Provider Engagement Panel
October 13, 2021 • 7:00–8:00 am
Virtual Dial-In: Zoom
Join by computer: https://zoom.us/j/630619272
Join by phone: 1-669-900-6833
ID: 630619272# • Passcode: 775506

7:00–7:05 **Introductions – Divya Sharma**
• Approve Consent Agenda

7:05–7:20 **QHOC Report – Alison Little**
Attachment: September QHOC reports

7:20–7:35 **Quality Pool Funds Q1 2020 – Andrea Ketelhut**

7:35–7:45 **DEIJ Commitment Statement – Gwen Jones**
Attachment

7:45–7:55 **Vaccine Update – Rob Ross**

7:55–8:00 **Wrap-up – Divya Sharma**

Consent Agenda

September Minutes

Written Reports

October Final Mini-Grant Reports

MINUTES OF A MEETING OF

THE PROVIDER ENGAGEMENT PANEL OF

CENTRAL OREGON HEALTH COUNCIL

HELD VIRTUALLY VIA ZOOM

September 8, 2021

A meeting of the Provider Engagement Panel (the **"PEP"**) of Central Oregon Health Council, an Oregon public benefit corporation (the **"Corporation"**), was held at 7:00 am Pacific Standard Time on September 8, 2021, virtually via Zoom. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation's bylaws.

Members Present:	Divya Sharma, MD, Chair
	Gary Allen, DMD
	Emily Harvey, MD
	Keith Ingulli, PsyD
	Alison Little, MD
	Jessica Morgan, MD
	Laura Pennavaria, MD
	Robert Ross, MD
Members Absent:	Carey Allen, MD
	Michael Allen, DO
	Logan Clausen, MD

	Matt Clausen, MD
	Sharity Ludwig
Guests Present:	Miguel Herrada, Pacific Source
	Donna Mills, Central Oregon Health Council
	Gwen Jones, Central Oregon Health Council
	Kelsey Seymour, Central Oregon Health Council
	Camille Smith, Central Oregon Health Council

Dr. Sharma served as Chair of the meeting and Ms. Smith served as Secretary of the meeting. Dr. Sharma called the meeting to order and announced that a quorum of directors was present and the meeting, having been duly convened in accordance with the Corporation's bylaws, was ready to proceed with business.

WELCOME

Dr. Sharma welcomed all attendees to the meeting. Introductions were made.

CONSENT AGENDA

Dr. Sharma asked for a motion to approve the consent agenda.

Motion to approve: Dr. Gary Allen motioned to approve the consent agenda; Jessica Morgan seconded. All were in favor, the motion passed unanimously.

VACCINE MANDATES AND BOOSTERS

Dr. Harvey reported from the Region 7 COVID-19 Situation meeting held on Friday, September 3, regarding vaccine exemption requests. On average providers are reporting about a 30% rate of decliners, which would significantly affect staffing. Most are in accord regarding medical exemptions: they would very rarely be granted, except for serious allergic reactions. She would like more clarity about religious exemptions—everyone says they are accepting them, but no one could comment on how they are vetting them. No one wants to take the risk of having unvaccinated staff infect patients.

Dr. Ross reported that they had been discussing rolling out boosters toward the end of September, pending advice from the CDC, who had just pulled back on the September 20 date. He believed they would move ahead but maybe a week or two delayed and that St. Charles was prepared.

Dr. Morgan discussed plans to launch monoclonal antibody treatment at their east side clinic, noting that the biggest issue was staffing; they would have to do subcutaneous injection because they didn't have an RN. Dr. Ross concurred on the staffing concerns, noting they did not have enough RNs for infusions and pain is an issue with subcutaneous injections. Additionally they were experiencing up to a three-day delay trying to get people into rooms.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

Mr. Herrada presented a report on CLAS services and standards to update the group on their progress since last year. He shared that in their last report they had scored 59 of 62 points, the highest-ranking in the state and had connected with 52 Medicaid equity projects in the past year. He also noted that CLAS presentations are included in the PacificSource plan to allocate resources to advance standards system-wide and emphasized communicating to providers, particularly specialists and smaller clinics, that language assistance services exist and are required by Medicaid.

QHOC REPORT

Dr. Little shared the QHOC report, noting that smoking cessation will no longer be required prior to cataract surgery. She also asked that the group consider the ECHO Sponsored Programs Ballot, as Echo needed results in a week.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 7:58 am Pacific Standard Time.

Respectfully submitted,

_____

Camille Smith, Secretary

OHA Quality and Health Outcomes Committee (QHOC)

9/13/2021

Zoom Conference ID: 160 -583-5048
Passcode: 658434
Phone: 1-669-254-5252

Meeting Packet
Agenda
QHOC Website
Slides

Clinical Director Workgroup

10:00 a.m. – 12:00

Topics	Summary of Discussion/Impacted Departments	Materials/ Action Items
Welcome/ Introductions/ Updates	**Presenter: Holly Joe Hodges** • See attendee list	Pgs. 1-4

COVID-19 Vaccine update	**Presenter: Dawn Mautner, Kristen Dillon, Stacey Schubert, Katie Lonborg**
	• Pandemic Response and Surge Strategy (Kristen Dillon):
	  ○ Encouraging monoclonal antibody treatment
	  ○ Focusing on testing and contact tracing
	  ○ Expanding access to where vaccinations are available (LPHA, clinics, CBO', etc.)
	  ○ Hospitals are surging and ICU beds are full.
	  ○ Adding temporary surge facilities and a discharge assistance team.
	  ○ Getting more ventilators from national stockpile
	  ○ OK to give the flu shot and the COVID-19 vaccine at the same time.
	  ○ In-home testing is covered.
	• COVID-19 Vaccination updates (Dawn Mautner):
	  ○ Third doses of the vaccine are currently only available to people with compromised immune systems.
	  ○ Booster doses are not authorized for the general public.
	  ○ Vaccinations for children ages 5-11 are going to begin in November.
	  ○ Vaccine for children ages 6 months to 4 years will begin in January.
	  ▪ Approximately 500,000 total children are in this population.
	• Pfizer has submitted study data to the FDA for a fall booster vaccine.
	  ○ Unknown if the FDA and CDC will authorize the booster shot
	  ○ It may only be recommended for subgroups and not the general population.
	  ○ Moderna and J&J have not submitted complete study data yet.
	• Vaccine Planning and Implementation:
	  ○ OHA is prioritizing resources to achieve an equity approach.
		Pgs. 4-19

	▪ Many young people are getting sick. ▪ Higher cases among youth of color. o Leveraging vaccines in long-term care facilities, in-homes, schools, and within the BIPOC communities.) o Some regional coordination is occurring between OR, WA, and Idaho. ▪ Northern Idaho hospitals are in crisis care and have to transfer some patients to Washington. • **EOT Metric discussion (Kate Lonborg):** o OHA sent an FAQ to CCO's. o Ethnicity data for the metric is not as robust as they would like it to be. o MMIS claims data is being used for the metric, and not pulled from the ALERT system. (Although ALERT data is being cross checked.) o Out of state vaccinations come in through claims. o Currently, the EOT metric will only be reported in 2021. o The metric population does not currently include children. o 4 month continuous enrollment criteria. • CCO's role in fall vaccinations: o Outreach to help get members vaccinated o Focus on unvaccinated and immunocompromised o Member who need in-home vaccinations or special services. o Support staff to volunteer at mass vaccination services	
HSD Update (Out of Hospital Births)	**Presenter: Dawn Mautner** • Members who want to have their babies outside of the hospital can submit paperwork to meet criteria before 38 weeks of pregnancy. • As long as all criteria have been met, they will be able to have their baby at home.	Pg. 20-21
Family Connects universal offered home visiting	**Presenter: Cate Wilcox** • Program Goals: o Connecting families to preventive services o Support parents in Oregon o Increase access to community service and supports o Promote collaboration and improve health outcomes • Program Model: o Evidence-based model o Undergoes evaluations completed by PSU o Four components. Has to be offered to all, no costs, and visit occurs three weeks after birth. o RN's do the visits • Program components: o Community alignment, data, & monitoring, home visits o Follow-up call and warm hand-off o Referrals to home visits • Program Outcomes: o Better safety and home environment o 94% of families had at least one or more needs for education or other assistance.	Pgs. 23-39

	○ 39% Reduction in CPS investigations. ○ 28% less clinical anxiety reported by mothers after 6 months. ○ Reduction in racial disparities ○ Return on investment. ▪ For every $1 invested, $3.17 saved. ▪ Reduced hospital visits. • Program Rollout: ○ Phase 1 was extended due to COVID. ○ Regional rollout based on early adopting counties to occur from 2021-2022. ○ Marion, Benton, Linn, and Lincoln launched in May 2021. ○ Washington County launched June 2021. ○ Central Oregon launches in September. ○ Eastern Oregon, Hood River, and Lane launch in early 2022. • Health Plan Integration: ○ Contracting with Commercial plans and LPHA's ○ Medicaid carve-out from FFS ○ Working with OHA Health Systems to determine how to integrate the benefit into the CCO benefit package. ○ Slow coordination with CCO's until the program has more experience	
HERC Update	**Presenter: Ariel Smits** • 3 new COVID codes: ○ Moderna 3rd dose ○ Repeat infusions for antibodies (on COVID-19 line) • August meeting update: ○ Cologuard not included ○ Added coverage for COVID-19 antibodies ○ PET scans guideline revised: ▪ Added coverage for pre-Aduhelm treatment ▪ Limited coverage for breast cancer ○ Updated preventative service guidelines for USPSTF CRC screenings at age 45. ○ Added coverage for thrush, feeding disorders and deep brain stimulation ○ Added coverage for radiofrequency water vapor ablation of prostate for LUTS. ○ Added coverage for radiofrequency ablation for uterine fibroids. ○ Clarified coverage for smoking cessation "consultation" during elective surgery. Also exempted "bloodless surgery" such as cataracts. • October HERC meeting topics: ○ Review 2022 CPT/HCPCS codes ○ Wireless capsule endoscopies for esophagus and colon ○ Interspinous processes spacer devices ○ Minimally invasive lumbar decompression for spinal stenosis. ○ Clarification for neuropsychological testing prior to epilepsy surgery.	Pgs. 40-52

	○ Vitiligo ○ Diabetic monitoring (CGM) ○ Coverage for wrist arthritis and fall prevention ○ Acquired penile complications ○ Chronic disease self-management ○ Cranial electrical stimulation ○ Ankle arthrodesis • Genetic Advisory Panels (GAP) is on 9/29/2021 ○ Review 2022 genetic related CPT codes ○ Update guidelines to remove family history prior to testing for preconception and prenatal testing. ○ Expanded carrier screening ○ Whole genome sequencing • Oral Health Advisory Panel (OHAP) is on 10/6/2021 ○ Review 2022 CDT codes ○ Coverage for non-restorative caries treatment ○ Porcelain crowns coverage ○ Orthodontia coverage • BHAP (Behavioral Health Advisory Panel) is on 10/18/2021 ○ Review 2022 CPT codes ○ Nightmare disorder ○ Adjustment disorders ▪ Remove restrictions on Z63.4 and Z71.89 ○ ACE's screenings • EBGS Meeting updates ○ High frequency chest oscillation devices only covered for CF. ○ Discuss increased coverage for bronchiectasis and neuromuscular disease in children with complex medical needs ○ Evidence review for PANDAS/PANS/AE	
P&T Update	**Presenter: Roger Citron** • Oncology Policy Updates: ○ PA criteria added for amivantab, infigratinib, and sotorasib • New Drug Evaluation (NDE): ○ Duchenne Muscular Dystrophy PA criteria updated to include casimersen. • Belimumab PA criteria updated to indicate adults with active lupus nephritis. • Sodium-glucose Inhibitors Update: ○ No changes to PMPDP ○ PA no longer required for SGLT-2 • Dyslipidemia NDE: ○ Evkeeza non preferred • Overactive Bladder Class Update NDE: ○ Solifenacin succinate tablets preferred • Asthma Biologics Drug Effectiveness Review (DERP)a; ○ PMPDP class created for "Biologics for Severe Asthma" ▪ Benralizumab, dupilumab, mepolizumab, omalizumab, and reslizumab. ○ Expanded PA criteria for Monoclonal antibodies for	Pgs. 53-65

	severe asthma
	• Phosphate Binders Literature Scan:
	  o PA no longer required for non-calcium products
	  o Sevelamar carbonate tablets preferred
	• HIV Class Updates:
	  o No changes to PMPDP
	• Next P&T Meeting in on 10/7/2021:
	  o OHA is seeking to appoint new members of the P&T Committee.
	  ▪ Spots are available for two physicians, one pharmacist, and one public member.	

Intensive In-home Behavioral Health Treatment (IIBHT) Update	**Presenter: Chelsea Holcomb and Beth Holliman**
	• IIBHT was supposed to launch in 1/2021 for all CCO's, but was delayed due to COVID-19.
	• IIBHT aims to improve access to mental health services via children's continuum of care.
	  o Provide community-based alternatives
	  o Universal model and across the State of Oregon
	  o Increase access to higher levels of care and reduce wait times.
	  o Improve access to services for youth with co-occurring I/DD or SUD diagnosis's.
	• Currently twenty-seven certified IIBHT Providers.
	• OHSU is providing technical assistance and evaluation.
	  o Current data indicates 34 youth, 27 open cases, and 6 discharges.
	  o IIBHT learning collaboratives occur on the 1st and 3rd Fridays from 9am -10am.
	• Q/A:
	• Are children being matched to a child psychiatrists if needed?
	  o Most places are leveraging involvement with their Medical Directors.
		Pgs. 67-80

Items from the floor	• n/a	

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		

QPI Intro/updates	**Presenter: Lisa Bui**
	• Social emotional value set is being finalized, and OHA will do a cross walk to make sure it is aligned with the Statewide PIP metric.
	• Any edits to the Statewide PIP value set will be discussed at QHOC.
	• At Octobers QHOC there will be a learning collaborative about THW's or about vaccine outreach?
	  o Lisa will be contacting CCO's to see which collaborative they are interested in.
	• SUD Statewide PIP's design phase will begin in late 2021.
	  o The study design is aimed to be finished by spring 2022.
		Pgs. 83-85

	○ What meeting structure would CCO's like to see? ○ Discussions will also occur during QHOC. • Lisa will be reviewing all PIPs last submissions, and will be scheduling a meeting to talk with CCO's about which PIP to retire.	
TQS Peer sharing	**TQS Panel Presentations: IHN, HealthShare, and Yamhill** • IHN presentation (Timely Follow Up for FBDE members) ○ Addressed the Access: Timeliness component. ○ Project goal is to ensure timely hospital follow-up for acute hospitalization. ○ Deep diving into data: ▪ Tracking follow-up process and outcome data ▪ Finding variances in data ▪ Work sessions with team to review data ▪ Data-based decisions ○ Improving follow up visits: ▪ Limiting hiring pools ▪ Limited availability of PCP follow-up appointments ▪ Lack of education and awareness to set follow-up appointment before discharge. ▪ Communicating discharge from facilities out of the area. ○ Next Steps: ▪ Provider outreach ▪ Assess care team barriers ▪ Staff engagement, education, and workflow development • HealthShare presentation (Utilization Review and MEPP Implementation) ○ Three episodes for MEPP rolled into one project. ○ Describe "What" and "Where" under-utilization is monitored. ▪ Monitored via panels, workgroups, and committees. ○ Over-utilization was focused on work through MEPP workgroups. ○ Created action steps and projects for each MEPP category (MAT expansion, Diabetes and Oral Health Integration, and Pregnancy to expand Project Nurture.) ○ Included MEPP requirements within TQS activity format. • Yamhill (Behavioral Health Neighborhood): ○ Focused on high service utilizers with mental health diagnosis's, SUD, or both. ▪ Leveraged Collective Medical (PreManage) to see if there was decline in ED Utilization. ▪ Looking at tends in Cost of Care. ○ Members with comorbidities (diabetes, hypertension, and obesity) ○ How members with behavioral health challenges are disproportionately impacted by SDOH.	Pgs. 86-115

	○ Partnering with a consultant to develop the model by 2018. ○ Embedded two BHC's within PCP clinics. **TQS Break-out Sessions:** • Break-out room 1: Oral Health TQS projects ○ Advanced Health: Oral Health Integration for Members with Diabetes. ○ PCS: Diabetes: Inter-professional Care Collaboration between Primary Care and Dental Providers. • Break out room 2: Health Equity TQS Projects ○ AllCare: Health Equity: African American PCP visits ○ HealthShare: Equity Driven Best Data Practices ▪ Health Equity data workgroups ▪ Looking at census data in conjunction with REAL+D data to understand racial disparities better. • Break-out room 3: CLAS and Access: Cultural Considerations ○ Columbia Pacific CCO: Baseline Assessment, Anonymous Consumer ○ EOCCO: TQS Language Access Plan project • Break-out room 4: SMPI and Behavioral Health TQS projects ○ Medication for Addiction in Primary Care Payment Model. ○ Yamhill: Behavioral Health neighborhood • Break-out room 5: SDOH and Health Equity TQS projects ○ Trillium (Teresa Potter.) ▪ Cultural Competency Program for CLAS Standards 1 and 4. ▪ Offering Implicit Bias training to staff ▪ Language access training to providers ▪ Monitored G&A data ○ Cascade Health Alliance: Food Hub: Mill Addition Neighborhood, Klamath Falls ▪ Focus on improving food insecurity ▪ Alignment with CHIP ▪ Established a Hunger Coalition with CBO's • Breakout room 6: Oral Health and Grievance and Appeals. ○ IHN: Wellness to Smiles ○ Umpqua: Grievance and Appeals System: Access and Provider Interaction	
Adjourn		

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.state.or.us. Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write OHA.qualityquestions@dhsoha.state.or.us.

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

Every human deserves the basic right to health. Racism is a public health crisis.

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 because of historical and ongoing colonialism and the invalidation of cultural and traditional health practices. By focusing on race, we create a framework to address the impacts of further inequalities experienced by people who are also marginalized by ability, sexual orientation, gender, immigration status 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 collaborate 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 decision making to meet their diverse needs;
- applying a health equity analysis to build and revise our programs, policies, practices, and grants to be more culturally responsive;
- striving to provide regional leadership and advocacy for health equity through shared governance and accountability with our Coordinated Care Organization, the Regional Health Assessment and the 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 us, join hands with us, 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 and other forms of oppression. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.*

Background (on CODEI page)
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 social determinant that has been fundamentally woven tightly into the fabric of American society. Structural racism has established 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 consistent with National CLAS Standards. 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

COVID-19 Final Report for Jefferson County Public Health (Non-RHIP)
"COVID-19 Vaccine Administration and Distribution Grant"

Summary of Results:

- Funding was utilized to support COVID-19 vaccine Points of Dispensing (PODs) in communities throughout Jefferson County.
- Specifically, the funding was utilized to purchase an additional vaccine transport cooler and the additional supplies needed for the clinic (band-aids, cotton balls, disinfectant supplies, etc.).
- PODs were hosted at several locations throughout Madras, Crooked River Ranch, Culver, and Camp Sherman.
- All requested supplies were received.
- Beginning in January 2021, Jefferson County Public Health started providing vaccine outside of the clinic setting.
- These PODs (Points of Dispensing) were set up throughout the community at schools, churches, businesses, community centers, skilled nursing facilities, parks, and fire stations.
- The PODs varied in size form 1,500 attendees down to 10 attendees.
- The PODs and equipment purchased with the COHC grant continue today.
- Additionally, the vaccine transport cooler is now being utilized to provide in-home vaccinations for highly vulnerable individuals and/or caregivers that are unable to leave their homes.
- Supply chains, especially for vaccine related equipment and supplies, were on serious back order. It took an additional 3 months to receive our vaccine cooler.

Quote:

"We have seen numerous people cry tears of joy for receiving the vaccine and take families 'selfies' after the event."
Dr. Michael Baker, Jefferson County Public Health

COVID-19 Final Report for Deschutes County Health Services (RHIP)
"Grandpad Pilot Program"

*Order of projects is by final report submission date Published October 2021

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- The COHC grant funded the purchase of 7 Grandpad devices.
- Many older adults in our community are not able to access their providers due to isolation, being quarantined, lack of appropriate technology including internet access or physical challenges such as blindness or deafness.
- These barriers make it impossible or extremely challenging to provide them with quality mental health and medical care.
- The Grandpad devices have given our team direct access into client homes or facilities through face to face technology in order to provide vital mental health services to vulnerable older adults during this continuing pandemic.
- The primary result from purchasing the Grandpad devices is to continue to provide vital mental health services during this pandemic that otherwise would not have been available.
- Since starting the Grandpad program we have increased our telehealth capability with older adults from zero to 1100%. Some benefits we have observed are the following:
    - Grandpad's have offered a social lifeline to isolated older adults, allowing them to connect with family and friends.
    - Clients report an increase in self-esteem as they have mastered learning new technology that is often overwhelming or intimidating.
    - Clients report enjoying features of the Grandpad such as the articles, internet access, radio and games. These additional features have allowed clients to enjoy entertainment and provided continued connection to the "outside world".

Quote:

One client reports the following: "I was nervous about using the Grandpad. Technology is usually hard to learn and confusing. I wasn't sure if I could do it. I am happy to say I was able to learn something new and with the help of the Older Adults team I am able to stay connected. I use it to do therapy and I can also talk to my family and friends. When we are on "lock down" it can be depressing, but it helps to know I can reach out to my Older Adults team, family or friends. It's nice to use the features like the radio, articles and I love playing the games. I am grateful for this tool, especially during the pandemic when we have lost so many connections and outlets".

RHIP Mini-Grant Final Report for Central Oregon Locavore

"Central Oregon Locavore Program Support"

Reviewed by the Address Poverty & Promote Physical Health Workgroups

*Order of projects is by final report submission date Published October 2021

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

Summary of Results:

- Central Oregon Locavore set out to promote the well-being and belonging of our community members through our WWOLF (Willing Workers on Local Farms) and Edible Adventure Crew programs along with increasing intake of local fruits and vegetables through SNAP usage and sharing recipes.
- We were able to exceed our goal of hosting 4-10 WWOLF and Edible Adventure Crew events.
- Between August 2020 and August 2021, we hosted 11 WWOLF events and 6 Edible Adventure Crews for a total of 17.
- We also developed a partnership with the Oregon Youth Challenge Program to bring at-risk high school youth to farms for a day of volunteering.
- These events included medicinal plant and edible weed walks, blueberry harvesting, apple picking and pressing, and potato gleaning that resulted in hundreds of pounds of potatoes being donated to NeighborImpact.
- We were able to hire a staff person to manage both programs and provide mileage reimbursement for travel to the various sites.
- Additionally, Our SNAP sales increased from an average of $2,500 a month before August 2020 to $4,500 during the grant period.

Quote:

"Having the WWOLF crew out to help with some big projects on the farm really cut down on the time it would normally take to complete those tasks by a ton! Having 14-16 sets of hands instead of 2 really does make for lighter work that is so much more enjoyable. The group was extremely motivated, and many had already volunteered several times together. It really had a community feel. I got to know some familiar faces and met so many new folks from our community." - farmer Gia

*Order of projects is by final report submission date Published October 2021