

RHIP Workgroup Updates: June

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Mike Franz)

- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In June, the group continued their A3 process with the aim of identifying and engaging 100% of individuals in Central Oregon that have a behavioral health need, and ensure an effective and timely response.

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

- This group meets the third Wednesday of every month from 3:45-5pm and currently has 27 members.
- In June, the group continued the work of evaluating how to measure their metrics for the Substance Use & Chronic Pain area of focus. Once this group completes this process, they will begin their first A3 (likely in August).

Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)

- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In June, this workgroup agreed to continue the focus of their A3 around eliminating all youth tobacco use in Central Oregon in addition to submitting for QIM funds around a SmokeFree media campaign to raise awareness of targeted tobacco advertising.

Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)

- This group meets the second Thursday of every month from 9-10:30am and currently has 12 members.
- In June, this workgroup continued their A3 process with the aim of 95% of Central Oregonians with Type 2 Diabetes will have an HbA1c of < 9%.

CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 26 members.
- In June, this workgroup dug deeper into the data for their metrics and shared information on current pay to play fees and scholarship programs in the region. They also continued their work on their A3 around removing barriers for students participating in physical activities. Next month they will continue to put their experiments through the PICK chart. However, they have determined their first step is to build relationships and partnerships with schools and invite them to participate in the A3 process.

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Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The Oral Health Workgroup heard a presentation from Heather Simmons of PacificSource regarding Oral Health metrics compared across CCO's. The group will resume work on the A3 process at the July 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 Reproductive Maternal/Child Health Workgroup worked through their Problem Statement and Aim on their A3. In July they will move on to Box 2 and 3, initial and target states.

Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 26 members in Kindergarten Readiness and 37 members in Housing.

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

- The Kindergarten Readiness workgroup broke into the three subgroups identified during the process they completed in May; Literacy, Social and Emotional Supports, and Integration of Services/Access. Each group worked on Box 1 of their respective A3s.

Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In June, the workgroup reviewed and refined their drafted A3 around addressing the problem that Central Oregon communities do not have a comprehensive understanding of the current housing/homeless needs which results in missed opportunities for additional funding, unaligned efforts, and a lack of commitment to act. In their gap analysis, they decided to start with completing a Housing Needs Assessment. Their second A3 addresses the problem that Central Oregon has a population of chronically homeless and high utilizers of government, public, and private services whose health and housing needs are not being met by current approaches, continuing the cycle of homelessness and illness.