

## **Address Poverty and Enhance Self-Sufficiency**

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

https://us02web.zoom.us/j/87556511472?pwd=TlYrWjJ6TVhIUVdIVVVHQXJ4TnFHUT09

Join by phone: +1 669 900 6833 Meeting ID: 875 5651 1472 Passcode: 761406

> February 15, 2022 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

**ACENDA** 

- 1. Increase high school graduation rates among economically disadvantaged students
- 2. Decrease food insecurity
- 3. Decrease percent of income constrained households
- 4. Decrease housing and transportation costs as a percent of income

|                | AGENDA   |  |  |
|----------------|--|--|--|
| 11:00-11:15 AM | Welcome, Land Acknowledgement, Guiding Principles, Announcements |  |  |
| 11:15-12:15 PM | Implementation Plan Development  • Small group work              |  |  |
| 12:15-12:30 PM | Small Group Funding Recommendation & Wrap Up                     |  |  |

Working Document: <a href="https://docs.google.com/presentation/d/1jYwyGwMt-Uj2QtW2INBIRF9cij1\_4HaSIYgqw\_28uLg/edit?usp=sharing">https://docs.google.com/presentation/d/1jYwyGwMt-Uj2QtW2INBIRF9cij1\_4HaSIYgqw\_28uLg/edit?usp=sharing</a>



## **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%

## **Land Acknowledgement**

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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."



## **Guiding Principles**

#### **Shared Focus**

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region's shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

### **Shared Metrics**

We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

## **Involve Targeted Population**

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

#### **Collaborate to Solve Complex Issues**

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

#### **Coordinate Collective Efforts**

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

### **Learn and Adapt Together**

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

## **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?**

- 9-17% of residents in Central Oregon lived in poverty between 2013 and 2017
- Almost 50% of the region's renters are considered to be cost burdened
- Almost 25% of the civilian labor force in Warm Springs is experiencing unemployment

#### **Current State Metrics:**

- 1. 2018 Central Oregon graduation rates were significantly lower among economically disadvantaged students
- 2. Food Insecurity by County: Crook 15%, Deschutes 13%, Jefferson 13.3%
- 3. Income constrained households: Crook 29%, Deschutes 26%, Jefferson 34%
- 4. 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:

- 1. Increase high school graduation rates among economically disadvantaged students
- 2. Decrease food insecurity
- 3. Decrease percent of income constrained households
- 4. Decrease housing and transportation costs as a percent of income

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

- Demand exceeds supply for range of housing needs required
- Disjointed Systems
- Funding/Educational system is designed not to meet the needs of historically marginalized students
- Inactive response to Awareness, Barriers and Cultural Sensitivity
- Transportation can be inaccessible due to distance/economic
- Inequity of resources for income constrained families
- Scarcity culture promotes exclusionary programming
- Historical classism and racist structures undervalue and constrain people
- Complex & excessive restrictions to access safety nets



Date updated:2.11.22 Version:

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

- Strengthening Foundation of Individual and Community Health
- Empowering All People and Communities Through Inclusive and Collaborative Partnership
- Connecting People and Establishing Pathways to Enhance Community Resources
- Boosting Advocacy to Address Systemic Factors Contributing to Poverty

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

| When  | What   |           |
|-------|--|-----------|
| 02/21 | Invest in programs to increase HS Grad Rates | Funded    |
| 10/21 | ALICE Listening Session RFP                  | Reviewing |
| 11/21 | Food Insecurity RFP                          | Reviewing |
|       |  |           |

| Follow-Up: | What's | working? | What | have we | learned? |
|------------|--------|----------|------|---------|----------|
|------------|--------|----------|------|---------|----------|

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## Request for Proposals (RFP)

Project Name: Asset Limited Income Constrained Employed (ALICE) Lived Experience Listening Sessions

Access Code: ALICE2021

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

Health Improvement Workgroup: Address Poverty and Enhance Self-Sufficiency Workgroup

Future State Measures: By December 2024, decrease the total population Asset Limited Income Constrained,

Employed (ALICE) by 2 percentage points to: Jefferson 32%, Crook 27%, Deschutes 24%.

By December 2024, reduce combined housing and transportation cost for residents as a percent of income in

their respective counties to no more than: Crook 64%, Deschutes 55%, Jefferson 55%.

**Contact Person:** MaCayla Arsenault

**Email:** macayla.arsenault@cohealthcouncil.org

**Phone Number:** 541-306-3523

## **About the Central Oregon Health Council**

The <u>Central Oregon Health Council</u> (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 <u>Regional Health Improvement Plan</u>. 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 smaller funding opportunities for \$5,000 or less called mini grants HERE.

## **Description of Grant Opportunity**

The Address Poverty and Enhance Self-Sufficiency workgroup seeks to hire a consultant to conduct regional listening sessions to uncover barriers that keep individuals and families Asset Limited, Income Constrained, Employed (ALICE)\*. The assessment will include the barriers of housing costs and transportation and focus on rural areas of the region. The ideal applicant will possess knowledge and expertise about barriers and offer possible solutions. The consultant will report findings and recommendations to the workgroup.

## **Proposal Requirements**

Your proposal must include these qualities:

Consultant must design and execute an assessment that meets the criteria below.

- Include multiple listening sessions, with a reflective sample of participants per county, prioritizing
   Jefferson and Crook Counties and working with the Confederated Tribes of Warm Springs (CTWS)
  - Counties included
    - Crook (to include rural residents)
    - Deschutes (to include south Deschutes, with at least one listening session)
    - Jefferson with at least one listening session held in Warm Springs
    - Northern Klamath towns of Chemult, Gilchrist, Crescent, and Crescent Lake Junction.
  - The applicant has the option to submit a proposal to conduct listening sessions in only one county, with a priority on Jefferson and Crook counties with a prorated budget.
- Identify and conduct listening sessions with community members who are under the Asset Limited,
   Income Constrained, Employed (ALICE) threshold \* to include seniors and individuals with disabilities
- Prioritize BIPOC communities, limited English, immigrant, and tribal communities
  - o At least one listening session will be provided in Spanish
- Provide a minimum of \$50 stipend to each participant. Stipends can be built into grant budget up to \$15,000
- Leverage existing community groups to recruit and conduct listening sessions
- Listening sessions must include open-ended questions
- Assessment may also include surveys, interviews and partnerships with other organizations as appropriate
  - Ex. Sub-contract with interpreters to assist in Spanish listening sessions<sup>^</sup>
- Listening session questions and assessment tools such as surveys must be provided to the RHIP Workgroup for review and approval before they are used

Consultant must present a written report of their findings and specific recommendations to the Address Poverty and Enhance Self Sufficiency Workgroup. The report must include:

- The top three barriers an ALICE individual and families face when trying to make ends meet (i.e., housing, transportation, food, childcare, healthcare, coordination of support services etc.)
- Specific barriers around housing, transportation and income
- Results broken down by community or zip code
- Results must be validated for accuracy by the community served.

Additional information to include in application:

- Demonstrated expertise
- Experience in conducting listening sessions
- Organizational policy on Diversity, Equity, and Inclusion
- Budget that includes participant stipends
- Demonstrated connection to the ALICE population for listening sessions, if any

Collaborative letters of support are recommended, but not required. The Workgroup can help connect and identify partners that will help recruit individuals to participate in listening sessions

- ^Partnerships may include, but are not limited to:
  - NeighborImpact, Council on Aging of Central Oregon, Public Health, St. Charles Health System, Mosaic Medical, Central Oregon Intergovernmental Council, Better Together, Migrant Education, Latino Community Association, Head Start, WIC, Warm Springs Community Action Team, Juntos, Faith Based Communities (i.e. Linc in Madras)

The final product should include the cross sectionality between the barriers provided that are authentically shared by the participants. The Workgroup will use the results of the listening sessions to identify the unique needs of the communities in Central Oregon and will result in individualized approaches and creative options for each community.

\* ALICE households represent men and women of all ages and races who are working but unable to afford the basic necessities of housing, food, childcare, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living. Learn more about ALICE HERE.

## Why are these efforts needed?

The following information comes from the **2020-2024 Regional Health Improvement Plan**.

There is a demonstrated relationship between socioeconomic status and health outcomes. Low socioeconomic status greatly increases an individual's risk for disease and premature death. There is also significant evidence linking income inequity to health disparities and poor health outcomes.

Healthy People 2020 highlighted the importance of economic stability including employment, food security, housing stability, and poverty status, to consider when developing strategies to positively impact health outcomes (2020-2024 Regional Health Improvement Plan).

Sadly, 24.6% of Deschutes County households, 37.6% of Jefferson County households, and 42.2% of Crook County households are employed, but cannot afford the basic necessities to live (United for ALICE). Each community in Central Oregon is unique and requires specialized strategies to allow each household to thrive. Results from the listening session will allow the Address Poverty and Enhance Self-Sufficiency workgroup to partner with and meet the need of each community.

#### **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**

Number of Awards: 1

**Award Amount:** \$80,000 including up to \$15,000 allotted for individual stipends for listening session participants. Listening session stipend funds must be returned to the COHC if not used.

Project Length: 12 months from time of award

**Anticipated Selection Schedule:** 

Application Due Date: January 6, 2022 at 12PM PST

Decision Notification: February 15, 2022 by email

## **How to Apply**

This Request for Proposal is posted on our website HERE.

For instructions on how to access the application, please click **HERE**.

Once registered and logged into the grant platform, use this access code to apply for this grant: ALICE2021

## Support

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

MaCayla Arsenault, Project Manager at <a href="macayla.arsenault@cohealthcouncil.org">macayla.arsenault@cohealthcouncil.org</a> 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 <a href="mailto:rebeckah.berry@cohealthcouncil.org">rebeckah.berry@cohealthcouncil.org</a> or 541-306-3523

## **Request for Proposals (RFP)**

**Project Name:** Decrease Food Insecurity in Rural Central Oregon

Access Code: FOODSECURE

**Organization Name:** Central Oregon Health Council; Regional Health Improvement Plan (RHIP) **Regional Health Improvement Workgroup:** <u>Address Poverty and Enhance Self-Sufficiency</u>

Future State Measure: Decrease food insecurity

**Contact Person:** MaCayla Arsenault

Email: macayla.arsenault@cohealthcouncil.org

**Phone Number:** 541-306-3523

## **About the Central Oregon Health Council**

The <u>Central Oregon Health Council</u> (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the <u>Regional Health Improvement Plan</u>. These priorities were decided by the diverse people of our region before COVID-19.

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

**Grants Awarded:** up to \$50,000 **Available Funds:** \$300,000

Funding Duration: Single and multi-year projects will be considered. Multi-year projects may be

subject to re-approval/revision after the year one report has been reviewed.

## **Description of Grant Opportunity**

The Address Poverty and Enhance Self-Sufficiency workgroup is accepting applications for projects focused on connecting people and establishing pathways to enhance community resources aimed at improving the following Future State Measure of the Regional Health Improvement Plan (RHIP): By December 2024, decrease the percent of the total population reported as food insecure by 2 percentage points to: Crook 13%; Deschutes 11%; Jefferson 11.3%

Projects will focus on food deserts, rural areas, seniors, people with disabilities, people with transportation issues, and gap populations that don't qualify for other benefits. Collaboration and sustainability are encouraged through partnerships.

### Why are these efforts needed?

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. According to Food Insecurity Index which measures food access correlated with economic and household hardship, communities with the highest values (1-100, 100 being extreme) are estimated to have the highest food insecurity, which is correlated with household and community measures of financial stress, such as Medicaid enrollment, SNAP enrollment, and mental health burden. Scores for communities with the greatest need in Central Oregon: Warm Springs (99), Madras/Metolius (89.1), Prineville (80.9), Crescent (78.7), Chemult (77.6), Gilchrist (60.7), and La Pine (54.4). COVID-19 has only worsened these conditions and future impacts of the pandemic are still unknown.

Community conditions affect access to food. People living in rural areas and low-income neighborhoods may have limited access to full-service grocery stores. Predominantly black and Hispanic neighborhoods have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods. Communities that lack affordable and nutritious food are commonly known as "food deserts." Convenience stores are more common in food deserts and may have higher food prices, lower quality foods, and less variety of healthy foods. Access to healthy foods is also affected by lack of transportation and long distances to grocery stores.

Oregon is recognized nationally for relatively high rates of older adult SNAP enrollment, ranked number one in 2019. However, food insecurity remains an issue for many older Oregonians. Older adults face a variety of challenges to food security, including barriers due to income, transportation, access to healthier food options, cognitive and physical challenges to preparing meals, health and dental issues that impact eating, and competing needs of other household members, particularly for older adults raising grandchildren.

Adults and children who are food insecure are at an increased risk for a variety of negative health outcomes and health disparities. For example, food insecure adults may be at an increased risk for chronic disease. Food-insecure children also face a higher risk of developmental problems. In addition, reduced frequency, quality, variety, and quantity of consumed foods may have a negative effect on children's mental health.

#### Sources:

Feeding America
Healthy People 2030
Older Adult Food Insecurity and Hunger Strategies

## **Proposal Requirements**

## Projects must include one or more of the following populations:

- 1. Seniors and/or people with disabilities
- 2. People who are not eligible for SNAP, WIC, Medicaid, prescription assistance, transportation benefits, or home delivered meals (i.e. Meals on Wheels, Medicare Advantage Food Delivery, etc.)
- 3. Rural Communities (specifically the Confederated Tribes of Warm Springs, Jefferson County, Crook County, northern Klamath County, and rural parts of Deschutes County)

#### **COHC Definition of Rural:**

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less and one or more of the following:

#### Low income such as:

- High levels of poverty\*
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

## Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

## Applicants will be asked to submit the following supplemental materials:

- Letters of Support
- Budget Narrative

<sup>\*</sup>Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.

 Memorandum of Understanding (MOU) if partnering with the Confederated Tribes of Warm Springs

#### **Restrictions:**

Regional Health Improvement Plan grants cannot be used for:

- Any product or service that can be billed to any health insurance plan (durable medical equipment, screenings, medicines, etc.)
- Rental assistance, housing assistance, housing construction, and utilities
- Projects benefiting a single individual or single household
- Projects that do not address the specified Future State Measures of the RHIP
- Projects only serving undocumented community members

#### **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:**

Grants Awarded: up to \$50,000 Available Funds: \$300,000

Funding Duration: Single and multi-year projects will be considered. Multi-year projects may be

subject to re-approval/revision after the year one report has been reviewed.

## **Anticipated Selection Schedule:**

Request For Proposal (RFP) Released: November 15, 2021

Application Submission Closes: January 17, 2022 at 11:59PM PST

Notification of Award: February 28, 2022

## **How to Apply**

This Request for Proposal is posted HERE.

Instructions on how to submit your Proposal are HERE.

Instructions on how to access this application are HERE.

Please use this code to gain access to this application once in the grant platform: FOODSECURE

## Support

If you have questions about this Request for Letters of Interest, please contact: MaCayla Arsenault, Project Manager at <a href="macayla.arsenault@cohealthcouncil.org">macayla.arsenault@cohealthcouncil.org</a>

#### Resources

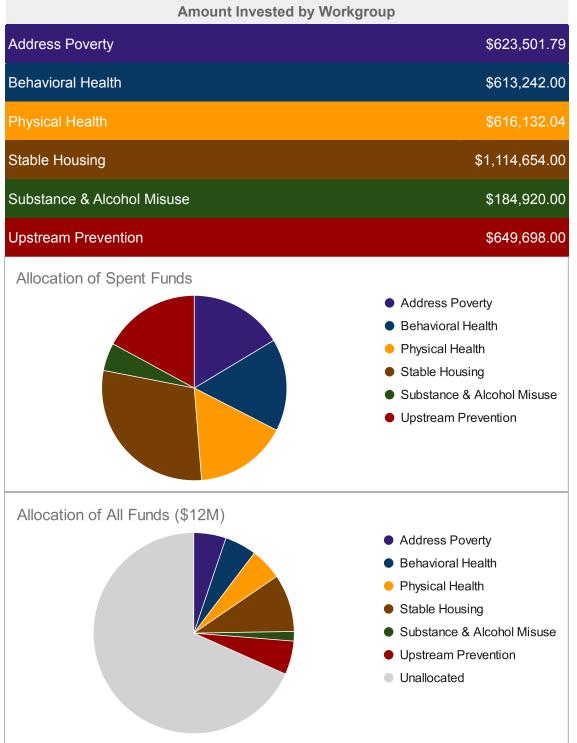
2019 Regional Health Assessment <u>HERE</u> 2020-2024 Regional Health Improvement Plan <u>HERE</u> Central Oregon Health Data website <u>HERE</u>

# 2020-2024 RHIP Workgroups

## **Five-Year Budget**

Updated January 3, 2022

Funds Available \$8,197,852
Initial Funds (spread over 5 years) \$12,000,000
Funds Spent \$3,802,148



# Address Poverty & Enhance Self-Sufficiency

2020–2024 RHIP Workgroup Budget

Updated January 3, 2022

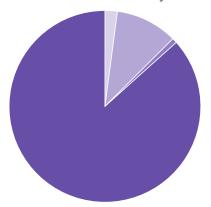
Funds Available \$1,376,498

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

Funds Spent \$623,502

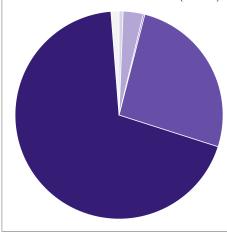
| Amount Invested by Future State Measure   |              |  |  |
|---|--------------|--|--|
| Decrease the number of households living at poverty level and income constrained  | \$12,500.00  |  |  |
| Decrease the percentage of the total population reported as food insecure Develop a regional metric to evaluate food insecurity among seniors | \$62,500.00  |  |  |
| 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   | \$518,501.79 |  |  |

## 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
- Unallocated
- COVID-19 (\$25k pooled funds)