

Address Poverty and Enhance Self-Sufficiency

Regional Health Improvement Plan Workgroup

Join Zoom Meeting https://zoom.us/j/728200141

Join by phone: +1 669 900 6833 Meeting ID: 728 200 141

March 17, 2020 11:00am – 12:30pm

Aim/Goal

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

Future State Metrics

- 1. Increase high school graduation rates among economically disadvantaged students
- 2. Decrease food insecurity
- 3. Decrease percent of income constrained households
- 4. Decrease housing and transportation costs as a percent of income

AGENDA			
11:00-11:05	Welcome, Introductions & Guiding Principles - All		
11:05-11:10	Housekeeping - Facilitator		
11:10-12:20	Root Cause Analysis - All		
12:20-12:30	Closing – Facilitator		



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Future State Metrics – Full Detail

1. By December 2023, Central Oregon graduations rate among economically disadvantaged students will improve by 3 percentage points to:

2023 Central Oregon Graduations Rate for Economically Disadvantaged		
Crook	76.60%	
Deschutes	77.30%	
Jefferson	83.40%	

2a. By December 2023, decrease the % of total population reported as food insecure by 2 percentage points to:

County	% of (total) Population Food Insecure
Crook	13%
Deschutes	11%
Jefferson	11.3%

- 2b. By December 2023, develop a regional metric to evaluate food insecurity among seniors in our community (ages 65+).
- 3. By December 2023, decrease the population of households living at the poverty level and income constrained by 2 percentage points to:

Crook: 27% Deschutes: 24% Jefferson: 32%

4. By December 2023, reduce combined housing and transportation cost for residents as a percent of income in their respective counties to no more than:

Crook County: 64% Deschutes: 55% Jefferson: 55%



Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Involve Targeted Population

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

Regional Health Improvement Plan (RHIP) Workgroup Frequently Asked Questions

Do large organizations with many different departments only count as one vote?

It is important to give equitable value and weight to each partner voice in decision making. To do that, large organizations that completely reside within the same community sector will have one vote. If a large organization resides within multiple sectors, that organization will get one vote per sector. For example, if there are two people from a large organization such as St. Charles Health System, and one of them is from inpatient hospital care and the other is from primary or family care, they will share one vote because both of those departments reside within the healthcare sector.

If there are two people from the same umbrella organization (for example Deschutes County), with one of them working in the judicial system and the other is working in public health, they will <u>each</u> have one vote because justice and health care are two separate sectors. Employees of these departments represent significantly different community perspectives.

Can I send a representative to vote in my place if I'm not able to attend a decision-making discussion?

There are multiple, on-going discussions and a lot of shared learning leading up to formalizing a decision. Regularly participating gives you a better understanding of these complexities. A representative, or proxy, attending an isolated decision-making discussion will not have the depth of understanding of the topic. Only partners who have maintained their voting partner status will be invited to formalize a decision by voting. See Participation Practices for details.

If you are one of two members representing the same organization and your coworker has attended enough meetings to be a voting partner, they will be able to vote for your organization. However, if your coworker does not qualify as a voting partner, they will not be able to vote in your place.

Is a final decision made when 75% agreement is reached by voting partners present in the meeting? Or by all voting partners?

We approach final decisions using the Focused Conversation method to bring partners closer to consensus. When we say consensus, we mean: "Finding and creating areas of shared understanding; A coming together of the common sense of the total group; An agreement that everyone can live with". After coming to consensus, a decision is made when 75% of all voting partners are in agreement. For example, any partner present for the discussion, will work to reach consensus during the meeting time. The formal decision will be made by all voting partners through an email vote. This applies to both a positive or negative vote. For instance, if the vote is split 50/50, partners must work to agree by 75% in favor of, or against, an issue.

How long will it take to work through the Structured Problem Solving (SPS) to develop a Strategic Direction? When will funding be available?

The process will take a few months, however each workgroup may progress at different rates, depending on the number of priority area metrics, and deliberation of the workgroup. Mini-grants (up to \$5,000) are available now through the Central Oregon Health Council (COHC) website. Standard grants (over \$5,000) will be available once each workgroup develops their strategic direction and decides how they want to disseminate funds. All funding must directly impact the workgroup metrics.

With our priority areas as broad as they are, how will we prioritize where to start?

Prioritization will be determined through the Structured Problem Solving (SPS) process and development of a Strategic Direction over the next few months.

Who is allowed to apply for workgroup funds?

Organizations with Tax ID numbers who serve Central Oregon can apply for funding. It is not required that an organization is on a workgroup to apply for funding. All are welcome to apply. The workgroup can choose to use the funds to implement workgroup driven activities that directly impact the metrics, in which case no applications would be accepted. The workgroup can also request proposals (Call for Community Projects) from the region which are available to everyone, including workgroup partners. Calls for Community Proposals will be listed on the COHC website as they become available: https://cohealthcouncil.org/how-to-apply-2/

Does each workgroup have \$1.6 million? Does the funding need to be spent over 4 years?

Yes, each workgroup will receive \$1.6 million to invest in the workgroup's strategic direction. Remaining funds that have not been invested by December 31, 2023, will be returned to the Community Impact Fund for future community investment.

Why can't funding be used for brick & mortar investments?

There is ambiguity in whether or not State and Federal Laws prohibit us from using Community Impact Funds for capital investments. In response, the COHC Board of Directors accepted a recommendation to avoid brick and mortar requests.

What is the application process and reporting requirements for each type of grant?

The mini grant application and requirements are available on the COHC website: https://cohealthcouncil.org/how-to-apply-2/

We will be discussing the standard grant application process in more detail as we develop workgroup strategic directions in the coming months.

Where do you get your training for the "tools" we use?

The COHC staff comes from a variety of different backgrounds, education and professional training. We pull from different sources and adjust to meet the needs of the workgroups, but here are a few of our favorites:

- Technology of Participation (ToP) https://www.top-training.net/w/
- Lean Enterprise Institute https://www.lean.org/
- Collective Impact Forum https://www.collectiveimpactforum.org/

How will we assure that funds are distributed in a way that helps ensure equity overall?

Equity is a priority for the 2020-2023 Regional Health Improvement Plan (RHIP) and therefore we are working to integrate equity-focused questions into our workgroup discussions and decision making. The Central Oregon Diversity, Inclusion and Equity (CODIE) workgroup will serve to provide expertise, focus and actionable strategies to advance diversity, equity and inclusion in support to the goals of the Central Oregon Health Council (COHC) as articulated in the RHIP. We invite workgroup partners and their organizations to join us in these efforts.

Can funding be used for a grant writer to bring more money into the community?

Yes, workgroup funds can be used to leverage additional funding that directly impacts the priority area metrics.

Can funding be used for professional development?

Funds may be used for education and training related to the strategic direction that impacts priority area metrics. Education and training could be used for the community at large or the workgroup as a whole. Examples might include train the trainer models, equity and diversity training for workgroups, or practitioner trainings for underserved populations.

Can current and past applicants/projects submit multiple grant applications?

There is no limit to submissions. However, historically workgroups favor projects that are innovative, pilot programs, or projects that demonstrate a strong sustainability plan.

Who is the Operations Council?

The Operations Council is made up of people who represent all parts of the healthcare delivery system. This includes physical health, oral health, behavioral health, public health and education. Their responsibilities are to improve health care coordination and apply a systems level lens to the Regional Health Assessment and Regional Health Improvement Plan.

What was the amount of \$ for workgroups during the last 4 years? Are there current investments that come under the umbrella of each workgroup?

For the 2016-2019 RHIP cycle each workgroup received \$250,000 per year for a total of \$750,000. Any projects still in progress will be adopted into the new workgroups for continued guidance, however any of these projects seeking additional funding are not guaranteed additional financial support.

How will we keep partners informed who are unable to attend the meetings?

All meeting packets will be available on the COHC website: https://cohealthcouncil.org/workgroups/

Address Poverty and Enhance Self-Sufficiency

Background: Why are we talking about this?

1990s Mill Closures / Timber Industry Decline **2000s** Population Growth in Central Oregon

The Great Recession

Decreasing safety net – "War on Poor"

Local workforce displacement

Widening Opportunity Gap

Central Oregon has grown rapidly over the past two decades. Individual communities face different economic and social challenges associated with this development, including increased unemployment, lack of affordable housing, and income inequality. There is significant evidence linking poverty to health disparities and poor outcomes.

Current Condition: What's happening right now?

- 9-17% of residents in Central Oregon lived in poverty between 2013 and 2017
- Almost 50% of the region's renters are considered to be cost burdened
- Almost 25% of the civilian labor force in Warm Springs is experiencing unemployment

Current State Metrics:

- 1. 2018 Central Oregon graduation rates were significantly lower among economically disadvantaged students
- 2. Food Insecurity by County: Crook 15%, Deschutes 13%, Jefferson 13.3%
- 3. Income constrained households: Crook 29%, Deschutes 26%, Jefferson 34%
- 4. Housing and transportation costs combined as a percent of income: Crook 67%, Deschutes 58%, Jefferson 58%

Goal Statement: Where do we want to be in 4 years?

Aim/Goal

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges. **Future State Metrics -** By December 2023:

- 1. Increase high school graduation rates among economically disadvantaged students
- 2. Decrease food insecurity
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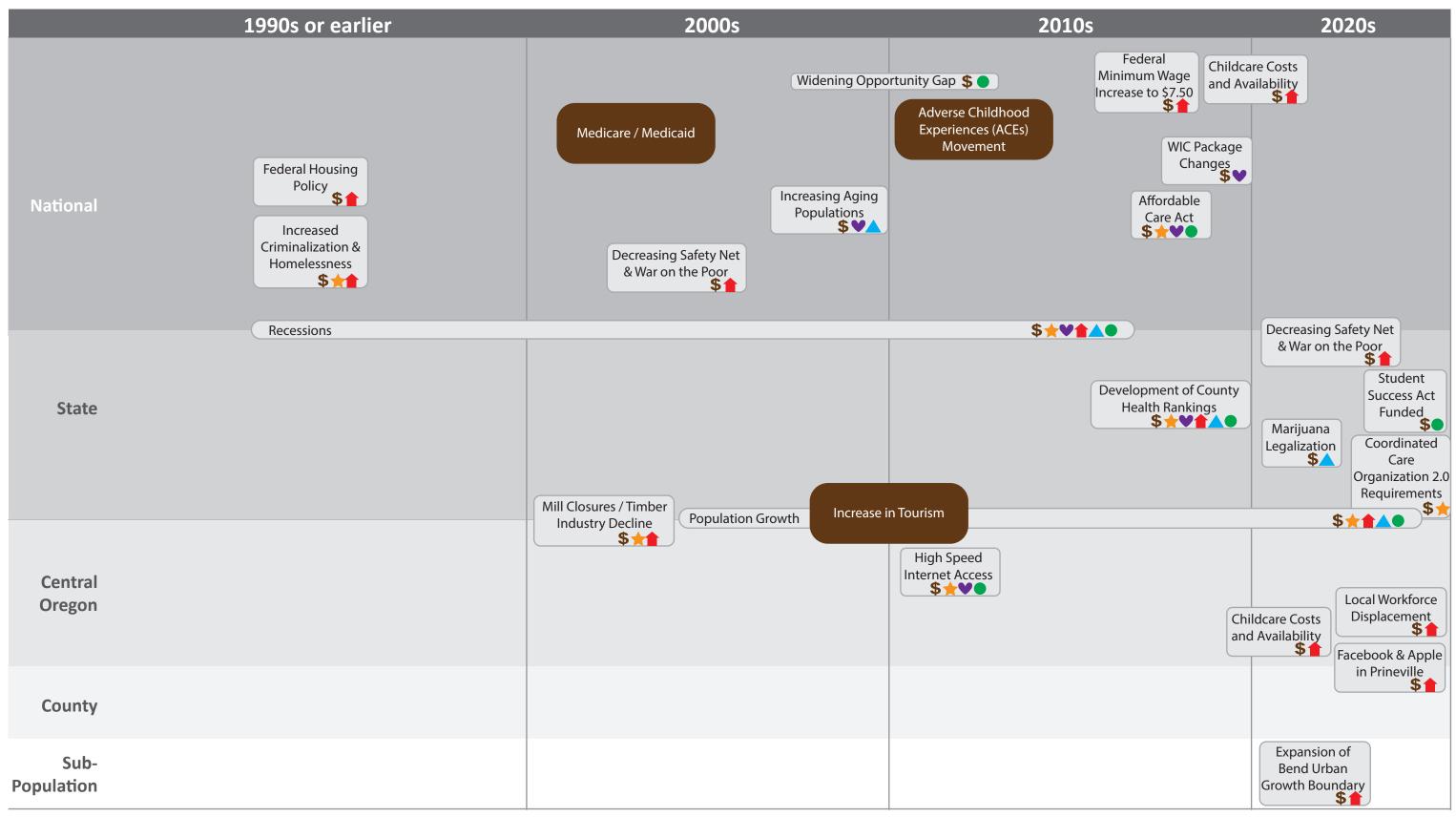
Analysis: What's ke	eeping us from	getting there?
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Date updated:	Workgroup:	Version:			
Strategic Direction: What are we going to try?					
{insert}					

ocused Implementation: What are our specific actions? (who, hat, when, where?)	
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Follow-Up: What's working? What have we learned?				
{insert}				

Address Poverty and Enhance Self-Sufficiency Background Timeline



Level of	Sector	Organization	Person	Who will contact
Engagement				them?
Core	Voluntary Sector	Youth Build	Kara Johnson	Tanya Nason
	Voluntary Sector	Bend Church	Stacy White	Larry Kogovsek
	Practitioners	Neighbor Impact	Brenda Comini, Andrew or Patty	Ken Wilhelm
	Practitioners	WorkSource		Dawn Holland
	Policy Partner	Pathways to Success	Marcus Legrand	Wendi Worthington
	Voluntary Sector	Interfaith Network of Central Oregon		Larry Kogovsek
	Private Sector	COIC	Dan Dulap	Christian Moller- Andersen
	Resource Partners	THRIVE	Sarah Kelly	Larry Kogovsek
Circle of Engagement	Voluntary Sector	Veterans	Alison Perry	Karren Ruesing
	Beneficiaries	Let's Talk Diversity Coalition		
	Public Sector	COCC Business		
	Public Sector	Juvenile Justice		
	Informal Sector	Students		
	Informal Sector	Community Members		
	Public Sector	COIC		
	Public Sector	Deer Ridge		
	Public Sector	Cities of Bend, Redmond, Prineville, Madras, etc.		
Circle of	Voluntary Sector	West Side Church		
Champions	Private Sector	Bend Chamber		
	Public Sector	CET		
Circle of	Public Sector	ODOT		
Information	Private Sector	EDCO		
& Awareness	Private sector	Wild Ride (and other community-oriented businesses)		
	Voluntary Sector	Free Bikes for Kids		

Circle of	Private Sector	Bright Wood		
Possibilities				
	Private Sector	Influential Large		
		Businesses		
	Private Sectors	Unions		
	Public Sector	East Cascades	Heather Fisht	Jen Rusk
		Workforce		
		Investment Board		
	Public Sector	OSU Cascades		Wendi Worthington