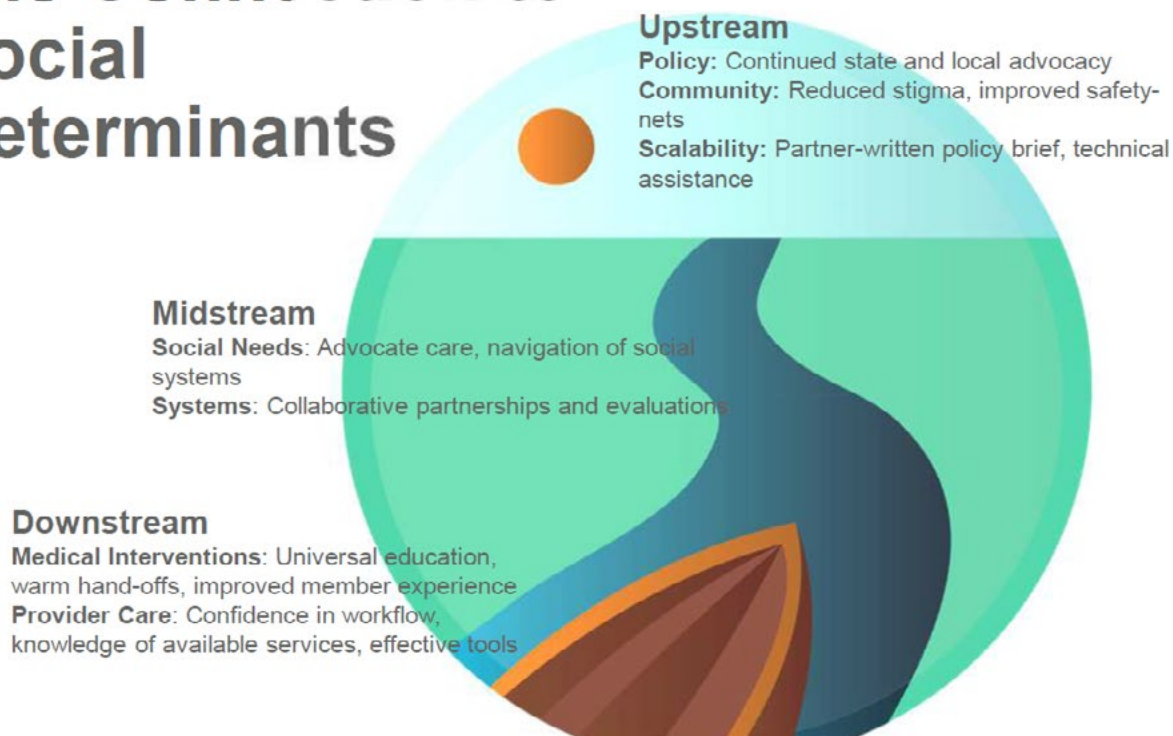
Now, let’s talk about the Social Determinants of Health.

2. Does anyone know what is the definition of social determinants of health (SDOH)? Or what are some ideas?

The social determinants of health (SDOH) are the conditions in which people are born, live, work and age. They are shaped by the distribution of money, power and resources at global, national and local levels. SDOH account for approximately 60 percent of people's health and are largely responsible for health inequities. These factors have an impact on both an individual's physical environment and health behaviors. To achieve health equity, where everyone has a fair and just opportunity to be as healthy as possible, it is essential to address the social determinants of health. It could include factors like transportation, housing, racism, and education, and really, the list is almost endless.

Wellness is a more holistic approach that includes our environment, so to achieve our best health. Our mental, emotional and physical health needs to be in balance.

The Connection to Social Determinants



3. What is a five- to 10-year strategic plan and what is the goal of having a strategic plan?

OHA is preparing to decide where OHA focuses time and money over the next five to 10 years. OHA's Strategic Plan will help guide what priorities are in the long term, so it is important to think “big picture” about where to go in terms of health for ourselves and our communities. Before OHA makes these decisions, OHA wants to hear from you about what is important to you and your communities.

Effective strategic planning will occur when OHA is fully informed of the current concerns, needs, and realities in our communities.

4. What does OHA need from you (the community)?

As an agency dedicated to serving people, OHA needs to hear and learn from all the people OHA strives to serve, especially those OHA hasn't done a good job of serving in the past.

OHA is interested in knowing your thoughts, ideas, and opinions on what OHA could do to support and help improve the health of people in Oregon. It is important to make sure we're hearing and including all voices and views that represent all of Oregon's diverse communities – and are responsive to your community's needs.

OHA is responding to community feedback that asked for increased community influence when OHA makes decisions. OHA especially wants to make sure we are truly listening to historically underrepresented communities.

5. What will OHA be doing with the information once OHA receives it?

Each suggestion OHA hears will be carefully reviewed and considered for our Strategic Plan, and for other OHA efforts. Even if OHA is not able to immediately act on all of what OHA hears from communities, your ideas will help us know whom to partner with to improve the health of Oregonians. OHA is working on ways to keep you in the loop about how your feedback will be included, and OHA is committed to truly listening to you and your communities and being honest and open about how OHA does that.

Your input will be considered by OHA's leaders as they develop the agency's plan. OHA will share the final plan with you, so you can see how your input helped shape it.

6. Five key questions

These are the questions OHA wants to hear from you about for our strategic plan.

Plain language English and Spanish questions to ask for the community engagement events summer of 2019.

English:

Health for you, your family, and your community!

For reference, use the Social Determinants of Health visual guide for each question, to help expand the ideas of the participants.

1. What types of services help you, your family and your community to have better health?
2. What can OHA do to have a positive impact on your health, your family's health, and your communities' health?
3. What negative things affect your health, your family's health, and your communities' health? What can OHA do to help change these?
4. What are some situations that might affect your health, your family's health, and your communities' health in the next five to 10 years?
5. Which organizations or communities should OHA work with to improve your health, your family's health, and your communities' health?

Spanish:

¡La salud de usted, su familia y su comunidad!

Usando la guía visual de los determinantes sociales de salud en cada pregunta, para ayudar a expandir las ideas de las personas presentes.

1. ¿Qué servicios ayudan a mejorar la salud de usted, su familia y su comunidad?
2. ¿Qué puede hacer OHA para tener un impacto positivo en la salud de usted, su familia y su comunidad?
3. ¿Qué cosas negativas afectan la salud de usted, su familia y su comunidad? ¿Y qué podemos hacer para cambiar esto?
4. ¿Cuáles podrían ser algunas situaciones que pueden afectar la salud de usted, su familia y su comunidad en los próximos 5 a 10 años?
5. ¿Con que agencias es necesario que se asocie OHA, para mejorar la salud de usted, su familia y su comunidad?

7. Follow-up plan:

OHA will gather your comments and suggestions and send them to OHA leadership. They will read what you have to say and use comments like yours from all across Oregon to help create the Oregon Health Authority's Strategic Plan. If you would like to read this plan once it is completed, please contact Allison Varga, ALLISON.VARGA@state.or.us

Strengths and areas for improvement for the event:

- What did you like about this event?
- What would you improve?

Thank you! ¡Gracias!

Appendix D

Staff observations

The following are observations written by staff who attended the events and kept as an ongoing record of lessons learned. Staff often verbally debriefed and shared these observations following each event. Note there are no observations available for all events or from all staff who attended each event. Some communities requested there be no government or OHA presence.

Location: Woodburn

Populations: Latino

Date: June 25, 2019

Participants: 23

What went well and general observations:

- Lots of enthusiasm for the event; participants were promoting it on their own time.
- Good discussion about questions.
- More than double the expected attendance! (10 vs. 23)
- Participants would like there to be another larger event in Woodburn; go more in-depth with questions and try to create solutions as a community in partnership with OHA.
- People felt comfortable expressing challenging issues and opinions.
- Enough time built in for people to arrive late; important to expect that people won't arrive exactly on time from work.
- Everyone who attended spoke at least once.

Areas for improvement:

- Need childcare and a place for kids to be during the event.
- Need child-friendly activities and materials available.
- Need to include children in the headcount for food.
- “What is OHA” flyer did not work for people — lots of confusion.
- Very difficult to explain what OHA is or why it is important that OHA is hearing from people.

- Modify Question 4: add “what will the consequences be if things stay the same as they are now?” (community suggestion for clarity)
- Needed more food, drinks, and space; more than double expected attendance.
- More staff available to deal with unexpected situations (running out of food, etc.).
- Make sure the address is correct when sending out invitations.
- Not enough incentive cards. Needed to mail two, and one person left before they could get theirs.
- Consider having a multi-generational listening session where children can be with their family members during the discussion. Strongly recommend having a youth voice in the process.

Location: Hood River

Lead Organization: Mid-Columbia Health Equity Coalition (MCHEA), a Regional Health Equity Coalition (RHEC)

Populations: Latino

Date: Aug. 8, 2019

Participants: 12

What went well and general observations:

- Enthusiastic and engaged group, felt more like a group of friends having a conversation than a meeting.
- Good diversity of people in the community — a mix of ages, professions, and length of time in the valley.
- People were aware the audio recorders were there — not necessarily uncomfortable. However, there were multiple times that people stopped the discussion to interact with the recorder directly (“did you catch that?”, etc.).
- Participants wanted OHA staff to take part in the discussion and show OHA is equal and not just there to “observe.”

Areas for improvement:

- Better time of year — in the middle of harvest so everyone is working.
- Different parts of the valley so that OHA is meeting people where they are most comfortable and most accessible (Odell, Parkdale, etc.), especially since there are more Latinos outside of Hood River than in town.
- More advertising for bigger events. Participants think there is a lot of interest in the community for things like this, but there is a lack of awareness.

- Don't get there too early. A couple of The Next Door, Inc. (TNDI) staff members were anxious that no one had shown up to our event because staff was waiting around. Half an hour was plenty of time to help set up.

Cultural observations:

This was the first community engagement event and there was no visual aid for support. Additionally, questions were difficult to understand and therefore staff revised questions for clarity.

- This was the first community engagement event and there was no a visual aid for support. Additionally, questions were difficult to understand and therefore staff revised questions for clarity.
- Participants are part of a strong Latino advocates group.
- Participants felt comfortable sharing their thoughts and ideas.
- Participants have many more ideas for doing more community engagement and creating forums for families to know about OHP.

Location: Newport

Populations: Guatemalan community

Date: Aug. 11, 2019

Participants: 35

What worked well for this community engagement event?

- Good food and tamales
- The leaders and organizers
- Mam interpretation

What are some suggestions, lessons learned or areas for improvement in the future?

- There wasn't an opportunity to translate from Spanish to Mam. There also wasn't a Mam notetaker because Mam is a spoken and not written language.

Cultural observations:

- Families from Guatemala are considered new immigrants in Newport. They are mostly applying for asylum, so there are a lot of questions about status and benefits.
- Halfway through the meeting, OHA learned four adults spoke different Guatemalan dialects and were not understanding the conversation.

Location: Hermiston

Lead Organization: Euvalcree/Eastern Oregon Health Equity Alliance (EOHEA), a Regional Health Equity Coalition (RHEC)

Populations: Latino and Guatamalan

Date: Aug. 17, 2019

Participants: 12

What worked well for this community engagement event?

- Conversation was very rich. People gave good, honest feedback. The small group was ideal for a more dialogue-oriented conversation rather than simply answering questions.
- Euvalcree did a wonderful job with logistical preparation. Food, materials, etc.
- Participants were thoughtful and engaged despite it being a small group.
- Food was good but had tons of leftovers.
- Having sticky notes helped people get their thoughts in order.
- People liked the questions OHA was asking.
- Catering person was so enthusiastic about the event she showed up and participated despite not speaking Spanish!
- Participants got more outspoken as time went on — the first questions only had a few responses, while later ones had more.

What are some suggestions, lessons learned or areas for improvement in the future?

- Location: Good Shepherd hospital's location is kind of inconvenient. The event would have done better closer to the center of town. The conference rooms are also hard to find and not an intuitive entrance to the hospital.
- Date and time: Hermiston is a farming community and during the late summer months, many Latino families work on weekends or use that time to attend social functions. A better time to do this would be spring or right after harvest in October or November.
- OHA can simplify for next time and have OEI work directly with partners rather than have CPOP involved. Seemed to be too many layers of communication.
- Venue was confusing and not welcoming even though Good Shepard donated the space, hosting at a hospital isn't a good idea, especially after business hours.
- People had to enter through the Emergency Room doors, which was very intimidating.

- After more staff arrived, people could enter closer to the room. However, people had to know where to go to get there, which was confusing. (It was not the usual entrance and it wasn't clear that the other doors were open once it got darker).
- Hospitals in general are intimidating and stressful. This isn't a community where people usually go to hospitals for meetings regularly (for some communities it might be okay, but not for this one).
- Both a wedding and a quinceañera were happening at the same time as the meeting so most people were at one or both other events.
- The room was hard to set up and staff eventually needed to call tech support because staff couldn't figure it out.
- Needed to do more outreach (radio, hand out flyers, etc.).
- Sticky notes might not be the best for all audiences. Participants were very highly educated so might be more inclined to write vs. speak than other groups.
- Need to tweak the facilitation guide so people don't feel like they need to read the document word for word. It felt too formal when the facilitator was reading from the "script."
- Incentives for participants and facilitators were not clear, especially since there were a lot of Euvalcree staff members there to help out.
- OHA staff should be attending events outside the metro perimeter. It felt a bit frustrating that there was no interest from people who didn't have experience doing outreach in Eastern Oregon to attend this event.

Location: The Dalles

Lead Organization: Mid-Columbia Health Equity Advocates (MCHEA), a Regional Health Equity Coalition (RHEC)

Populations: Latino

Date: Aug. 20, 2019

Participants: 15

What worked well for this community engagement event?

- Participants indicated they felt heard.
- Participants liked the questions asked.
- Participants liked the Dinamica (ice-breaker activity) in the beginning.
- The discussion was good.
- Participants indicated this is the first time this kind of engagement has happened, and it felt helpful and not too tense.
- It felt like a safe place for participants.
- The facilitators were great.

- Participants said they liked getting meeting reminders over text messages.
- People expressed that they felt very comfortable in the meeting.
- People shared very openly about their experiences.
- Food was good.

What are some suggestions, lessons learned or areas for improvement in the future?

- Participants said they wanted reminders about meetings a week in advance.
- Participants indicated the announcement about the meeting could improve.
- People said they want to have a follow-up meeting about this and bring information back about the changes made.
- Better containers for taking food with them.
- More clear signs for people who haven't been to that room before.
- Holding events during harvest is always hard.

Location: Ontario

Lead Organization: Euvalcree/ Eastern Oregon Health Equity Alliance (EOHEA), a Regional Health Equity Coalition (RHEC)

Populations: Latino, Somali, and Arabic speaking community

Date: Aug. 24, 2019

Participants: 22

Logistics:

Great meeting location, time and time frame. Supplies and materials could have been coordinated a little better. I brought a box of miscellaneous supplies and they came in handy —scissors, duct tape, markers, etc.

Culturally specific needs: excellent food and language needs were met. Possibly more signage could have helped since there was another event happening at the same time. One community member reported they got confused and couldn't find the event, so they left.

What worked well for this community engagement event?

- Community Partner Outreach Program (CPOP) staff.
- Time frame.
- Location.
- Food.
- Multi-media.

- Comforting environment.
- Food was delicious! It felt very inviting.
- There were quite a few “youth council” members present which was great and provided some challenges. Some youth participants didn’t feel comfortable responding in Spanish so some side conversations in English needed to be redirected. Some Spanish-only speakers were visibly uncomfortable with this but once they were re-integrated that seemed to dissipate. The people who understand both (not necessarily speaking both) ended up having a bi-lingual conversation that was really great but also had the potential to exclude some people. Something to keep in mind for next time is that a lot of younger people don’t feel comfortable expressing themselves in Spanish even though they understand what is being said.
- A lot of attendees were repeats from the meeting last year—good to see so many familiar faces! Starting to feel like I am getting to know the community.
- Strong interest in follow up and wanting to stay involved — people want OHA to have a presence in the community.

What are some suggestions, lessons learned or areas for improvement in the future?

- Supplies on hand.
- Signage guiding people to an event.
- Have a separate “youth group” so younger people can express themselves in “Spanglish” without worrying about being out of place with the adults. There were some really important perspectives, especially around the future that there was some hesitation around sharing in the large group.
- More clear signs about where to go, especially if multiple events are going on.
- Higher-level OHA person should attend next time. It is good to be able to keep the meeting more casual. However, some people were not feeling prioritized.
- More consistent interactions with OHA are needed. The last engagement was almost a year ago.
- Recorders didn’t really work very well. The tables were too close together and people were speaking softly to avoid having the room get too loud. Especially with having written sticky notes, OHA might not have any useful recordings from the meeting.
- There was another event going on in the same building at the same time (Anglo community auction or fundraiser?) which was confusing. People were accidentally going in the wrong door. Could hear music and announcements from another event even with the door closed which was disruptive at times, but not enough to stop the meeting.

Location: Medford

Lead Organization: Unete

Populations: Parent and advocates for children with disabilities

Date: Aug. 26, 2019

Participants: 19

What worked well for this community engagement event?

- Excellent facilitating.
- People from different sectors were represented in this meeting.
- People felt comfortable and happy.

What are some suggestions, lessons learned or areas for improvement in the future?

- Communities want more meetings; this is proof OHA needs them.
- Participants want a report copy showing how their input was included.
- Participants wanted representation from law enforcement.
- Need bigger visual aids (bigger pictures).
- Participants want to have an email on the next steps.

Cultural observations:

- Families and advocates felt trusting enough to share their thoughts openly without hesitation.
- An interpreter was translating simultaneously to a family member, and the family member was able to share her comments; thanks for the facilitation of the interpreter present.
- Family members were motivated to be there and have OHA presence in the room.
- Participants are very strong advocates and truly looking for more coordination and support from state, county and city to better serve their children.

Location: Phoenix
Lead Organization: Unete
Populations: Migrant Latino school parents
Date: Aug. 26, 2019
Participants: 20

What worked well for this community engagement event?

- The time the meeting was scheduled.
- Childcare provided.
- A local event and close to people (usually these types of meetings are held in Medford).
- It was in a location people trust, at a school where community members are familiar.
- The facilitators.
- The information provided.
- Participants indicated they feel trust and safe to share their comments.
- Food (next time they want something healthier, pizza is not healthy).

What are some suggestions, lessons learned or areas for improvement in the future?

- Participants want transportation to attend these types of events.
- The room was too hot.

Cultural observations:

- Most participants were the family members of school children.
- Participants felt comfortable.

Location: Celilo Village

Lead Organization: Mid-Columbia Health Equity Advocates (MCHEA), a Regional Health Equity Coalition (RHEC)

Populations: Native American

Date: Aug. 30, 2019

Participants: 22

What went well and general observations:

- Very engaged group, strongly wanting to discuss issues and what is happening in their communities.
- Food was good and there was a lot of it. Remember Canton Wok for next time.
- People liked the room setup, food and childcare — felt like it flowed well.
- Quite a few community leaders there. It was clear these were admired people with whom the community felt comfortable.
- Able to experience a community problem for ourselves. Staff had to wait for the train to go by before staff could leave.
- Situations are extremely complicated, and people are often looking for resources, understanding or solutions immediately because they needed it, ideally several years ago.
- Lots of “doorknob” comments — things people thought of last minute as they were about to leave. Indicates the need for more conversations.
- Everyone was very friendly and welcoming but could feel the isolation and precariousness. The fact that people still came out to talk about these issues after so many years of frustration and broken promises speak to the participants resilience and work ethic.
- Got to learn more about the connections with some more isolated, rural or frontier parts of the region — in a lot of ways they are more connected to Dufur and Biggs than The Dalles (which they are not happy about).

Areas for improvement:

- More outreach — people didn’t feel that event was as well publicized in the village as it should have been.
- More door-to-door to make sure people know who aren’t well connected.
- Someone from Tribal Affairs or OHA leadership should have been there.
- Lots of people from Washington or with stronger connections to Washington than Oregon felt left out of the discussion and like they should not be participating. They would like to balance this out by having a Washington-specific discussion, or even some sort of joint meeting because the issues they are experiencing do not stop just because state lines do.

- There was a miscommunication about the event location. About half the participants went to the preschool and waited almost an hour before making their way over to the longhouse to find out if it was the correct location.
- Tables and seating arrangement needs to be rethought — the original table space was OK for a small initial group of participants. However, once more people started to show up more tables were added in a way that made it difficult for newcomers to participate in the whole group discussion.
- Need to bring resources to these types of events — the needs are so great, even having the ability to do navigation or referrals would start to make a difference. Physical help (coats, etc.) would also be appreciated. Be responsive to the community. This will help build trust and relationships.
- Remember the “month cycle” — payday is usually the first of the month, and this event was on August 30

Location: Salem

Lead Organization: Oregon Marshallese Community Association

Populations: Marshallese Community

Date: Aug. 30, 2019

Participants: 16

What worked well for this community engagement event?

- Demos on how to make fresh juices.
- Small sandwiches and salads.
- Childcare providers.
- Very small groups (more intimate).

What are some suggestions, lessons learned or areas for improvement in the future?

- Large room with sink to wash the vegetables.
- More presentations on health topics:
 - » Tells more details on the health benefit on vegetables.
- OHA needs transportation because many families didn't have a car and OHA staff had to drive people to and from the event today.

Cultural observations:

- This specific group of Marshallese community members was very gentle with the way they approach. They don't come forward and ask many questions. They said, "We are very polite and don't remind. We sometimes don't know how to articulate our ideas."
- They are very close with each other and their cultural community.
- They expressed not having access to health knowledge (maybe need health education classes?).
- They expressed it is important to do something with the information they shared.
- They want the consistency of engagement.
- This was the first time this group had a meeting with the state where the state comes to their community this way. The people were very friendly and accepting.

Location: Corvallis

Lead Organization: Linn Benton Health Equity Alliance (LBHEA), a Regional Health Equity Coalition (RHEC)

Populations: Latino and African American

Date: Sept. 10, 2019

Participants: 20

What worked well:

- Having food at the meeting.
- Having an interpreter on hand if needed.
- Pre-prepping facilitators and event leads.
- Providing background on who OHA is and what the social determinants of health are.
- Breaking into groups based on preferred language and having people discuss in their preferred language versus having interpreters.
- Recording the audio of the event versus the distraction of taking notes or losing the participation of a person to take notes.
- Having OHA leadership attend. This demonstrates the importance of community voice to the agency, as well as leadership hearing community input and needs first-hand to inform future efforts.

Areas for improvement:

- More time for outreach to the community. OHA didn't have the representation from Arabic speaking community that OHA was hoping for.
- Arabic sign-in sheet was incorrectly translated via Shared Services.
- Hold an event at a site where there's sufficient free parking.
- Have an event in the evening or on the weekends to accommodate more people's schedules.
- Have one facilitator, it works better than two or more.
- Need to be better prepared to explain what CCOs are in plain language.

Location: Portland**Lead Organization: Asian Health and Services Center (AHSC)****Populations: Chinese (Cantonese)****Date: Sept. 11, 2019****Participants: 15****What went well and general observations:**

- Super enthusiastic and engaged group! Very lively conversation.
- Participants expressed to the facilitators that they would like to see a repeat of this meeting with more participants — they meet regularly with a larger group and would like those people to have an opportunity to participate as well.
- Good to have the OHA flyer translated ahead of time — people liked having the reference during the meeting, even though they didn't want to hold onto it after they were done.
- Good to have elders' perspective — only had one younger couple who just moved from Hong Kong, the rest were seniors.
- Transportation was important — regular transport back to the senior housing was arranged in conjunction with the regular senior meals program at AHSC.
- Facilitators did a great job — there was a lot to keep track of and they managed to keep the conversation on track despite the relative chaos.

Areas for improvement:

- Group didn't like that I was there without understanding what they were saying — facilitators started questions in just Cantonese, then switched to interpreting when someone said they felt uncomfortable with me “just sitting there” — so I started taking notes on the interpretation.
- Conversation style is that a lot of people are talking at once — not sure staff was able to capture the full conversation in English, but it seems participants and facilitators understood what was going on.

- Plan better for media consent and explain why OHA wants to take photos — people weren't happy to sign something they couldn't read.
- More lead time in the future — facilitators were excited about the opportunity but also felt somewhat caught off guard about the timeline speed.

Location: Portland

Lead Organization: Asian Health and Services Center (AHSC)

Populations: Vietnamese

Date: Sept. 12, 2019

Participants: 11

What worked well:

- Providing background on who OHA is and our role.
- Taking the lead from the community event point person to be in more of an observation role as OHA staff.
- Sticking to the agenda as requested by the community lead, Cang.

Areas for improvement:

- Would be great to have been able to send bi-lingual and bi-cultural staff who could speak Vietnamese to this event.
- Need materials about what the social determinants of health are in the top 14 languages, and specifically for this event, in Vietnamese.
- Needed more time to plan this event, but still got a lot of helpful input. OHA could have had a huge turnout of participants if OHA had more time.
- More time before the event to discuss with facilitators what they prefer or need from OHA staff during the event in more detail.

Location: Beaverton

Lead Organization: Asian Health and Services Center (AHSC)

Populations: Korean

Date: Sept. 12, 2019

Participants: 9

What went well and general observations:

- Facilitators (Maria) were the ones who had been wanting AHSC to host from the beginning, so it was nice to come full circle, and to know that the facilitators wanted to do this and didn't feel pressured.
- Modified format so the majority of time was available for people to write their comments instead of speaking to them. This was identified by facilitators as the most culturally appropriate format.

- A couple of participants came early so they could share their comments without having to single themselves out.
- Participants were not comfortable with photos, recording, etc. All but one declined the consent form outright.
- Participants asked some really difficult and interesting questions about the budget process that I wasn't sure how to answer, but people were understanding and curious about learning more.
- Facilitators anticipated a quiet group, so they grouped the discussion questions all together at the end of the writing period to avoid pressuring people to speak to all questions.
- Facilitators pulled me aside before the meeting to give a “cultural briefing” as part of the run-of-show discussion which was very helpful in understanding some dynamics and modifying my behavior and strategies as a result.
- Facilitators thought the “What is OHA” document translation was really good quality.

Areas for improvement:

- More accessible room — had to have a key to get into the bathroom.
- Re-think sign-in sheets and make sure they are translated. Participants strongly preferred to be anonymous on sign-in sheets (initials only) and several identified that they don't want to be contacted, which is pretty different from the other populations, where that is uncommon.
- A lot of confusion about OHA vs. OHP — even one facilitator kept having to catch herself from saying OHP when she meant to say OHA.
- Have snacks available? Only tea was available which worked fine, but small snacks might have been nice to have as well.



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