



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

September 21, 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 PM	Announcements
11:20-12:20 PM	Implementation Plan Development <ul style="list-style-type: none">• Small group work
12:20-12:30 PM	Wrap Up & Next Steps

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



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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%

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?)
Fund youth programs that support improved graduation rates for economically disadvantaged students in Central Oregon.
Hire a consultant to conduct an assessment to identify barriers for those that are Asset Limited Income Constrained and Employed.

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.”

2020-2024 RHIP Workgroups

5 Year Budget

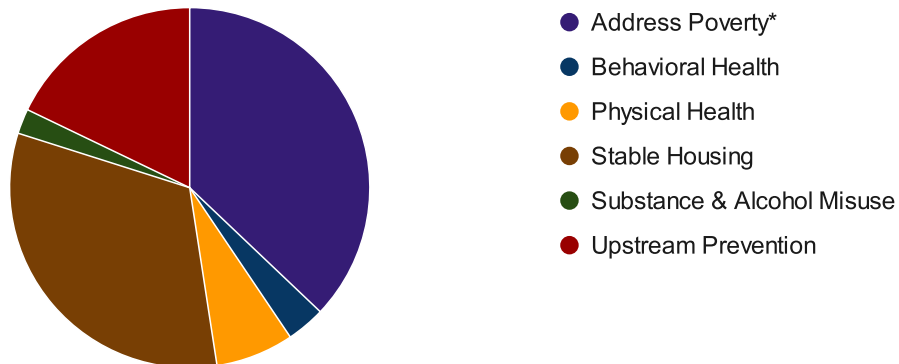
Updated August 30, 2021

Funds Available	\$10,437,563
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$1,562,437

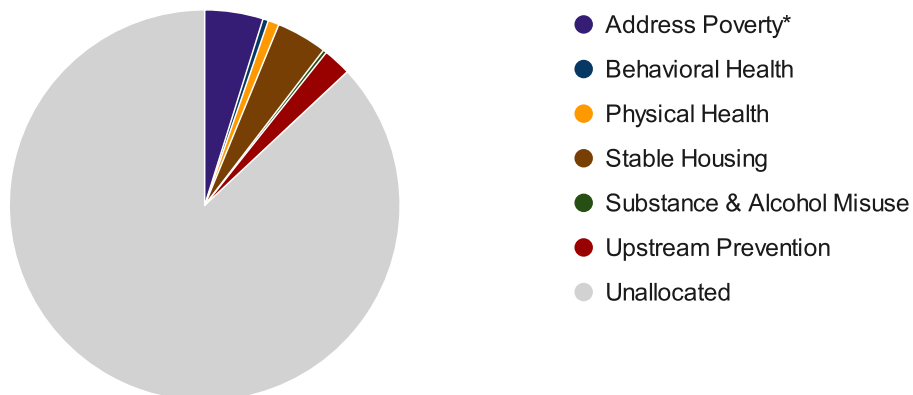
Amount Invested by Workgroup

Address Poverty*	\$579,506.79
Behavioral Health	\$54,275.00
Physical Health	\$109,494.06
Stable Housing	\$505,000.00
Substance & Alcohol Misuse	\$35,000.00
Upstream Prevention	\$279,161.00

Allocation of Spent Funds



Allocation of All Funds (\$12M)



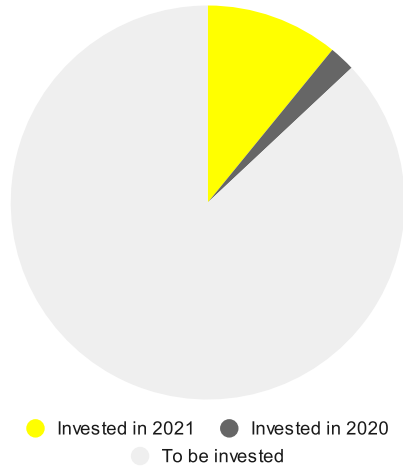
*Poverty workgroup is still in the process of awarding these funds for their Graduation Rates RFP

2020-2024 RHIP Workgroups

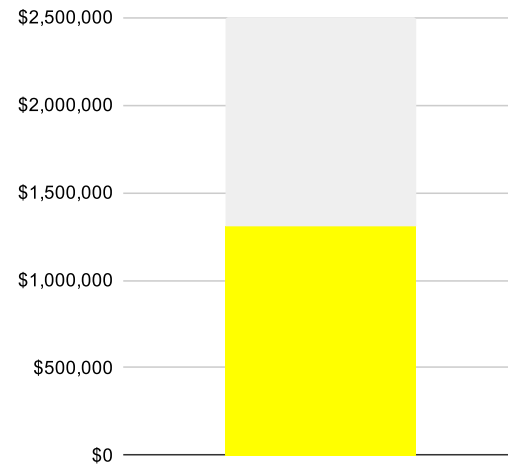
2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	\$1,192,514
Invested in 2021	\$1,307,486
Invested in 2020	\$254,951

Breakdown of Investments by Year



Annual Goal Progress (\$2.5M)



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.

Address Poverty & Enhance Self-Sufficiency

2020-2024 RHIP Workgroup Budget

Updated August 30, 2021

Funds Available **\$1,420,493**

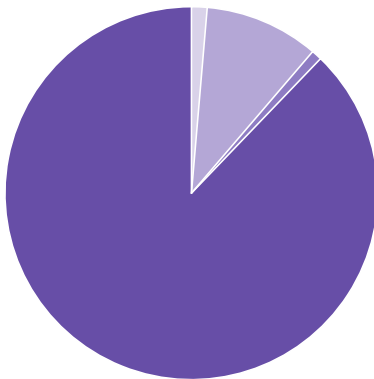
Initial Funds (spread over 5 years) \$2,000,000

Funds Spent \$579,507

Amount Invested by Future State Measure

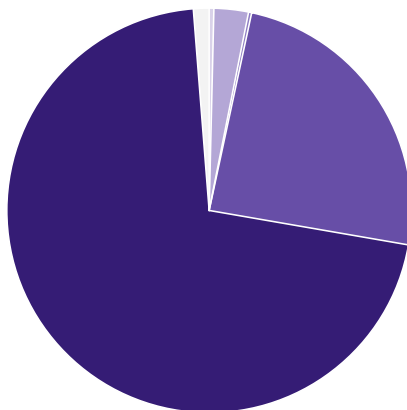
Decrease the number of households living at poverty level and income constrained	\$7,500.00
Decrease the percentage of the total population reported as food insecure Develop a regional metric to evaluate food insecurity among seniors	\$55,000.00
Reduce the total percentage of income being spent combined housing and transportation costs	\$5,000.00
Increase high school graduation rates among economically disadvantaged students	\$487,006.79

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
Develop a regional metric to evaluate food insecurity among seniors
- Reduce the total percentage of income being spent combined housing and transportation costs
- Increase high school graduation rates among economically disadvantaged students

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 combined housing and transportation costs
- Increase high school graduation rates among economically disadvantaged students
- Unallocated
- COVID-19 (\$25k pooled funds)

Address Poverty & Enhance Self-Sufficiency

2021 RHIP Workgroup Budget

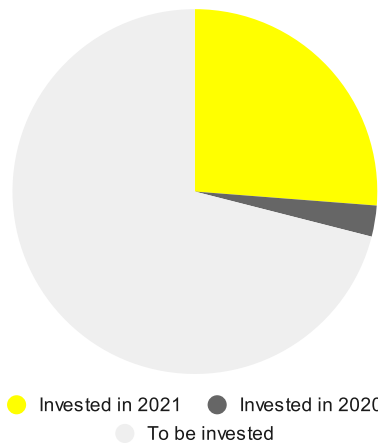
2021 investment goal \$500,000

Amount remaining to invest toward 2021 goal **-\$24,507**

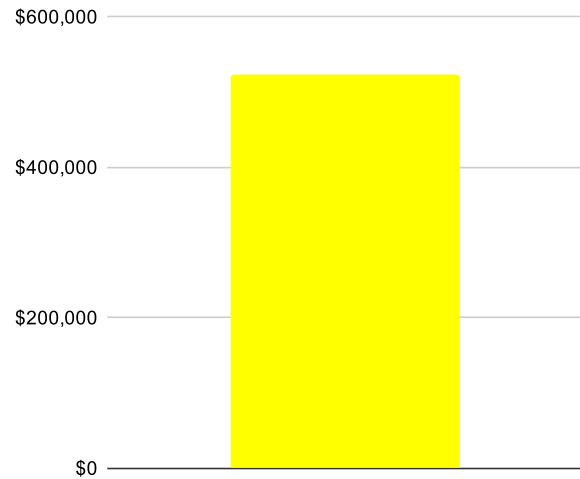
Invested in 2021 **\$524,507**

Invested in 2020 \$55,000

Breakdown of Investments by Year
(\$2M)



Annual Goal Progress (\$500k)



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.

2021 Community Partner Satisfaction Survey Results

Regional Health Improvement Plan

The Community Partner Satisfaction Survey conducted in February, 2021 solicited feedback on the relationships of the Central Oregon Health Council. The survey did not inquire specifically about Regional Health Improvement Plan Workgroups, but nearly half of all open-ended responses pertained to it.

39
RHIP Comments

12
Kudos

27
Suggestions

“ You are all doing an incredible job. The processes are extremely equitable and based on research and evaluation.

“ Continue to strive for equal voice for entities, especially amongst those who may be competitors in the same field.

“ Continue to reach out to organizations not represented on the committees.

Top 3 Themes

Inclusion Desire to bring in new organizations, new sectors and more voices from priority populations.

Investments Concern about how quickly decisions are made, by whom, and bias.

Networking Desire to know how other workgroups, organizations and sectors are contributing to efforts.

Our Next Steps

Engage New Voices Staff and workgroup partners will develop a plan to engage new sectors and community members.

Accountability Staff will continue to add transparency to workgroup communication efforts.

Build Connections Staff will implement new ways for workgroups to interact and hear about one another's work.



DRAFT

Central Oregon Health Council Commitment to Diversity, Equity, Inclusion & Justice

Racism is a public health crisis. Every human being has a basic right to health.

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices, and ideologies that helped shape Oregon and continue today.

People of color and tribal nations experience pervasive and deep health disparities. By [focusing on race](#), we create a framework to address the impacts of inequality experienced by people who are also marginalized by ability, sexual orientation and gender, and people who live at the intersection of these and other identities. These persisting health inequities threaten the principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. This is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the well-being of all Central Oregonians. As a community-led organization, we pledge to work with our partners to address the racial inequities within our communities and organizations.

The COHC commits to:

- engaging and learning with our diverse Central Oregon communities, especially populations who have been excluded, underrepresented, and underserved;
- listening and elevating the voices of communities who are most impacted by our work;
- [co-creating with communities throughout our region](#) to achieve more inclusive thinking, values and practices to meet their diverse needs for partnership;
- applying a [health equity analysis](#) to all of our programs, policies, practices, and grants;
- striving to provide regional leadership on health equity through shared governance and accountability with our Coordinated Care Organization and implementation of the Regional Health Assessment and Regional Health Improvement Plan;
- publicizing and referencing this commitment in all appropriate communications;

- evaluating how we follow through on this Commitment to Diversity, Equity, Inclusion, and Justice, and publicly sharing both our successes and failures.

We recognize we have a lot to learn and much work to do. We ask our partners, members, and staff to support and hold us accountable to this commitment.

Call to Action

The COHC calls on all its members, partners and leaders to develop, adopt, and implement similar commitments to diversity, equity, inclusion and justice. *Together, we must identify meaningful solutions to dismantle structural racism. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.*

Background

[Health equity](#) means that everyone has a fair and just opportunity to be as healthy as possible. [Social determinants of health](#) contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

[Structural racism](#) is a fundamental social determinant that has been woven tightly into the fabric of American society. Structural racism establishes and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the [Centers for Disease Control](#), [American Medical Association](#), and [American Public Health Association](#) have declared racism a serious public health emergency and threat. More agencies and states continue to join this [declaration](#).

The [Oregon Health Authority](#) and the Governor have prioritized health equity. The [State of Oregon Diversity, equity and Inclusion Action Plan](#) aims to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding. The purpose of [Healthier Together Oregon: 2020-2024 State Health Improvement Plan](#) is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans. Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the [2020-2024 Central Oregon Regional Health Improvement Plan \(RHIP\)](#). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

Our Journey To Date Towards Health Equity

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide actionable strategies to advance [diversity, equity and inclusion](#) in support of the goals of the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). Since the inception of CODEI, the COHC has accomplished the following:

- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity