



Address Poverty and Enhance Self-Sufficiency
Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/728200141?pwd=dFM0UEhVUTZ6K1pHUkpFWXVBQkYJdz09>

Join by phone:

+1 669 900 6833

Meeting ID: 728 200 141

Passcode: 105890

February 16, 2021

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 - Condensed
<ol style="list-style-type: none">1. Increase high school graduation rates among economically disadvantaged students2. Decrease food insecurity3. Decrease percent of income constrained households4. Decrease housing and transportation costs as a percent of income

AGENDA	
11:00-11:10 AM	Welcome, Land Acknowledgement, Guiding Principles
11:10-11:20 AM	Workgroup Investment Budget
11:20-12:15 PM	Implementation Plan Development <ul style="list-style-type: none">• Graduation Rate RFP• Small Group Work
12:15-12:30 PM	Wrap Up & Next Steps

Working Document: https://docs.google.com/presentation/d/1jYwyGwMt-Uj2QtW2INBIRF9cijl_4HaSIYgqw_28uLg/edit?usp=sharing



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%

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?
<ul style="list-style-type: none">9-17% of residents in Central Oregon lived in poverty between 2013 and 2017Almost 50% of the region’s renters are considered to be cost burdenedAlmost 25% of the civilian labor force in Warm Springs is experiencing unemployment Current State Metrics: <ol style="list-style-type: none">2018 Central Oregon graduation rates were significantly lower among economically disadvantaged studentsFood Insecurity by County: Crook 15%, Deschutes 13%, Jefferson 13.3%Income constrained households: Crook 29%, Deschutes 26%, Jefferson 34%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: <ol style="list-style-type: none">Increase high school graduation rates among economically disadvantaged studentsDecrease food insecurityDecrease percent of income constrained householdsDecrease housing and transportation costs as a percent of income

Analysis: What’s keeping us from getting there?
<ul style="list-style-type: none">Demand exceeds supply for range of housing needs requiredDisjointed SystemsFunding/Educational system is designed not to meet the needs of historically marginalized studentsInactive response to Awareness, Barriers and Cultural SensitivityTransportation can be inaccessible due to distance/economicInequity of resources for income constrained familiesScarcity culture promotes exclusionary programmingHistorical classism and racist structures undervalue and constrain peopleComplex & excessive restrictions to access safety nets

Date updated:	Version:
Strategic Direction: What are we going to try?	
<ul style="list-style-type: none">Strengthening Foundation of Individual and Community HealthEmpowering All People and Communities Through Inclusive and Collaborative PartnershipConnecting People and Establishing Pathways to Enhance Community ResourcesBoosting Advocacy to Address Systemic Factors Contributing to Poverty	

Focused Implementation: What are our specific actions? (who, what, when, where?)
Release RFP January 2021 to fund youth programs that support improved graduation rates for economically disadvantaged students in Central Oregon.

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

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.

Partner with Priority Populations

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.

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.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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 so much!" Susan Stendahl, Child Care Provider

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 through 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 than 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/xJfQjiWDveo>

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.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

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.

Request for Proposals (RFP)

Project Name: Improving High School Graduation Rates for Youth Experiencing Economic Disadvantage.

Access Code: “GRADUATE”

Organization Name: Central Oregon Health Council; Regional Health Improvement Plan (RHIP)

Regional Health Improvement Workgroup: [Address Poverty and Enhance Self-Sufficiency Workgroup](#)

Future State Measure: [Increase Graduation Rates Among Economically Disadvantaged Students](#)

Contact Person: MaCayla Arsenault

Email: macayla.arsenault@cohealthcouncil.org

Phone Number: 541-306-3523

About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a not-for-profit, tax-exempt public and private community governance organization. We are dedicated to improving the health of Central Oregon communities.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before COVID-19.

We recognize that when we invest and support long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this Request for Proposal is to support long-term, system level change.

We also provide limited, short-term urgent relief. If your project addresses the current crisis of COVID-19, please consider applying for one of our mini grants [here](#).

Description of Grant Opportunity

The *Address Poverty and Enhance Self-Sufficiency* workgroup wants to financially support regional and community efforts that:

- Increase graduation rates among youth who experience economic disadvantage*
- Create youth career programs through partnership with youth who experience economic disadvantage*
- Expand existing youth programs aimed at improving graduation rates through partnership with youth who experience economic disadvantage*

*The Oregon Department of Education defines Economically disadvantaged as “students who are eligible for free or reduced-price lunch”.

Grant Range: \$10,000 to \$100,000

Why are these efforts needed?

A high school diploma is a standard requirement for most jobs—and for higher education opportunities. Dropping out of high school is linked to a variety of negative health impacts including limited employment prospects, low wages, and poverty. A student’s ability to graduate from high school may be affected by factors related to broad institutional factors such as family, school, and community.

Students who are economically disadvantaged in Central Oregon are graduating high school at the following rates:

Crook County: 73%

Deschutes County: 74.3%

Jefferson County: 80.4%.

Additionally, disparities in Oregon high school graduation rates exist among racial and ethnic groups. These disparities are because of various environmental and system-level barriers caused by systemic racism. Rates of high school graduation by race and ethnicity are:

White Students: 76%

Black/African American: 66%

Hispanic: 69%

Asian/Pacific Islander: 63%

American Indian/Alaskan Native: 56%

These disparities are expected to increase because of the impact COVID- 19 is having on learning, economic stability, and chronic stress.

Sources:

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/high-school-graduation>

<http://www.centraloregonhealthdata.org/tiles/index/display?id=197023203263194740>

<https://www.oregon.gov/ode/reports-and-data/researchbriefs/Documents/ODE%20Graduation%20Brief%20January%202017.pdf>

Proposal Requirements

Your proposal must include these qualities:

- Development, implementation, maintenance, and program review in partnership with the youth impacted by the proposal
- Clearly demonstrates how this program meets the needs of those impacted
- Is culturally and linguistically relevant for prioritized youth
- Program can demonstrate an increase in high school graduation through participation
- Additional confirmed financial support for the program
- Includes supports that are proven to lessen the impact of COVID 19 on high school graduation

Proposals should partner with and address the needs of the communities that experience barriers to high school graduation. These include:

- Rural Communities (specifically, Jefferson County, Crook County, Northern Klamath County, and the Confederated Tribes of Warm Springs)
- Urban neighborhoods that experience economic oppression
- Youth who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, LGBTQIA+, or are living with a disability
- Youth who are migrant, runaway, or receiving care through the foster care system

Evaluation Criteria:

The *Address Poverty and Enhance Self-Sufficiency* workgroup will review your grant application using this [scorecard](#). We encourage you to use it to help build your proposal.

Funding Details and Important Information

Award Limit
\$100,000

Anticipated Selection Schedule:

Application Due Date: March 9, 2021

Decision Notification: April 2, 2021 by email

How to Apply

This Request for Proposal is posted on our website: <https://cohealthcouncil.org/standard-grants/>

For instructions on how to access the application, please visit:

<https://cohealthcouncil.org/wp/apps/uploads/2021/02/Accessing-A-Restricted-Request-for-Proposal-Application.pdf>

Once registered and logged into the grant platform, use this access code to apply for this grant:
“GRADUATE”

Support

If you have questions about this Request for Proposal, please contact:

MaCayla Arsenault, Project Manager at macayla.arsenault@cohealthcouncil.org or 541-306-3523

If you have questions about the application, parts of the application, or using the grant platform please contact:

Rebeckah Berry, Grant and Metrics Manager at rebeckah.berry@cohealthcouncil.org or 541-306-3523

Address Poverty & Enhance Self-Sufficiency

2020-2024 RHIP Workgroup Budget

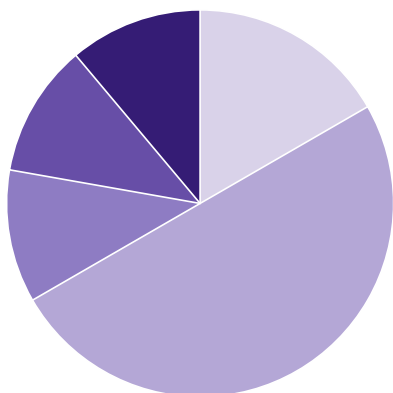
Updated February 1, 2021

Funds Available	\$1,935,000
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$65,000

Amount Invested by Future State Measure

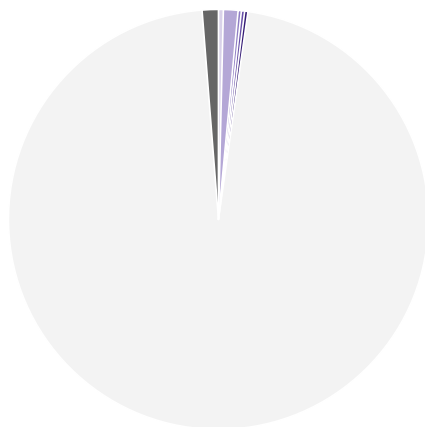
Decrease the number of households living at poverty level and income constrained	\$7,500.00
Decrease the percentage of the total population reported as food insecure	\$22,500.00
Reduce the total percentage of income being spent combined housing and transportation costs	\$5,000.00
Develop a regional metric to evaluate food insecurity among seniors	\$5,000.00
Increase high school graduation rates among economically disadvantaged students	\$5,000.00

Allocation of Funds by Measure



- Decrease the number of households living at poverty level and income constrained
- Decrease the percentage of the total population reported as food insecure
- Reduce the total percentage of income being spent combined housing and transportation costs
- Develop a regional metric to evaluate food insecurity among seniors
- Increase high school graduation rates among

Allocation of All Funds (\$2M)

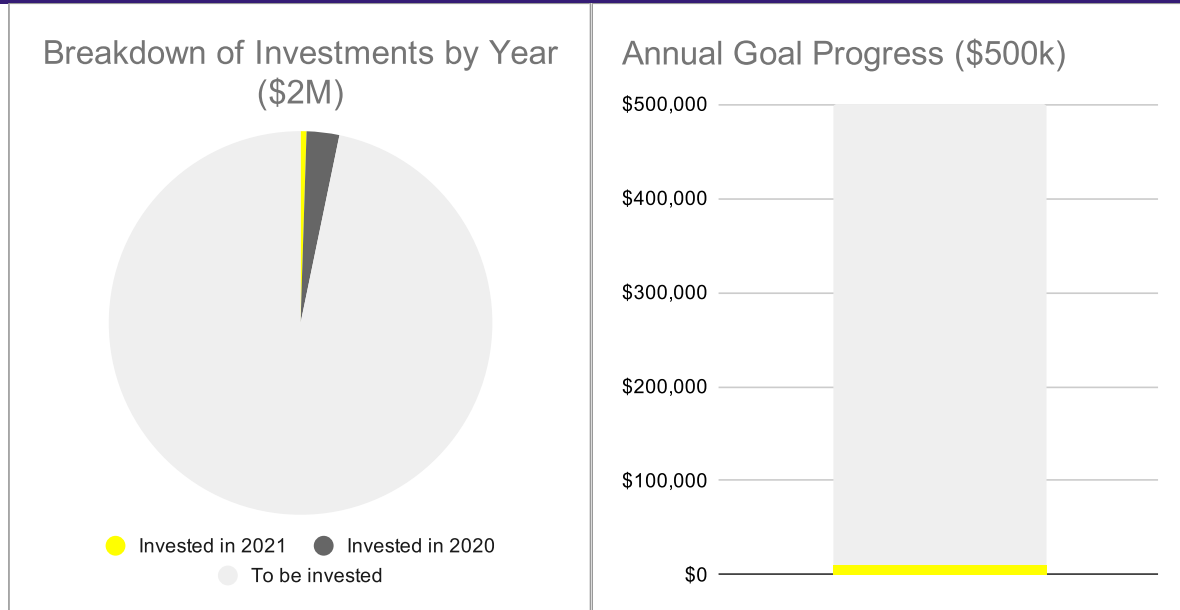


- Decrease the number of households living at poverty level and income constrained
- Decrease the percentage of the total population reported as food insecure
- Reduce the total percentage of income being spent
- Develop a regional metric to evaluate food insecurity
- Increase high school graduation rates among
- 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	\$490,000
Invested in 2021	\$10,000
Invested in 2020	\$55,000



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.