Promote Enhanced Physical Health Across Communities
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/188624791?pwd=emNBU2hueW9rRnAwQ2dXNG1Pc1lyUT09

Join by phone:
+1 669 900 6833
Meeting ID: 188 624 791
Passcode: 450534

February 23, 2021
8:00-9:30am

Aim/Goal
Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

Future State Measures – Condensed
1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates
2. Decrease obesity rates in adults
3. Increase fruit/vegetable consumption and physical activity in youth
4. Decrease risk factors for cardio-pulmonary and/or preventable disease
5. Decrease sexually transmitted infections
6. Increase individuals receiving both an annual wellness visit and preventative dental visit

AGENDA
8:00-8:20 Welcome & Announcements
8:20-9:25 Implementation Plan Development
9:25-9:30 Wrap Up & Next Steps

Working Document:
https://docs.google.com/presentation/d/1j6lJR-ZPdwv9qNyVuPvJs5wNhUoFX5vNKhJfjzD7i/edit?usp=sharing
**Promote Enhanced Physical Health Across Communities**  
Regional Health Improvement Plan Workgroup

### Future State Measures – Full Detail

1. By December 2023, decrease chronic disease rates by 10% in each County, age-adjusted:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma (%)</td>
<td>7.4</td>
<td>8.2</td>
<td>12.9</td>
</tr>
<tr>
<td>Cancer (%)</td>
<td>7.0</td>
<td>6.4</td>
<td>4.9</td>
</tr>
<tr>
<td>Cardiovascular Disease (%)</td>
<td>8.7</td>
<td>4.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.5</td>
<td>5.3</td>
<td>18.3</td>
</tr>
</tbody>
</table>

2. A.) By December 2023, reduce adult obesity rates in Central Oregon Region by 7% in each county:

<table>
<thead>
<tr>
<th>County</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook County</td>
<td>29.3%</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>19.9%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>39.2%</td>
</tr>
</tbody>
</table>

2. B.) By December 2023, increase the percentage of Central Oregon youth who meet the physical activity and fruit/vegetable consumption goals by 10 percentage points in each county to:

#### 8th Grade Rates

<table>
<thead>
<tr>
<th>County</th>
<th>Physical Activity</th>
<th>Fruit and Vegetable Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook County</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>32%</td>
<td>41%</td>
</tr>
</tbody>
</table>

#### 11th Grade Rates

<table>
<thead>
<tr>
<th>County</th>
<th>Physical Activity</th>
<th>Fruit and Vegetable Consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook County</td>
<td>39%</td>
<td>31%</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>30%</td>
<td>25%</td>
</tr>
</tbody>
</table>
3. By December 2023, decrease risk factors that contribute to Cardio-Pulmonary Disease and/or Preventable Disease by 7% in each county:

<table>
<thead>
<tr>
<th>Age-adjusted % of adults who currently smoke</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.5%</td>
<td>16.1%</td>
<td>11.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The age-adjusted rate of persons hospitalized for stroke per 100k</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>196.0</td>
<td>190.0</td>
<td>319.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The age-adjusted rate of persons hospitalized for diabetes per 100k</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>86.0</td>
<td>59.5</td>
<td>128.5</td>
<td></td>
</tr>
</tbody>
</table>

4. By December 2023, decrease 5-year rates and/or 5-year case counts of STIs by 20%:

<table>
<thead>
<tr>
<th>The 5-year age-adjusted rate of gonorrhea per 100k</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.7</td>
<td>23.5</td>
<td>95.8</td>
<td></td>
</tr>
</tbody>
</table>

5. By December 2023, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

<table>
<thead>
<tr>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.8%</td>
<td>32.75%</td>
<td>31.3%</td>
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</tbody>
</table>
Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”
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.
## Promote Enhanced Physical Health Across Communities

### Background: Why are we talking about this?

<table>
<thead>
<tr>
<th>1990s</th>
<th>2000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rise in obesity rates</td>
<td>Decrease in recess time at school</td>
</tr>
<tr>
<td>Increased sugar consumption</td>
<td>Increasing Aging Population</td>
</tr>
<tr>
<td>Physical health is influenced by genes and biology, health behaviors, social environment, physical environment, and health services. Enhancing physical health throughout our communities improves quality of life and reduces the burden of healthcare and other costs to personal and public health. Access to healthcare is a challenge for residents in rural areas.</td>
<td></td>
</tr>
</tbody>
</table>

### Current Condition: What’s happening right now?

- Current rates of cardiovascular disease: Crook 9.7%, Deschutes 4.8%, Jefferson 5.7%
- Current rates of diabetes: Crook 10.6%, Deschutes 5.9%, Jefferson 20.4%
- Current adult obesity rates: Crook 31.5%, Deschutes 21.4%, Jefferson 42.2%
- Fewer than 30% of 11th graders report 60 minutes or more of physical activity in 7 days
- Fewer than 25% of 11th graders report getting 5 or more servings of fruits and vegetables per day
- Adults who currently smoke: Crook 29.3%, Deschutes 17.3%, Jefferson 12.7%
- Adults reporting high blood pressure: Crook 48.8%, Deschutes 24.8%, Jefferson 16.9%
- New cases of syphilis have been steadily increasing in the entire region since 2012
- Percentage of Medicaid members who receive both annual wellness visit and preventive dental visit:
  - Crook 17.8%, Deschutes 20.75%, Jefferson 19.3%

See RHIP for Full Current State Metrics

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

**Aim/Goal**
Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

**Future State Metrics - By December 2023:**
1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates
2. Decrease obesity rates in adults
3. Increase fruit/vegetable consumption and physical activity in youth
4. Decrease risk factors for cardio-pulmonary and/or preventable disease
5. Decrease sexually transmitted infections
6. Increase individuals receiving both an annual wellness visit and preventative dental visit

### Analysis: What’s keeping us from getting there?

- Inequitable measurement and approaches to weight and health management
- Rigidity of time, funding/payment, availability of service and receiving service
- Disparate funding and deceptive marketing
- Siloed systems prevent coordination of care
- Power dynamics adversely affect and create an underrepresentation in policy creation
- Trauma without resilience skills negatively impacts health
- Resource inequality exacerbates health disparity
- Individual and collective health beliefs impact health literacy efforts
- Restrictive and inequitable built environment impacts health

### Strategic Direction: What are we going to try?

- Reducing financial barriers to health
- Ensuring access and coordination of health services
- Improving health & wellness communication, education & delivery
- Partnering with underserved communities for equitable decision making
- Ensuring policies that promote health and an equitable built environment

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

{insert}

### Follow-Up: What’s working? What have we learned?

{insert}
**Workgroup Mini-Grant Review Process**

**Survey Results**

**How does the New Process compare to the Original Process?**

- Better: 30%
- Worse: 2%
- About the Same: 68%

**Comments**

(listed by response of Better, About the Same, or Worse)

**Better**

"I think it's more clear and objective."

"Perhaps more points should go under objectives and less under another category as I feel the objectives are really important for clarifying the work."

"It is much easier to navigate."

"More intentional. Better for long term vision."

"It feels much more objective and requires SMARTer and more tangible goals. I strongly prefer it."

"It still seems that we approve everything that comes to us."

**About the Same**

"The new process is a bit more time consuming."

"Scoring is clearer."

"I do like that you add the part about RECOMMEND CHANGES for resubmission"

**Worse**

"I do wish there was a little guidance on how to rate the different categories."

"It takes a lot more time and I don't always feel qualified to make some of the judgements required."

*not all survey comments are included. The ones you see are the ones that represented the general sentiments of the group.*
2020-2024 RHIP Workgroups
5 Year Budget

Updated February 1, 2021

Funds Available $11,715,667
Initial Funds (spread over 5 years) $12,000,000
Funds Spent $284,333

Amount Invested by Workgroup

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Amount Invested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Poverty</td>
<td>$65,000.00</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>$52,500.00</td>
</tr>
<tr>
<td>Physical Health</td>
<td>$62,146.81</td>
</tr>
<tr>
<td>Stable Housing</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>Substance &amp; Alcohol Misuse</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Upstream Prevention</td>
<td>$39,686.00</td>
</tr>
</tbody>
</table>

Allocation of Spent Funds

- Address Poverty
- Behavioral Health
- Physical Health
- Stable Housing
- Substance & Alcohol Misuse
- Upstream Prevention

Allocation of All Funds ($12M)

- Address Poverty
- Behavioral Health
- Physical Health
- Stable Housing
- Substance & Alcohol Misuse
- Upstream Prevention
- Unallocated
For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of $500,000. The Central Oregon Health Council is required by law to invest a total of at least $2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this $2.5M annual commitment.
Promote Enhanced Physical Health
2020-2024 RHIP Workgroup Budget

Updated February 1, 2021

Funds Available **$1,937,853**
Initial Funds (spread over 5 years) **$2,000,000**
Funds Spent **$62,147**

<table>
<thead>
<tr>
<th>Amount Invested by Future State Measure</th>
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</thead>
<tbody>
<tr>
<td>Reduce asthma, cancer, cardiovascular disease, and diabetes rates</td>
<td>$12,548.81</td>
</tr>
<tr>
<td>Increase fruit/vegetable consumption and physical activity among youth</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)</td>
<td>$9,598.00</td>
</tr>
<tr>
<td>Reduce adult obesity rates</td>
<td>$0.00</td>
</tr>
<tr>
<td>Decrease Gonorrhea, Syphilis, and HIV rates or case counts</td>
<td>$0.00</td>
</tr>
<tr>
<td>Increase individuals who receive both an annual wellness visit and a preventative dental visit</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Allocation of Funds by Measure

- Reduce asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity among youth
- Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)

Allocation of All Funds ($2M)

- Reduce asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity among youth
- Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)
- Unallocated
- COVID-19 ($25k pooled funds)
Address Poverty & Enhance Self-Sufficiency
2021 RHIP Workgroup Budget

2021 investment goal $500,000
Amount remaining to invest toward 2021 goal $495,304
Invested in 2021 $4,696
Invested in 2020 $57,451

For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of $500,000. The Central Oregon Health Council is required by law to invest a total of at least $2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this $2.5M annual commitment.
COVID-19 Final Report for NeighborImpact (Non-RHIP)
“PPE for Central Oregon Child Care”

Summary of Results:

- Upon receipt of COHC grant funds, NeighborImpact Child Care resources purchased PPE for Child Care Providers in Central Oregon to support new COVID guidelines and requirements set for by the Early Learning Division (ELD) and the Office of Child Care.
- The result of this grant was hard to access PPE and cleaning supplies were delivered directly to Child Care Providers throughout Central Oregon, in all three counties and Warm Springs, at no cost to providers.
- The outcome of this grant was Central Oregon's Child Care Workforce had access to cleaning supplies and PPE supplies necessary to keep their business doors open and operational during this pandemic.
- The benefit to this grant is that providers were able to access the PPE needed to keep staff and children safe.
- We were able to complete over 170 orders, but there continues to be a need.

Quotes:

"Delivering the PPE was a very positive experience and a great way to connect with providers we already serve and new providers to explain our program (Go Kids Advocates) and how we can support them during this uncertain time. All the providers during our phone calls to connect with them were very grateful and so appreciated that these supplies were not only offered to them but they were delivered to their doorstep. I cannot say enough how much all the providers were so elated to receive items that are so hard to come by but needed to stay in compliance with the CDC Guidelines." Diane Boswell Go Kids Advocate, CCR

“Getting the box of PPE and other COVID-related items was like an early Christmas for us! Right now, I dread going into the stores (and sometimes you can’t even find the items at all), so it was wonderful to be able to receive and use the things we got. We are so overwhelmed with everything right now; our jobs are so much more difficult during this time. The gloves and sanitizer and soap and paper plates and everything is so helpful, practically, and such a morale booster! It also helps financially as right now things are a little tight. Thank you so much!” Susan Stendahl, Child Care Provider

*Order of projects is by final report submission date    Published February 2021
COVID-19 Final Report for Wild Rose Ranch (Non-RHIP)
“Covid-19 Homelessness Outreach Project”

Summary of Results:

- The project was to provide resources to those experiencing homelessness in the Madras and Warm Springs area.
- This was to be achieved through developed partnerships with community members, governments, and outside organizations. The outreach and resources would be taken to known places where individuals were known to frequent.
- The trailer that was purchased would be stocked with items that were either purchased by Wild Rose Ranch, or though different donation drives with newly developed relationships across the tri-county region and The Confederated Tribes of Warm Springs.
- The partnerships developed were ones that did assist with items, services, and resources to get to those experiencing homelessness, however, one of the obstacles that emerged was sustainability of obtaining items, manpower, education, awareness, and unforeseen logistics.
- Although all items that were collected were made available one of the things that was immediately noticed was the needs are vast, constant, and change with the seasons.
- This brought challenges to the team to be able to always be alter to what those in the elements would be experiencing and how best to meet their needs.
- Those individuals who received items and services were appreciative of the positive and consistent interaction with all volunteers and partners.
- Many were more than grateful for receiving items, but what we all experienced was that many just appreciated the fact that people were there to listen to them.

Lesson Learned:

- The greatest challenge has been sustainability of resources to give to those experiencing homelessness.
- Many of those that were supportive in the beginning I feel had this idea that with those items collected and given out that there would be an "end" to that need, and the reality of how things actually were was difficult for many helpers. The other challenge was manpower for this project.
- When partnering with outside community members, organizations, and governments is that the priority of this project may have not been their priority.
COVID-19 Final Report for The SHIELD (Non-RHIP)
“Veterans' Counseling 2020 (VC2020)”

Summary of Results:

- The benefits of the project, eliminating barriers to mental health services & providing free counseling for local Veterans can be understood in the context of the 2019 report by OHA & ODVA entitled “Oregon Veterans’ Behavioral Health Services Improvement Study: Needs Assessment & Recommendations Report”.

- The report included the following findings:
  a) “The two main obstacles to Oregon Veterans achieving behavioral health and wellness are access & quality of care.”
  b) “Oregon currently does not have an adequate number of providers to support the behavioral health needs of the state’s Veterans.”
  c) “60% of Veterans identify finding or getting an appointment with a behavioral health care provider as a barrier to accessing care.”
  d) “Veterans with a PTSD diagnosis are 55% more likely that those with no mental health diagnosis to utilize emergency services, putting stress on a system that lacks capacity and training to support their specific needs” (particularly during COVID-19).

Quotes:

A client of THE SHIELD, a Veteran of four combat tours to Iraq & Afghanistan:

"It's ok to not be ok; it's also ok to be ok and to want to get better."
-“Logan”

Full written client testimonial: https://shieldcentraloregon.org/ranger%2Fcop%2Fvp

Client video: https://youtu.be/xJfQjjWDveo

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RHIP Final Report for The Center Foundation
“OK4Life”
Reviewed and funded by the Promote Enhanced Physical Health workgroup

Summary of Results:

- OK4Life promotes increased physical activity for middle and high school-aged youth, through a visually appealing, youth-focused, activity program delivered via website and mobile device.
- The mini grant offered seed funding to enter the initial stages of the OK4Life project development.
- The goals for the funding included developing a project plan outline, securing collaboration with OSU-Cascades Co-Lab, and creating 8 weeks of activities-based content.
- Due to strong interest from the OSU-Cascades Kinesiology department on our project, we were asked to develop an internship job description for ongoing collaboration for content creation.
- The internship will allow for future research and development using Kinesiology students and overseen by the Foundation.
- The intended benefit of the project is to increase reported activity levels for youth.
- This benefit will only be realized after project completion and user adoption. While the mini grant helped complete phase 1 of project development, more funding will be needed to complete the project and realize its full potential.

Quote:

“To date, The Center Foundation programs have served high school aged youth in Deschutes, Jefferson, and Crook Counties. However, with a vision to improve health for all Central Oregon youth, OK4Life will endeavor to increase physical activity and health for all youth across Central Oregon.”
Sonja Donohue, Executive Director for The Center Foundation.
COVID-19 Final Report for The Giving Plate (RHIP)
“The Giving Plate COVID-19 Food Relief”
Reviewed by the Address Poverty RHIP workgroup

Summary of Results:

- In 2020, we experienced a 23% increase in the number of families served in our food-box program, and we were able to increase the amount of food to those people by 39%.
- So, not only did we help more families, but we were also empowered to be more generous than ever.
- We count that as a major success during an uncertain time. In our Kid's Korner program, we gave over 13,000 bags of food to kids in our community - a 56% increase over 2019.
- As hard as 2020 was, we were able to keep our doors open every day and served our neighbors in need during the shutdown along with friends in need across our state during the fires.
- To read more about what was accomplished in 2020, go to www.thegivingplate.org/2020

Quotes:
“I am a single mother working 3 jobs and I need help with food boxes from time to time. With all 3 of my children at home, our bills have all gone up. This box helps me get through the month and I am grateful and thankful for all you do.”

“I started coming to The Giving Plate when the pandemic hit and my unemployment stimulus checks ended. I got a new job but had two weeks until I would get paid. You guys provided me, my 1 and 2-year-old with healthy food to keep us going.”

*Order of projects is by final report submission date

Published February 2021
COVID-19 Final Report for Jericho Road (RHIP)
“Jericho Road Food Service”
Reviewed by the Address Poverty and Stable Housing RHIP workgroups

Summary of Results:
- Jericho Table is an ongoing program to feed the poor and hungry and operates 25 days each month throughout the year.
- Due to the pandemic, the adjustments made to accommodate our guests were both effective and beneficial while realizing some critical disadvantages as well.
- The positive moves were the curb-side pick-up of food boxes which maintained an outdoor, open-air atmosphere as well as safe distancing as well as our providing masks and hand cleanser during the process.
- The protection of our volunteers and our guests were upmost and the serving from an elevated platform provided additional space and protection.
- The disadvantages were in the loss of a congregate eating experience that promoted open conversation, socialization and the development of relationships.
- Also lost was our regular support such as one-on-one interviews for housing assistance and Thrive and COVO support.

Quotes:
"There is no way that the community can look at what we are doing here and not feel the positive energy and the caring that comes from the food and supplies we provide and the gratitude expressed for our determination to continue. People pick up multiple boxes and take them back to their dwelling places to children, partners and others and thus eliminate the crowding and interaction so much discouraged at this time. It is hard on our volunteers and guests alike who are used to the conversation, interaction and laughter that can be generated by just talking and eating together".
Tia Linsheid, Jericho Table Coordinator

*Order of projects is by final report submission date Published February 2021
COVID-19 Final Report for Seed To Table Oregon (RHIP)
“COVID 19 Food for All”
Reviewed by the Address Poverty and Upstream Prevention RHIP workgroups

Summary of Results:

- Seed To Table (S2T) historically provided, annually, about 6,000 pounds of fresh produce, in 2020, due to increased demand, we diverted a total of 10,325 pounds of our locally grown fresh produce to food banks and our Fresh Food For All Program for no charge.
- During COVID, anyone who wished to receive reduced-price or free produce could fill out a form attesting to the fact that their income had been negatively impacted by the pandemic.
- Participants could fill out the level of discount they needed, ranging from 50%-100%.
- A total of 298 families benefited from access to fresh produce on a weekly basis at the two, Sisters Food Banks and at the Sisters Farmers Market through our Food For All Discount. 70% of these participants benefited on a regular base (2x a month).
- Conversations and surveys of 75% of participants collected determined:
  - 100% of participants stated S2T produce was essential for their vegetable consumption and for maintaining the wellness of their family.
  - 100% of participants stated S2T produce increased their vegetable consumption by at least one serving a day.
  - 87% of participants stated they would love more opportunities for fresh produce.
  - 79% of participants felt the experience of picking up produce at the SFM, and interactions with the community (all be it distanced) made them feel an increased sense of belonging in the community.
  - 98% of participants stated the availability of produce helped increase their families’ financial and emotional resilience during these trying times.

*Order of projects is by final report submission date

Published February 2021