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

September 15, 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

Address Poverty and Enhance Self-Sufficiency
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%

Central Oregon Health Council

Regional Health Improvement Plan (RHIP) Workgroup

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.

Address Poverty and Enhance Self-Sufficiency

Central Oregon
Health
Council

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

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}

4

Address Poverty and Enhance Self-Sufficiency

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 continuum of affordable housing options from shelter to home ownership	Job skills/ accommodations, child care, logistics of jobs, social help, mental health, scheduling, flexibility	Need paths in high schools that lead to good jobs making a living wage after graduation	Rural/ Smaller communities have smaller economic base to support trans.	Physical limitations for resource searches	Reduction of tax benefits for charitable donations	Lower wage job growth outpace family wage job growth	Older adult food insecurity: inadequate benefits outweigh energy expenditures to apply	Individualism vs. Socialism (ex. Some folks would not want bike path along canal) (some people reluctant to ask for help)
Pervasive mental health and addiction prohibit access to food and housing	Unstable family situations contribute to other issues - graduation rates, food instability, stable housing	Educational systems are built in 9-5 work school which aren't address student's needs	Smaller communities have greater distance to travel	Fragmented investment in prevention and early intervention	Federal changes to SNAP benefits	Policies and practices prohibit living wage jobs	Unbalanced funding for elderly and support for transportation, housing and food costs	Disparities of addressing Diversity, Equity, and Inclusion
Limiting policy for building new housing	Infrastructure: water, power, garbage, internet, bus routes	Fragmented student support systems	Investment priorities in public transportation	Resources for food storage are disconnected		Individuals living near poverty level	Access to services aren't personalized based on their needs	Stigma to food assistance and transportation
Safe and adequate Housing	One income due to need for childcare			Grocery stores more efficient, so fewer donations		One income due to need for childcare	Don't know which resources are best suited for which people	Poor experiences erode trust
	Individuals accessing the system are in survival mode			ALICE households face barriers due to undocumentation			Pace of technology can overwhelm seniors	Fear of Public Charge
								Race and ethnicity in schools

Address Poverty and Supports

Strategic Direction:
How do these groups relate to each other? Which ones have similar intent?

Triangle Row

Address Housing Crisis

- Research other successful housing (global models) for marginalized populations(GRADUATION RATES)
- a centralized clearing house for renters and to avoid all the costs associated with applying each time
- Develop a housing barrier removal fund (rental assistance, utility, and property debt forgiveness)
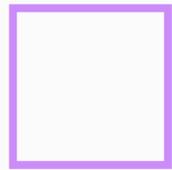- Create Share community housing options
- Incentivize landlords and property managers to house the houseless or unhouseable
- Subsidize or advocate for single dwelling units
- CURRENT create shared living programming= match making service and screening for those w/ needs (income/ADLs) with those who need to rent a room

Improve social determinants of health

- Free Public Transportation
- Develop dropout prevention programs
- Look at using colleges to assist with child care from students who are enrolled, credits, children constantly learning
- More support and connection for government provided jobs such as WPA, CCC, Americorp, peace Corp
- Increase accessibility to childcare by providing subsidies
- lobby for zone & code changes to decrease minimum lot size, increase density, allow for tiny homes /single dwelling units
- Invest in communities to design their own communities= less travel, tele medicine, shopping, sustainability
- Explore how access to technology can improve access to transportation

these are about improving SDoH and Housing

Square Row

Convene diverse partnerships around specific issues

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

Partner better with marginalized communities

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

Increase cultural competence

- Incentivize recruitment of BIPOC into leadership positions
- get updated Census data about intersectional identities, people with disabilities in Central Oregon
- Increase culturally competent training opportunities for health care providers
- Fund BIPOC-led Cultural Humility Trainings

these are about partnering with our diverse communities

Diamond Row

Develop workforce

- Construct a school-to-career pipeline
- Implement onboarding and annual health equity training for staff
- School to career connections that encourage tradeschools, enterpaneurship ect
- Develop after school program for career pathways..not just college
- Reach out to partners to assess, identify, and implement strategies to better communicateinformation that meets the language, literacy, and cultural needs of the community

Improve access to health care

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

Connect services

- Outsource personnel to community
- 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
- Connect local farmers to EBT & food stamps*
- Find local experts in categories to connect to resources (SNAP)*
- CO-OP, income constrained, use of FS and all those low income

these are about expanding delivery and access to services

Circle Row

advocate for local policy and legislation

- Advocate for policies addressing social determinants of health
- Increase "clean slate" opportunities (expungement clinics, limits on date of how far background checks can go for criminal offenses, alternatives to incarceration for offenses)
- Guaranteed minimun wage
- Increased Charitable deductions

these are about advocating for legistlative change