

RHIP Social Determinants of Health Housing Workgroup

Agenda: October 21, 2016 from 10:30 am-11:30 am
Deschutes County Health Dept. (Stan Owen Room) – 2577 NE Courtney Drive in Bend

10:30-10:40	Introductions and updates - All
10:40-10:55	Coordination with other housing effortsSDH-Housing, HLC, COIC, Bend 2030
10:55-11:05	Chronic homeless id/service project
11:05-11:20	 Housing WorkPlan Subcommittee reports Proposed modifications and additions to target metrics, timeline, etc.
11:20-11:30	 Action Items - All Who is missing from around the table? Developing the agenda for the November 18 meeting Next steps
Next Meeting:	Friday, November 18 from 10:30 am - 11:30 am (in Bend)

2016-2019 Central Oregon Regional Health Improvement Plan Work Plan DRAFT v8

RHIP Priority: Housing

The lack of safe and affordable housing in Central Oregon has become more than just a question of access and availability – it has become a public health crisis. Low-income families in all three counties struggle to find affordable housing. Homelessness persists and is becoming more widespread, while in many instances, it remains relatively invisible. Given all we know about the importance of housing to health, the current housing environment in this region is widening and exacerbating inequities and health disparities that impact people with fewer financial and support resources. This is particularly true for individuals and families trapped in a cycle of crisis and housing instability due to growing poverty, trauma, violence, mental illness, addiction or other chronic health conditions.

The Social Determinants of Health - Housing Workgroup ("Housing Workgroup") is comprised of individuals, organizations and agencies across many areas – affordable housing, homelessness, health care, social services, education and transportation - who are focused on promoting the vulnerable and at-risk end of the housing spectrum: those who are homeless and those in need of very low income, low income and workforce housing. The Housing Workgroup acknowledges that we must bridge housing solutions with the health system. As such, this group will work to address issues of housing using a health lens, beginning with laying a strong foundation of developing agreed upon definitions around key terms (i.e. homelessness, workforce housing, housing stressed, etc.) and identifying the data needs and resources to develop meaningful analysis. These data will then be used to focus on our current priority areas and goals which include:

- 1. Organizational Capacity To develop shared definitions and conduct a data needs assessment
- 2. Policy To be an effective resource to local municipalities on developing policies and programs that increase affordable housing options and supports
- **3.** Advocacy To help support projects and pass specific legislation and ordinances that impact local and state housing policies and counter a NIMBY perspective
- 4. Outreach and Awareness To gather and analyze data and share actionable information on homelessness and affordable housing
- 5. New Initiatives To support new cross sector initiatives with a focus on non-traditional, disruptive innovation

Goal 1: Organizational Capacity – To develop shared definitions and conduct a data needs assessment

Goal 2: Policy - To be an effective resource to local municipalities on developing policies and programs that increase affordable housing options and supports

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy Timeline		
NA or TBD	 Research existing housing-related policies (e.g. land use, development code, etc.) both around Central Oregon and outside the region Research potential funding strategies and options (including Medicaid) for affordable housing and support services Build effective networks through increased collaboration Develop relationships with key stakeholders (i.e. planners, elected officials) 	 Develop research "team" and begin identifying housing-related policies and funding options for the region Identify key contacts in local city and county municipalities and set up meetings with them 	Ongoing – first meeting by September Ongoing – initial contact and/or introduction made by October	
Parties Responsible	Target Metric	Implementation Progress and Statu	ıs	
Research Team (see to the right), local municipalities (cities and counties)	TBD – will likely be housing related (i.e. housing stock, support services provided, affordability, etc.)	Research Team members include Bruce Abernethy (Bend-La Pine Schools), Molly Taroli (PacificSource), Lynne McConnell (NeighborImpact), Geoff Wall (Housing Works), Larry Kogovsek, Rachae Marble (Deschutes County) COVO will take the lead on identifying municipal contacts There is a desire to figure out how (and who) to include Warm Springs in this effort		

Goal 3: Advocacy - To help support projects and pass specific legislation and ordinances that impact local and state housing policies and counter a NIMBY perspective

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy Timeline		
NA or TBD	 Mobilize community-wide responses on housing-related topics Connect with various faith-based social justice committees 	 Submit letters of support for policies and projects (or opposition as applicable) Testify at hearings (locally and in Salem) Identify and utilize effective subject matter experts to help shape opinions Provide housing advocacy training to the community on 	Ongoing Ongoing Ongoing First training will take place in the Fall	
Parties Responsible	Target Metric	Implementation Progress and Statu	is	
Housing Workgroup members (see to the right), HLC, other affordable housing groups	TBD	Subcommittee comprised of Bruce Abernethy (Bend-La Pine Schools), Don Senecal (HLC), and Larry Kogovsek, with need to approach Cody Standiford (COVO), Deedee Johnson (Bend Area Habitat for Humanity) and a Bethlehem Inn rep (TBD). Early stages on all activities and still figuring out what this will look like (i.e. who decides when to weigh in and what exactly to say? task of subcommittee? What is the tie to Goal 2 - Policy)?		

Goal 4: Outreach and Awareness - To gather and analyze data and share actionable information on homelessness and affordable housing

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
NA or TBD	Devise an outreach strategy to build awareness about housing and health, educate the community, and develop relationships (i.e. create the "stories")	Develop data repository or system for collecting current data on affordable housing and homelessness	
	that help shape opinions)Formalize data collection and analysisDevelop effective channels for sharing	 Develop materials (e.g. handouts, powerpoint) for presentations in schools and the community 	Available by end of September
	information	Work to educate builders on implementing health components into design and construction	Materials developed by October and presentations starting November
		Develop relationships with local media and submit press releases/media advisories as warranted	Contacts/relationships made by end of September
		Develop social media campaign as funding allows	Plan developed by end of September (funding?)
Parties Responsible	Target Metric	Implementation Progress and Status	
Housing Workgroup members (see to the right)	Major depressive disorder (TBD) Link impacts on young children to other SDH focus area (Early Learning)	Already have the data repository/system for tracking homeless Early stages on affordable housing (much information will be gathered through the data inventory and by the Research Team).	
		Outreach and Awareness Committee members include: Judy Watts (COIC), Holly Wenzell (Crook County Health Dept.), and Dave Huntley.	

Goal 5: New Initiatives - To support new cross sector initiatives with a focus on non-traditional, disruptive innovation

Health Indicator(s) addressed	RHIP Strategy	Activity addressing strategy	Timeline
NA or TBD	Support new cross sector initiatives (i.e. housing and health) with a focus on non-traditional, disruptive innovation	 Engage additional stakeholders in the conversation Resource development for projects and programs (e.g. grantwriting, fundraising) Support initiatives from other plans (10 Year Plan to End Homelessness, City of Bend Comprehensive Plan, Bend Livability Project, etc.) 	Ongoing Ongoing Ongoing
Parties Responsible	Target Metric	Implementation Progress and Statu	s
Health orgs (PacificSource, St Charles et al)	TBD	Early stages, need to determine what resource development looks like (how can this workgroup actually add value?) Preliminary members of this committee include: Elaine Knobbs-Seasholtz (Mosaic Medical), Rob Roy/Rima Wilson (Pacific Crest Affordable Housing), Geoff Wall (Housing Works). Others to ask include: Michael Hinton (NeighborImpact) and Shimiko Montgomery (First United Methodist Church)	

Housing Workgroup Subcommittees

Goal 1: Organizational Capacity – To develop shared definitions and conduct a data needs assessment

- Org. Capacity Subcommittee: Kristin Chatfield (OHSU), Dave Huntley (Epidemiologist), Gwenn Wysling (Bethlehem Inn), Elaine Knobbs-Seasholtz (Mosaic Medical), and Molly Taroli (PacificSource).
- Potential additional people to add to this committee: Alan Burke (SCMC) and the new HMIS person at NeighborImpact.

Goal 2: Policy - To be an effective resource to local municipalities on developing policies that increase affordable housing options

- Research Subcommittee: Bruce Abernethy (Bend-La Pine Schools), Molly Taroli (PacificSource), Lynne McConnell (NeighborImpact), Geoff Wall (Housing Works), Larry Kogovsek (CAC), and Rachael Marble (Deschutes County).
- COVO agreed to take the lead on identifying appropriate municipal contacts.

Goal 3: Advocacy - To help support projects and pass specific legislation and ordinances that impact local and state housing policies and counter a NIMBY perspective

Advocacy Subcommittee: Bruce Abernethy (Bend-La Pine Schools), Don Senecal (HLC), and Larry Kogovsek, with a need to approach Cody Standiford (COVO), Deedee Johnson (Bend Area Habitat for Humanity), Tara Feurtado (NeighborImpact) and a Bethlehem Inn rep (TBD).

Goal 4: Outreach and Awareness - To gather and analyze data and share actionable information on homelessness and affordable housing

 Outreach and Awareness Subcommittee: Judy Watts (COIC), Holly Wenzell (Crook County Health Dept.), and Dave Huntley (Epidemiologist)

Goal 5: New Initiatives - To support new cross sector initiatives (i.e. housing and health) with a focus on non-traditional, disruptive innovation

- Preliminary New Initiatives Subcommittee: Elaine Knobbs-Seasholtz (Mosaic Medical), Rob Roy/Rima Wilson (Pacific Crest Affordable Housing), Geoff Wall (Housing Works).
- Others to ask include: Michael Hinton (NeighborImpact) and Shimiko Montgomery (First United Methodist Church)

SDH Housing	Organization	Contact Information
Bruce Abernethy	Bend La Pine School District	bruce.abernethy@bend.k12.or.us
Scott Aycock	Central Oregon Intergovernmental Council (COIC)	scotta@coic.org
Patty Bates	Lutheran Family Treatment Services NW	pbates@lcsnw.org
Allen Burke	St. Charles Health System	aburke@stcharleshealthcare.org
Kristin Chatfield	Oregon Health & Science University	chatfiek@ohsu.edu
Monica Desmond	Base Camp Studio	mdesmondlooby@gmail.com
Karen Friend	Central Oregon Intergovernmental Council (COIC)	KFriend@coic.org
David Huntley	Epidemologist	davidhu1091@yahoo.com
Sarah Kelley	Thrive Central Oregon	thrivecentraloregon@gmail.com
Elaine Knobbs-Seasholtz	Mosaic Medical	elaine.knobbs@mosaicmedical.org
Larry Kogosvek	Community Advisory Council	lkogosvek@cocc.edu
Jim Long	City of Bend	jlong@bendoregon.gov
Julie Lyche	High Desert ESD	julie.lyche@hdesd.org
Racheal Marble	Deschutes County Health Services	rachael.marble@deschutes.org
Lynne McConnell	NeighborImpact	lynnem@neighborimpact.org
Shelly McKittrick	La Pine Community Health Clinic	mmckittrick@lapinehealth.org
Debbie Meadows	Department of Human Services (DHS)	debra.d.meadows@state.or.us
Elizabeth Oshel	Legal Aid Services of Oregon	Elizabeth.oshel@lasoregon.org
Scott Pelham	Central Oregon Collective	scott@inthecollective
Rob Roy	Pacific Crest Affordable Housing	robroy@pacificcrestgroup.org
Sally Pfeifer	Sally Pfeifer and Associates	sallyp@oregontreatment.net
Don Senecal	Homeless Leadership Coalition	dons@bendbroadband.com
Kathy Skidmore	Central Oregon Veterans Outreach	kathy.skidmore@covo-us.org
Cody Standiford	Central Oregon Veterans Outreach	cody.standiford@covo-us.org
Molly Taroli	PacificSource	Molly.Taroli@pacificsource.com
J.W. Terry	Central Oregon Veterans Outreach	jw.terry@covo-us.org
Geoff Wall	Housing Works	gwall@housing-works.org
Judy Watts	Central Oregon Intergovernmental Council (COIC)	jwatts@coic.org
Holly Wenzel	Crook County Health Department	hwenzel@co.crook.or.us
Rima Wilson	Pacific Crest Affordable Housing	rimawilson@pacificcrestgroup.org
Gwenn Wysling	Bethlehem Inn	gwenn@bethleheminn.org

Data Sets Available and Needed

SOCIAL DETERMINATES OF HEALTH SEPT 16, 2016

DAVE HUNTLEY, KRISTIN CHATFIELD, GWENN WYSLING, ELAINE KNOBBS, MARY TAROLI

Data Sets Available and Needed

Available Data Sets:

- 1) NHANES National Health and Nutrition Examination Survey
- 2) ALICE Report Asset Limited, Income Constrained, Employed from the United Way
- 3) HUD Homeless survey National with state and local data available
- 4) IPUMS Integrated Public Use Microdata Series individual-level population database.

Consists of microdata samples from United

States.

5)

Data Sets Available and Needed

-- Examples

Metric Description	Frequency	Availability	Geograph	Ease or Difficulty to obtain	Where do the data live? What is the procedure for obtaining data?	Limitations
The number of homeless individuals who are on housing waitlists	Ad hoc	as needed	Oregon	Fairly easy	State database. Requires data request to example@dhhs.gov.	Homeless individuals are especially difficult to track over time
Count of housing burdened individuals who prefer pepperoni pizza	Annually	June	USA	Moderate	Public download from IPUMS. Requires special softeware (SAS) to read the data.	Funding cuts mean these may not be available in th future. Only state level da no county level data
HUD required annual count of sheltered homeless and bi- annual count of unsheltered homeless on a single night in January, includes subpopulations	Annually	October	State and County	Fairly easy	Public download of excel spreadsheet: https://www.oregon.gov/ohcs/Pages/ research-point-in-time-homeless-count-in- oregon.aspx	Homeless populations are difficult to track. Only bi- annual for unsheltered homeless.

Data Sets Available and Needed

--Health Indicators Addressed - Impact of Housing on Health

From studies we know:

Increase in major depression.

No health insurance coverage or too high deductibles

Not able to fill a needed prescription or delay in filling.

Poor access to ambulatory care and higher rates of acute care.

Poor health, lower weight, and developmental risk among young children. \\

The role of affordable housing in increasing residential stability may lead to improved educational outcomes for children.

Data Sets Available and Needed

-- Next Steps

- Identify Local Data Sets Local NGO, Medical and government data
- · Let us know what data your group may be willing to share
- Let us know what data other local groups may have
- Identify impact of at risk housing and homelessness Health Indicator(s) to be Addressed
- Reduce missed or delayed prescriptions for chronic diseases (CHD, COPD, Asthma, Diabetes)
- Improved residential stability improving the educational outcomes for children.
- Improved residential stability impact on food security and improved diets.

RHIP Workgroup Updates: September

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 22 members.
- In September the group learned about the roles of peer navigators/recovery mentors within the overall structure of behavioral health services in our region. Members of the group also discussed the behavioral health components of the Access Study. In October the group will begin discussions around how to track referrals to treatment with follow-ups back to primary care.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleaven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 25 members.
- In September the group further defined clear and standardized pathways for patients that display substance use risk within
 primary care settings. Once finalized, this algorithm and resources will be shared throughout the region. In September,
 organizations volunteered to pilot expedited referrals to treatment. A sub-group will be meeting to work out specifics of
 these pilot efforts. This group is also developing and supporting strategies to increase MAT in primary care settings outside
 of Bend.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Emily Salmon)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In September this group came close to finalizing patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents will be shared broadly with clinics during October. The group also discussed the value of the "5 A's" or "2 A's and R" as a standard in clinics to support blood pressure control, discussed the upcoming e-referral pilot for the Tobacco Quit Line, and provided input on a blood pressure control education proposal.

Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In September the group reviewed and made edits to the first draft of a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and supporting resources are being outlined for our region. The group also submitted a Grand Rounds presentation on Pre-Diabetes. This submission was approved by the CME committee and the presentation is currently being scheduled for early 2017.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In September, the workgroup went through a consensus workshop to agree on broad strategies addressing physical inactivity. They decided on promoting school based physical activity (P.A.), increasing affordable P.A. programs, promoting a built environment that facilitates P.A., increasing active modes of transportation, integrating P.A. in community events, incentivizing P.A., and engaging clinical support. They also started this process around nutrition and will finish this exercise next month. In the coming months they will be drilling down on implementing specific strategies.

RHIP Workgroup Updates: September

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Prevention Goal of Keeping Children Cavity Free. This exercise will enable the workgroup to prioritize next action steps. An identical process for the Clinical Goal of Improving Oral Health for Pre-Post Natal Women, will be done at the October meeting.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- The workgroup heard a report from PacificSource on a Prenatal Coding pilot that is taking place in a few local clinics. The group discussed the funding of the Perinatal Care Continuum project. They reviewed the living workplan and made suggestions for minor additions. The group is reviewing the plan individually this month so that more additions can be made and finalized at the October meeting.

Social Determinants of Health

• This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 27 members in Housing.

Education & Health (Support: Donna Mills & Desiree Margo)

• The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. The group discussed vision and recommendations for next actions steps. Three primary focuses emerged: ACE's, data as a proxy for Kindergarten Readiness in all three counties, and aligning with DHS to establish a working relationship to keep kids from entering the foster care system. The group will review heat maps and a draft workflow outline at the October meeting.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

• In September, the housing subcommittee provided an update on what data they were available to collect and what they still needed. The workgroup will use this data compilation to inform their work moving forward. The workgroup also decided to provide support when appropriate to Bend 2030's project of increasing workforce housing and COIC's project of developing a regional housing consortium and expansion of the regional public transit system. Don Senecal presented his RHIR proposal on expanding services of Jericho Road's Housing Assistance Program.