



Provider Engagement Panel
September 8, 2021 • 7:00–8:00 am

Virtual Dial-In: Zoom

Join by computer: <https://zoom.us/j/630619272>

Join by phone only: 1-669-900-6833, code: 630619272#
775506

- | | |
|------------------|---|
| 7:00–7:05 | Introductions – Divya Sharma
• Approve Consent Agenda |
| 7:05–7:30 | Vaccine Mandates & Boosters – Divya Sharma |
| 7:30–7:50 | Culturally and Linguistically Appropriate Services (CLAS) – Miguel Herrada
Attachment: .ppt |
| 7:50–7:55 | QHOC Report – Alison Little
Attachment: August QHOC reports |
| 7:55–8:00 | Wrap-up – Divya Sharma |

Consent Agenda

August Minutes

Written Reports

COVID 19 Final Mini-Grant Reports



**MINUTES OF A MEETING OF
THE PROVIDER ENGAGEMENT PANEL OF
CENTRAL OREGON HEALTH COUNCIL
HELD VIRTUALLY VIA ZOOM**

August 11, 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 a.m. Pacific Standard Time on August 11, 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:

Gary Allen, DMD

Logan Clausen, MD

Matt Clausen, MD

Emily Harvey, MD

Keith Ingulli, PsyD

Alison Little, MD

Sharity Ludwig

Jessica Morgan, MD

Robert Ross, MD

Members Absent:

Divya Sharma, MD, Chair

Carey Allen, MD

Laura Pennavarria, MD

Guests Present:

Bryan Harris, St. Charles Medical Group

Sarah Holloway, PacificSource

Christina Lee, PacificSource

Therese McIntyre, PacificSource

Donna Mills, Central Oregon Health Council

Kelsey Seymour, Central Oregon Health Council

Sarah Holloway, PacificSource

Ms. Mills served as Chair of the meeting and Ms. Seymour served as Secretary of the meeting. Ms. Mills 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

Ms. Mills welcomed all attendees to the meeting. Introductions were made. Ms. Mills reminded the Panel that there will be no meeting in July.

CONSENT AGENDA

Ms. Mills asked for a motion to approve the consent agenda.

MOTION TO APPROVE: Dr. Allen motioned to approve the consent agenda; Dr. Logan Clausen seconded. All were in favor, the motion passed unanimously.

VACCINE EFFORTS

Dr. Harris introduced himself as a hospitalist at St. Charles, and discussed his concerns with the increasing number of unvaccinated individuals for whom he provides care. He explained that his hospitalized patients are often very open to vaccinations and claim they were unaware of the seriousness of the virus prior to being hospitalized. He asked what efforts primary care is taking to prevent these individuals from contracting COVID-19.

Dr. Morgan explained there are vaccine effort meetings taking place as groups share information with each other. She noted that she is thankful Dr. Harris' patients are willing to get the vaccine, because her experience in primary care is quite the opposite. She explained that some providers in her practice are exhausted and are hesitant to discuss it with patients for fear of the ramifications in their relationship with that patient and their ability to care for their current conditions.

Dr. Logan Clausen shared that providers at COPA are being verbally abused and bullied over this topic. She noted that two providers are being sued on suspicion of swapping the COVID-19 vaccine in for an HPV vaccination. She added that many parents are refusing to bring their children in for appointments simply to avoid a conversation about vaccines. She explained that COPA has never struggled to meet their immunization metrics until this year due to all these factors and more. She added that she is aware some providers who participated in COVID-19 vaccine videos are being targeted, as well as their families.

Dr. Ross indicated that the time required to convince someone to get the COVID-19 vaccine can be quite long, and that time simply isn't available to primary care physicians. Dr. Harris agreed that his time with patients in the hospital is significantly longer than a primary care appointment. Dr. Morgan indicated that long-time patients whom she has seen through cancer treatments have walked out of her office over the COVID-19 vaccine.

Dr. Harris acknowledges his own unawareness of these conditions up to this point, and thanked the PEP members for sharing their experiences and struggles.

QHOC REPORT

Dr. Little reviewed the June and July QHOC reports. She noted the group reviewed breast cancer index and discussed extended endocrine therapy, and only Oncotype DX therapy was recommended. She noted that PET scans have been added for monitoring Hodgkins disease. She shared that coverage will be given for port wine stain treatment on the head and neck. She noted there is no coverage for patellar subluxation or platelet rich plasma. She shared the colon cancer screening age has been lowered to 45, and added that 75- to 80-year-olds receive a C-level recommendation.

ACCELERATED INTEGRATED CARE UPDATES

Ms. Lee reminded the Panel that the Advancing Integrated Care (AIC) grant was funded originally by the COHC, and now the work is carried forward by PacificSource. She shared that Deschutes County gave a presentation on Living Well with Chronic Conditions and how they are leveraging Behavioral Health Navigators to connect participants with the Central Oregon Suicide Prevention Alliance. She added that the COHC Behavioral Health RHIP Workgroup has released a Request for Proposal to increase the timeliness and engagement of patients with specialty behavioral health care.

ADJOURNMENT

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

Respectfully submitted,

Kelsey Seymour, Secretary



Health Equity Plan Updates and Discussion



Purpose

- Provide updates on the Health Equity Plan
- Share findings from the Culturally and Linguistically Appropriate Services (CLAS) Standards Assessment

Health Equity Plan Submission Updates



HEP Submission Updates

- The Oregon Health Authority (OHA) reviewed and provided feedback in March 2021
- OHA scored our HEP a total of 59 out of 62 points!
 - 52 goals across 8 areas
 - Feedback to have a more regional approach
- Strategies impact all PacificSource CCO regions
- Turned in HEP progress and updates on August 10th, 2021

Culturally and Linguistically Appropriate Services (CLAS) Standards



CLAS Standards: Quick Recap

A tool to advance health equity, improve quality, and help eliminate health care disparities.

Standard 1 Commit to high quality care and services by supporting diverse cultural beliefs and communication needs.

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Source: www.ThinkCulturalHealth.hhs.gov

Health Equity Plan– *Completion to Date*

- CLAS presentations
- Health equity and CLAS Standards objectives included in PacificSource's strategic plan
 - Allocated resources to advance CLAS Standards system-wide

CLAS Assessment Findings

Communication and Language Assistance

- Strength: Strong policies and practices for language assistance.
- Explore: Health services providers and community partners must show they can provide language assistance services (Preferred Language Cards (I-speak cards), interpreters and translation services, etc.)

Discussion

- What is needed to provide meaningful language assistance services?

CLAS Assessment Findings

Governance, Leadership and Workforce

- Strength: Structures in place to monitor CLAS plans/activities.
- Explore: Integration of equity/cultural humility (responsivity) into job descriptions, performance/development objectives

Discussion

- How can we support the integration of cultural humility (responsivity) when developing performance/developmental objectives?

CLAS Assessment Findings

Engagement, Continuous Improvement and Accountability

- Strength: this assessment itself, sharing progress with partners
- Explore: Quality improvement systematically identifies and addresses health disparities

Discussion:

How can we assure that quality improvement systematically identifies and addresses health disparities?

Resources

- [SCOT Analysis Worksheet](#)
- [Organizational Self-Assessment: Effective Communication and Language Assistance Services Worksheet](#)
- [Effective, Cross-Cultural Communication Skills Worksheet](#)
- [Written Materials Development Planning Worksheet](#)
- [Think Cultural Health](#)

Questions?

OHA Quality and Health Outcomes Committee (QHOC)
8/09/2021
Zoom Conference ID: 160 -907-7530
Passcode: 925319
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 <ul style="list-style-type: none"> • See attendee list • Metric and Scoring Committee updates: <ul style="list-style-type: none"> ○ 2022 metrics were finalized at July's meeting. ○ 2022 Challenge pool measures will be decided at the next meeting in August. ○ The Mental Health ED disparity metric is retiring. ○ Social Emotional health will be a new measure in 2022. 	Pg. 1-4
Dental Director Introduction	<ul style="list-style-type: none"> • Dr. Kaz Rafia is new OHA Dental Director. 	Pg. 5
COVID-19 Vaccine update	Presenter: Dawn Mautner <ul style="list-style-type: none"> • Delta Variant Update: <ul style="list-style-type: none"> ○ Case counts have continued to rise over the past 8 weeks. ○ Delta has emerged as the dominate variant nationwide. <ul style="list-style-type: none"> ▪ ~85% presence among all known variants ▪ Evidence that it is 3 times more transmissible compared to other variants. ▪ New evidence of increased risk of severity of infection, which may lead to more risks of hospitalizations. ○ Difficulty discharging patients in LTC facilities due to restrictions and staffing issues. <ul style="list-style-type: none"> ▪ Some concerns about the medical necessity and expenses of ongoing hospitalizations for members waiting for SNF placement. ○ New evidence from the UK and Israel that suggests Pfizer vaccine effectiveness is holding at 93-100% against severe disease. <ul style="list-style-type: none"> ▪ In UK and Canada the study showed 79-87% effectiveness, and was conducting where masking was also co-occurred. ▪ In Israel there was no masking and it showed 64% effectiveness. ○ New evidence that vaccine breakthrough cases may be as infectious as unvaccinated cases. 	Pg. 6-50

	<ul style="list-style-type: none"> • COVID Booster Update: <ul style="list-style-type: none"> ○ Outside of scope of FDA EUA ○ Lack of evidence to recommend third booster shot ○ May be recommend for immunocompromised people to build a better immunization response ○ Limited supply of vaccines concerns about vaccine distribution equity: Under developed countries have low access to vaccines. • Pediatric Vaccine Planning: <ul style="list-style-type: none"> ○ Pfizer vaccines will begin to be available in September. ○ OHA conducted a parental vaccine hesitancy study and is using it to inform a communication plan. <ul style="list-style-type: none"> ▪ Focus on establishing trust and acknowledging concerns. ▪ Once trust is established provide information that vaccines have been thoroughly tested. ▪ Do not be dismissive about concerns. • Vaccine Equity Strategy: <ul style="list-style-type: none"> ○ Vaccine rates peaked in April and May, since then there has been a drop in vaccination rates. ○ 64.4% of the statewide population is fully vaccinated. ○ OHA is focusing on identifying zip codes with lower rates and providing additional outreach to increase vaccinations. <ul style="list-style-type: none"> ▪ Vaccine rates vary from 38%-76% countywide. ○ Door to door outreach and local vaccine events are scheduled. ○ Primary care doctors will call patients. ○ Final step will be a mobile vaccine effort. 	
HERC update	<p>Presenter: Ariel Smits</p> <p>COVID-19 coding updates:</p> <ul style="list-style-type: none"> ○ New Pfizer vaccination codes for a third dose are being developed, but are not currently open for use. <ul style="list-style-type: none"> ▪ Third doses cannot be reimbursed yet. ○ New antibody and home administration codes are now available. <ul style="list-style-type: none"> • COVID-19 antibody testing guidelines: <ul style="list-style-type: none"> ○ Testing needs to be used as part of the diagnostic work-up in hospitalized patients. ○ Or they can be used in cases with complications of COVID-19 infection. • Monoclonal Antibody Therapy: <ul style="list-style-type: none"> ○ Reduces hospitalization by 87% and evidence that it reduces suffering. <ul style="list-style-type: none"> ▪ Decreases viral load which may reduce the spread of disease. ▪ Reduces medical visits. ○ New indication for using REGEN-CV for post exposure prophylaxis. ○ Sub-Q is 2nd line to the IV treatment ○ ~76 Medicaid patients have only received antibody treatment. • Barrier to proving monoclonal therapy: 	Pg. 51 - 72

	<ul style="list-style-type: none"> ○ Lack of provider knowledge and perceived effectiveness. ○ Patients not willing to undergo treatment. ○ Issues with storing the drug. ○ Lack of ability to bring COVID-19 positive patients to the infusion center. ○ Difficulty obtaining COVID-19 test results in a timely manner. • HERC Meeting update: <ul style="list-style-type: none"> ○ PET scan is part of the approval process for Aduhelm for members with dementia. <ul style="list-style-type: none"> ▪ 3 MRI's are needed during treatment to monitor patients ○ New code placements are expected for several conditions at the next HERC meeting. ○ Neuropsych testing is covered prior to epilepsy surgery (during work up.) ○ Smoking cessation is likely to no longer be needed prior to cataract surgery. • Topics at the next GAP meeting: <ul style="list-style-type: none"> ○ Genetic codes for 2022 ○ Updating guidelines to remove family history prior to testing for preconception and prenatal testing. ○ Whole genome sequencing • Topics at the next EGBS meeting on 9/7/21: <ul style="list-style-type: none"> ○ High frequency chest oscillation devices ○ PANDAS/PANS 	
1115 Waiver	<p>Presenter: Megan Auclair</p> <ul style="list-style-type: none"> • The current waiver ends in June 2022. • Throughout the rest of 2021 a new draft will be developed and there will be a chance for public comment. • A new contract year will start in 2023. • The new waiver will be more focused on upstream measures vs downstream measures (disease progression.) <ul style="list-style-type: none"> ○ Meaningful language access ○ Kindergarten readiness • There will still be some focus on downstream measures that look at outcomes across different populations. • Focus will be placed on work to ensure an equitable distribution of power, including rethinking the role of the HPQMC. <ul style="list-style-type: none"> ○ More community voice will be involved in metric development. ○ A Health Equity metrics Committee will be developed to advice on upstream measures. • Starting in 2023, OHA will have to report to CMS all Adult Core Behavioral Health and Child Core measures. <ul style="list-style-type: none"> ○ Of the 32 core measures 23 are in the child set. ○ 12 adult measures are focused on behavioral health. • All CMS measures are based off the reporting year and not the measuring year. • The new waiver will work primarily on root cause analysis of 	Pg. 74-106

	inequities and maintaining quality.	
Items from the floor	<ul style="list-style-type: none"> The Family Connects presentation was moved to September. 	

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
QPI Intro/updates <ul style="list-style-type: none"> PIP, TQS Updates QPI topic poll 	Presenter: Lisa Bui <ul style="list-style-type: none"> A TQS learning session will be held at Septembers QPI session. <ul style="list-style-type: none"> CCO's need to submit their selected TQS project to Laura Kreger by 8/30/21. The Summary Document for statewide PIP will be attached to the bottom of QHOC packet. The statewide validation form is due on 9/1/21. In October there will be a learning collaborative for THW's. Lisa sent out a poll to ask about future topics: <ul style="list-style-type: none"> Top results were Prometheus, Initiation and Engagement, and statewide PIP barrier analysis. 	Pg. 125-127
Grievance and appeals <ul style="list-style-type: none"> NOABD and NOAR templates and guidance 	Presenter: Ann Brown <ul style="list-style-type: none"> A high-level overview was presented about various quarterly grievance system reporting. <ul style="list-style-type: none"> CCO's should review the data within their reports to ensure it accurately reflects what their CCO submitted. CCO's should average there numbers over three months when reporting. CCO's should use the data submitted in the G&A reports to inform the TQS. Over the past 12 month there was lower recorded complaints due to the pandemic OHA is developing a G&A dashboard that will be interactive and have data dating back to Q1 2019. CCO questions and feedback: <ul style="list-style-type: none"> More guidance was requested from CCO's to complete the templates. NOAB templates updates: <ul style="list-style-type: none"> A workgroup was convened to update templates for NOAB's. Three new template options were created for MCE's to choose from. <ul style="list-style-type: none"> Table version Narrative version (paragraph format) List version (for claims only) Evaluation criteria for the templates will be released at end of the week for both CCO's and DCO's. OHA conducted a consumer feedback survey to ask questions about the template updates and shared the results with the Medicaid Advisory Council. <ul style="list-style-type: none"> The summary document of the survey responses is posted on HSD quality assurance page. 	Pg. 128-165

Medicaid Quality Strategy	Presenter: Lisa Bui <ul style="list-style-type: none"> The quality strategy is updated every 3 years along with waiver application. <ul style="list-style-type: none"> This includes updates to the measurement strategy and the transformation strategy. It was last updated in May 2021 and is posted online OHA's website. 	Pg. 166-170
Adjourn	The meeting ended early and the remaining slides were not covered.	

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@dhsosha.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@dhsosha.state.or.us.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for La Pine Community Health Center (RHIP)

“The Telehealth Patient Healthcare Improvement Project”

Reviewed by the Promote Enhanced Physical Health Workgroup



Summary of Results:

- We used this grant to purchase webcams and headsets for our Care Teams (MD's, PA's, FNP's, NP's RN's, MA's).
- The purpose of this was to enhance our patients' and Care Teams' telehealth experience and the quality of the virtual visit.
- The webcams and headsets have enabled our Care Teams to have high-quality visual and auditory contact with patients during virtual visits.
- Headsets enable our Care Team to hear their patients more clearly and assure communications are confidential.
- These technologies have assisted us with improving our telehealth services and the patient experience during the pandemic.
- By upgrading our telehealth equipment, we can provide a better patient and Care Team experience supporting the Quadruple Aim (improve patient health. improve the patient experience, lower cost, improve the clinician experience).

Quote:

“The web cams allowed for us to work better with our patients and see them via video which allowed us to have a better assessment of them. This has been very helpful.”

Tyson Langeliers, PA-C

COVID-19 Final Report for New Priorities Family Services (Non-RHIP)**“Client Scholarships and COVID-19”****Reviewed by the Behavioral Health and Substance & Alcohol Misuse Workgroups****Summary of Results:**

- The project involved providing services for those without the funds to pay for services or to pay for limited services.
- Others have medical insurance but very high deductibles and wouldn't be able to pay for the services.
- Some clients had high co-pays with their insurance prohibiting them to complete a treatment program. We have been able to offer these clients treatment.
- As part of the treatment, the scholarships allowed for the collecting of urinary analysis (UA) fees.
- Many did not have access computers or Wi-Fi.
- We provided clients with Narcan kits in case of overdose.
- Mentors were able to connect with clients, helping with housing, community resources.
- Groups are more successful now face to face in our office.
- Our DUII and substance abuse clients are seeing more success in completing treatment.
- Clients are returning & more are engaged in treatment.
- We currently see most of our clients face to face with UAs which provides clients more accountability.
- We have offered scholarships and are back to offering in office groups, counseling, mentoring activities.
- We have provided scholarships to over 25 clients that would not have been able to receive treatment without the funds.
- We will continue to use funds to help clients receive treatment.
- We were able to provide incentives and paid for a DMV ID card for one client and helped him apply for services for food, housing, and job preparation.

Quote:

“We were unable to replace our recovery mentors due to funds and the COVID restrictions. Thankfully, we received some short term funds to rehire male/female recovery mentors/peers.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

RHIP Mini-Grant Final Report for Society of St. Vincent De Paul Redmond “Refrigerators”

Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup



Summary of Results:

- St. Vincent de Paul is the largest food pantry in Redmond.
- Part of the remodel not yet funded are two glass door freezers and two glass door refrigerators.
- This will allow display of our frozen vegetables, meat and dairy products, so the client can see the products and choose, minimizing the opening and closing of our residential equipment we use today.
- Clients will go "shopping" with a volunteer who can assist them in choosing the necessary food for themselves or their families.
- We have achieved funding for the two freezers but still require funding for the two refrigerators.
- These are necessary not only to achieve our goal on the shopping style food pantry but also to replace old, worn out freezers and refrigerators.
- In just the last two weeks our freezers have quit working when the compressors went out.
- Refrigerators are now purchased and installed.
- We can say the confidence we have in our equipment and food quality as increased.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for High Desert Museum (Non-RHIP) “High Desert Museum La Pine Elementary School Age Care”



Summary of Results:

- To support elementary schoolers’ substantial and unaddressed need, the High Desert Museum launched an on-site, full-day program for students grades 1-5 at La Pine Elementary, a supportive CDL learning environment with recreation programs and homework support.
- The result was a daily, comprehensive distance learning support program for families in La Pine that needed this type of service and support.
- Outcomes included recruiting and retaining 20 children from 15 families in the following grades: 5, 1st graders; 5, 2nd graders; 2, 3rd graders; 3, 4th graders; 2, 5th graders (3 students’ grade levels were not recorded).
- Additionally, these students participated in outdoor learning experiences, outdoor play opportunities.
- Moreover, through the challenges of teaching in-person without vaccinations, the Museum staff were able to maintain a healthy and safe environment for these students and their families.
- The benefits included keeping these students on track to advance to the next grade level, support their learning with their online learning – assisting with finding passwords, developing technology competency, completing homework and class assignments.

Quote:

Thank you for being visionary and letting organizations like the Museum join in our community’s response to supporting families and students.

COVID-19 Final Report for The Cottage Daycare (Non-RHIP)
“Air Purifiers for Childcare Center”

Summary of Results:

- We were able to purchase only 2 air purifiers @ \$250 each.
- We put one in the kindergarten class and one in the entry way.
- I believe they do help significantly.
- We only had 2 brothers out for COVID in November 2020 and two sisters out in August 2021. Neither time caused an outbreak and we have remained COVID free otherwise.
- Two families were out, and it did not spread further. We were able to maintain operations throughout the year which meant their parents, many of whom are essential workers, were able to continue working.

Quote:

“Thank you for doing what you could to reduce our stress and the spread. It was a big deal just to know we were doing everything we could.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Oregon State University- Cascades (RHIP)

“The Cinematic Remote Learning Project”

Reviewed by the Promote Enhanced Physical Health Workgroup



Summary of Results:

- The Cinematic Remote Learning Project provide the ability to create recorded or live remote learning opportunities for nutrition and physical activity lessons delivered by OSU Extension Nutrition Education.
- The SNAP-Ed program in Deschutes and Crook Counties was able to reach youth and adults with nutrition education and physical activity through cinematic means during this otherwise difficult school year.
- The studio outcomes included trainings, classes (both filmed and live), high quality photos and using the technology to complement other virtual programming.
- We used videos in zoom lessons and trainings, as a pre-training tool, embed in PowerPoint lessons and as links in a virtual choice board classroom.
- The equipment was also used for live recipe demonstrations.
- The studio provided our team with flexible programming options to meet the needs of our partners with the changing COVID-19 regulations.

Quote:

"The videos that the Deschutes County Nutrition Education team have been able to create with the new filming equipment have been huge additions to the BEPA 2.0 program. For example, the team was able to record teachers being trained on how to deliver BEPA 2.0 activities in socially-distanced settings, something that our program previously had no footage of. The equipment provided clear video and quality sound, even while filming outside in the elements. We have since been able to use this footage in remote BEPA 2.0 trainings available in Deschutes/Crook counties as well as statewide to provide an observer's perspective of what activity delivery looks like,"

Thomas Packebush, Faculty Research Assistant.

COVID-19 Final Report for Friends of the Children (RHIP)
“Decreasing COVID Barriers and Eliminating Long-Term Effects”
Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

Summary of Results:

- Over 250 community members received support through food and staple deliveries as well as financial support to combat loss of wages due to quarantine and isolation.
- Additionally, children who were not engaged in academics received 1:1 educational support from their personal mentor.

Story:

A direct email from one of our families (the mom has had an extended stay at St. Charles in and out of the ICU):

“On another note, I wanted to let you know that while I am a computer engineer, the company I work for has been extremely lax in paying me since the pandemic began. In fact, they paid me less than half my salary in 2020 and only 2 paychecks so far in 2021. I have been looking for something else, but with my family's battle with Covid, that has been severely disrupted. I'm letting you know this to assure that our need for your help is genuine.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Bend Area Habitat for Humanity (RHIP)

“Racial Disparities with Home Ownership”

Reviewed by the Stable Housing and Supports Workgroup

Summary of Results:

- Our project started with questions:
 - What are the factors creating racial disparities with access to homeownership?
 - Why do white families in Bend have a 67% likelihood of owning a home, but all other races drop to a 33% likelihood?
- From those difficult questions, we developed a (very) ambitious plan amidst the early days of the COVID-19 pandemic.
- We wanted to understand the barriers faced in our community and create solutions to change processes and experiences, building trust along the way.
- Our goals were many (7!) but can be summarized in four (4) main activities:
 1. Hire a DEI consultant, Erika McCalpine. Status: Erika was hired and has completed 80% of the tasks we planned for her to do.
 2. Complete internal DEI assessments and trainings. Status: complete.
 3. Host community listening sessions with racially specific groups. Status: not yet started (see sections below for more details)
 4. Complete internal policy review. Status: in progress.

Quotes:

“This project has become so much more than what we thought it would be! We envisioned it to be a quick staff training, 2-3 listening sessions, and internal policy review. We realized quickly in our training that our training needs roots to be prepared to listen to the community. By slowing our pace, we have equipped our DEI committee and staff to be warriors for DEI justice! Through this work, we have seen staff rise to take leadership in the community (one has joined the board of a justice organization, another became a member of the Bend's Human Rights and Equity Commission), policies have been reworked under a DEI lens, and really difficult conversations have been had. We are changed and are making change happen in Bend.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

RHIP Mini-Grant Final Report for The Environmental Center

“Garden for Every School - FoodCorps Service Member”

Reviewed by the Promote Enhanced Physical Health Workgroup

LUNCH BITES

Radishes, Radishes, Radishes

Fun Facts About Radishes:

- The radish is a edible root vegetable which means that we eat the root of the plant.
- Radishes come in several different colors including red, white, black and even ones that look like watermelons.
- “The Night of the Radishes” on December 23rd in Oaxaca, Mexico, is a radish celebration featuring nativity scenes carved from radishes!

Hey Kids! Check out this video
about Oregon grown radishes >>>>>>>
(Open the camera on your iPad and hold over QR code)



**Why couldn't the radish finish the race?
He was just a little beet!**

Bend-La Pine Schools is an equal opportunity provider.



Summary of Results:

- As this project was to be completed during the year 2020, it will be no surprise that we had to pivot when school closed in spring and remained closed in the Bend-La Pine school district until 2021.
- One of our pivots was to support the Bend-La Pine Nutrition Services Department with daily educational flyers to accompany their free school meals.
- We paid an intern using these funds to support a staff member working on this huge project.
- In the end, they created 187 individual flyers that went out 6 days/week from November to June.
- Daily themes included food, nature, sustainability, books and seasonal topics.
- Most flyers had a QR code linked to a video, a coloring page image, and educational information.
- Within the theme days, topics included Oregon grown crops, Bend - La Pine Farm to School efforts, bilingual book read-aloud, dealing with emotions, multicultural representation and celebrations, high desert, gardening, nutrition, cooking, changing seasons and holidays.