

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

August 18, 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

11:00-11:10	Welcome & Land Acknowledgement
11:10-12:25	Strategic Directions
12:25-12:30	Next Steps



Regional Health Improvement Plan Workgroup

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.

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
- 3. Decrease percent of income constrained households
- 4. Decrease housing and transportation costs as a percent of income

Analysis: What's keeping us from getting there?

- Demand exceeds supply for range of housing needs required
- Disjointed Systems
- Funding/Educational system is designed not to meet the needs of historically marginalized students
- Inactive response to Awareness, Barriers and Cultural Sensitivity
- Transportation can be inaccessible due to distance/economic
- Inequity of resources for income constrained families
- Scarcity culture promotes exclusionary programming
- Historical classism and racist structures undervalue and constrain people
- Complex & excessive restrictions to access safety nets

				CO		
Date updated:	Workgroup:		Version:			
Strategic Direction: What are we going to try?						
{insert}						
		_				

Focused Implementation: What are our specific actions? (who,					
what, when, where?)					
{insert}					

Follow-Up: What's working? What have we learned?				
{insert}				

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Root Cause Barriers: What is blocking us from moving toward our future state measures?								
Demand exceeds supply for range of housing needs required	Disjointed Systems	Funding/ Educational system is designed not to meet the needs of historically marginalized students	Transportation can be inaccessible due to distance/ economic	Inequity of resources for income constrained families	complex & excessive restrictions to access safety nets	Historical classism and racist structures undervalue and constrain people	Scarcity culture promotes exclusionary programming	Inactive response to awareness, barriers and cultural sensitivity
Neglected	Job skills/	Need paths in high	Rural/ Smaller	Physical limitations	Reduction	Lower wage job	Older adult food	Individualism vs.
continuum of	accommodations, c	schools that lead to	communities	for resource	of tax	growth outpace	insecurity:	Socialism (ex. Some
affordable	hild care, logistics of	good jobs making a	have smaller	searches	benefits for	family wage job	inadequate benefits	folks would not want
housing options	jobs, social help,	living wage after	economic base		charitable	growth	outweigh energy	bike path along canal)
from shelter to	mental health,	graduation	to support trans.		donations		expenditures to	(some people reluctant
home ownership	scheduling, flexibility						apply	to ask for help)
Pervasive mental	Unstable family	Educational systems	Smaller	Fragmented	Federal	Policies and	Unbalanced funding	Disparities of
health and	situations contribute	are built in 9-5 work	communities	investment in	changes to	practices	for elderly and	addressing Diversity,
addiction prohibit	to other issues -	school which aren't	have greater	prevention and	SNAP	prohibit living	support for	Equity, and Inclusion
access to food	graduation rates,	address student's	distance to	early intervention	benefits	wage jobs	transportation,	
and housing	food instability,	needs	travel				housing and food	
	stable housing						costs	
Limiting policy for	Infrastructure:	Fragmented student	Investment	Resources for food		Individuals living	Access to services	Stigma to food
building new	water, power,	support systems	priorities in	storage are		near poverty	aren't personalized	assistance and
housing	garbage, internet,		public	disconnected		level	based on their	transportation
C-fl	bus routes		transportation	C			needs	D : 1
Safe and	One income due to need for childcare			Grocery stores		One income	Don't know which	Poor experiences erode
adequate Housing	need for childcare			more efficient, so fewer donations		due to need for	resources are best suited for which	trust
				Tewer donations		childcare	people	
	Individuals accessing			ALICE households			Pace of technology	Fear of Public Charge
	the system are in			face barriers due to			can overwhelm	Teal of Fublic Charge
	survival mode			undocumentation			seniors	
	55.77747777046			aaccamentation			33111313	Race and ethnicity in
								schools
								3010013

Address Poverty and Supports: Strategic Direction Action Ideas

Connect services

Launch UniteUs platform (referrals) / Community portal for those who need help Lean on libraries, meals on wheels, collaborative partners/resource centers to connect them to resources

Develop workforce Outsource personnel to community

School to career connections that encourage tradeschools, enterpaneurship ect

Construct a school-to-career pipeline

Develop after school program for career pathways..not just college Implement
onboarding and
annual health
equity training
for staff

Reach out to partners to assess, identify, and implement strategies to better communicateinformation that meets the language, literacy, and cultural needs of the community

Increase cultural competence data about
intersectional
identities, people with
disabilities in Central
Oregon

get updated Census

Increase culturally competent training opportunities for health care providers

Fund BIPOCled Cultural Humility Trainings Address Housing Crisis

Create Share

community

housing

options

successful housing (global models) for marginalized populations(GRADUATION RATES)

Research other

Incentivize
landlords and
property managers
to house the
houseless or
unhouseable

a centralized
clearing house for
renters and to
avoid all the costs
associated with
applying each time

Subsidize or advocate for single dwelling units

Develop a housing barrier removal fund (rental assistance, utility, and property debt forgiveness)

CURRENT
create shared living
programming= match
making service and
screening for those w/
needs (income/ADLs) with
those who need to rent a
room

These need clarity:

Increased Charitable deductions CO-OP, income constrained, use of FS and all those low income

Sources

Wendi's group

Karren's group

Michaela's group

Additional ideas survey

DEI Conversation Gwenn's group

Unnamed area

Funding for more community Improve schools to navigators not only access to for health but also increase hiring for those who are mental health health care renting counselors Invest in Educate medical COCC providers about the Integrative Community value of Community Health Worker Health Workers so Health they are more likely (CHW) training Infrastructure to hire them

More support and Develop Look at using colleges connection for Guaranteed Improve to assist with child care dropout government Free Public social from students who are minimun provided jobs such enrolled, credits, determinants Transportation prevention as WPA, CCC, children constantly wage of health Americorp, peace learning programs Corp **Explore** how Advocate for Increase Increase "clean slate" lobby for zone & code Invest in communities access to policies opportunities accessibility to changes to decrease to design their own (expungement clinics, limits technology can addressing minimum lot size, communities= less on date of how far childcare by increase density, allow background checks can go travel, tele medicine, improve access social for criminal offenses, providing for tiny homes /single shopping, to determinants of alternatives to incarceration dwelling units sustainability subsidies for offenses) transportation health

create a workgroup of **Build community** Convene Create workgroups of community members coalition capacity to diverse multiple organizations who can provide address health partnerships information about their that address specific inequities related to lived experiences, social determinants of around specific substanceuse and needs, barriers, health issues mental health concerns, etc. Find local Convene Connect local Identify and experts in workgroup to implement strategies farmers to categories to address solutions to assure more to the lack of diverse EBT & food connect to representation on affordable resources stamps local committees childcare (SNAP) Resiliency is key Assure Meet with and needs to be incorporation of income front of mind equity goals and constrained individually, metrics in partner families to communities, organizations unpack barriers Strategic Plans systems-wide

we need to Work directly with Incentivize communities to co-Partner better be working recruitment of create policies, with programs and strategies "with", not **BIPOC** into toensure that health marginalized leadership "for" Native interventions are communities equitable and culturally positions Americans responsive Coaches or build trust with Have mentors of families from accountability; distribute/share color for kids communities power of color of color

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