



COHC Provider Engagement Panel
Wednesday, February 9, 2022 • 7:00–8:00 am

Held Virtually Via Zoom

<https://us02web.zoom.us/j/630619272?pwd=OEEDUnZQMW1PdIBZemwwWDB1WWdQdz09>

Meeting ID: 630 619 272 • Passcode: 775506 • Dial-in: 1-253-215-8782

- 7:00–7:05** **Introductions – Divya Sharma**
Approve Consent Agenda
- 7:05–7:15** **QHOC Report – Jeff Davis**
Attachment: January QHOC Minutes
- 7:15–7:30** **Quality Pool Distribution: The Data – Andrea Ketelhut**
Attachment: Quality Pool Data
- 7:30–7:45** **Quality Pool Distribution: Initiation and Engagement – Andrea Ketelhut**
Attachment: Quality Pool Distribution Methodology 2022
- 7:45–7:55** **Childhood Immunizations – Rob Ross**
- 7:55–8:00** **Wrap-up – Divya Sharma**

Consent Agenda

January Minutes

Written Reports

February Final Mini-Grant Reports



**MINUTES OF A MEETING OF
THE PROVIDER ENGAGEMENT PANEL OF
CENTRAL OREGON HEALTH COUNCIL
Held Virtually Via Zoom
January 12, 2022**

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 January 12, 2022, 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
Logan Clausen, MD
Matt Clausen, MD
Jeff Davis, MD
Emily Harvey, MD
Jessica LeBlanc, MD
Sharity Ludwig
Jessica Morgan, MD
Robert Ross, MD

Members Absent

Carey Allen, MD

Guests Present

Andrea Ketelhut, PacificSource
Donna Mills, Central Oregon Health Council
Camille Smith, Central Oregon Health Council
Tricia Wilder, PacificSource

Dr. Sharma served as Chair of the meeting and Ms. Smith served as Secretary. 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 AND INTRODUCTIONS

Dr. Sharma welcomed everyone to the meeting and asked attendees to share how they're doing amidst the pandemic chaos and exhaustion and changing rules.

Members expressed that work was very challenging and they'd never seen anything like the current situation, they were extremely busy, facing conflicts of interest, and trying to stay positive while feeling disheartened. Some felt caught in the middle between the state and county and the CDC, as well as schools for some providers, trying to chart a path where there wasn't alignment. Several shared that staffing was the biggest challenge—what to do when people on their staff and in their care test positive, when support staff have had to leave the workforce due to day care and other pandemic-related issues, how to find providers in response to the Covid surge in enrollment as people lost employment and came onto OHP.

Jeff Davis, the new PacificSource Medical Director, was introduced as a new member taking over from Alison Little and shared that he had been at St. Charles and BMC and had also worked in Salem for Kaiser and Salem Health Medical Group.

CONSENT AGENDA

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

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

2022 QUALITY POOL DISTRIBUTION

Ms. Wilder gave a presentation on the Quality Pool distribution methodology, noting that the payout calculation was unchanged from 2013 to 2019, when the COHC Finance Committee approved a revised QIM plan. When the pandemic began in 2020, OHA offered early release of QIM funds and a nonreporting year, so the new plan was put on hold till 2021. The way payout is managed is, first, to determine the COHC portion of quality funds and funds by provider pool; next, the quality pool payout for individual organizations is calculated; and finally, unearned funds (if any) are identified and allocated to the Community Advisory Council (CAC) for distribution.

The CCO is proposing a new QIM plan for 2022 that adds a performance incentive for quality pool providers—i.e., distributing funds based on quality performance. Ms. Wilder explained that historically they've gone straight to Finance but they think PEP should weigh in to help identify where the work is being done per QIM and what percentage they think particular provider types contribute.

The panel were appreciative that PEP was being asked for feedback, which hadn't been done in the past, but had questions and concerns, including whether the payout distribution is backed up by claims-based data; the difficulty of knowing what contributions people in other roles make to

achieve the measures; the sense that providers are doing the work, but when it comes to the QIMs it is sometimes more reactive than preparatory; the worry over how defeating it can be to strive to meet the difficult measures, especially initiation and engagement; a fear of backlash to expectations that are tone-deaf to current circumstances; and concern that since the majority of the staffing crisis didn't hit till 2021, it is not being taken into account.

Dr. Sharma suggested perhaps the group should take a deeper dive into each QIM, one measure at a time, which met with agreement, and asked whether they should begin with initiation and engagement since that has been so challenging in the region.

Ms. Wilder acknowledged how hard this work is and asked whether it is the best work for this group in a crisis, noting that options included bringing it to Finance to ask if they want to take it on and the possibility that we may not want to act on it this year. But whether it happens this year or next year, beginning the work would be useful. The CCO could bring population health experts to the meetings to address particular QIMs, as needed. She reiterated that this is for the 2022 QIMs, with payout in 2023, so there is some time to deliberate.

The group agreed to examine initiation and engagement in the February meeting, as well as childhood immunizations if there is time.

ADJOURNMENT

There being no further business to come before the PEP, the meeting was adjourned at 8:00 am Pacific Standard Time.

Respectfully submitted,

Camille Smith, Secretary

OHA Quality and Health Outcomes Committee (QHOC)

1/10/2022

Zoom Conference ID: 1-669-254-5252

Passcode: 105585

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	<p>Presenter: Lisa Bui</p> <ul style="list-style-type: none"> • New QHOC chair: Jeannie Savage • New QHOC Co-Chair: Douglas Carr • 2022 QHOC Meeting series: <ul style="list-style-type: none"> ○ Lisa sent out the appointment series to CCO staff ○ Email Lisa if someone needs to added, rather than forward the invite, to make the attendee list easier to manage. ○ Recorded sessions will start to be publicly posted. ○ Due to the Omicron surge, there may be an adapted schedule for the next months. ○ No QPI session in January, and no decision at this time to cancel other QPI sessions. • The Oral Health Affinity group with CMS will reboot on 1/27/2022. • On 1/25/2022, OHA will be holding a webinar to review an asset map for the Social Emotional metric. 	
December Follow-up items	<ul style="list-style-type: none"> • OHA will be hosting technical assistance for Intensive Care Coordination in 2022. • Resources for county-level emergency coordination can be found at: https://www.oregon.gov/oha/PH/Preparedness/Pages/Program-Information.asp 	
COVID update	<p>Presenter: Dawn Mautner, Kristen Dillon</p> <ul style="list-style-type: none"> • Omicron Surge and Response: <ul style="list-style-type: none"> ○ Latest hospitalization forecast indicates ~1600 hospitalizations by the end of January. ○ OHA is working to increase surge staffing (National Guard, traveling nurses/staff, volunteers.) ○ Workforce support to vaccinators. ○ Increasing testing sites. ○ Plan to reach 1M boosters. ○ KEPRO was helping to discharge MDT's to help move members out of hospitals. • Vaccines and Booster Stats: <ul style="list-style-type: none"> ○ OHA is working to increase boosters in LTCF's. ○ 79% completed at least one booster. 	

	<ul style="list-style-type: none"> ○ 34.2% of adults have completed a third dose. ○ Lower vaccine rates in children. ○ Higher vaccine rates in Native Hawaiian/Pacific Islanders. • Hospital Capacity and New Cases: <ul style="list-style-type: none"> ○ 10,451 new cases ○ Hospitals have not congested due to Delta surge ○ More kids getting hospitalized due to Omicron variant. ○ Most hospitals are at or over capacity. ○ Issues with lower level of care facilities being filled, which slows discharge. ○ Overall congestion throughout system • OHA will be sending out Crisis Care Guidelines and links to additional resources. • Treatments available for Omicron and COVID-19: <ul style="list-style-type: none"> ○ Monoclonal antibodies ○ Oral antivirals 	
P&T update	<p>Presenter: Roger Citron</p> <ul style="list-style-type: none"> • Oncology Policy Updates: <ul style="list-style-type: none"> ○ Three new agents added to PA criteria (asciminib, mobecertinib, and tisotumab). • Orphan Drug Policy Update: <ul style="list-style-type: none"> ○ Three new agents added: (avacopan, maralixibat, and odevixibat). • Cystic Fibrosis Literature Scan: <ul style="list-style-type: none"> ○ Mannitol, non-preferred ○ Tobramycin in sodium chloride nebulized - preferred • Renewal criteria implemented to evaluate pregnancy risk in Evkeeza. • Safety Edit to PA for Spravato for patients with a history of SUD. • DUR Program being developed for PrEP. • Glucagon Class Update: <ul style="list-style-type: none"> ○ Zegalogue non-preferred. • Paroxysmal Nocturnal Hemoglobinuria Class Update: <ul style="list-style-type: none"> ○ Ultomiris PA criteria revised for indication in pediatric patients one month and older. ○ Empaveli PA criteria implemented. ○ Pegcetacoplan non-preferred. • Gonadotropin-Releasing Hormone Modifiers Class Update: <ul style="list-style-type: none"> ○ PA criteria implemented for GnHR modifiers and antagonists. ○ Myfembree non-preferred. • Growth Hormone Class Update: <ul style="list-style-type: none"> ○ Skytrofa non-preferred ○ PA criteria updated to include lonapegsomatropin. • Bile Therapy Literature Scan: <ul style="list-style-type: none"> ○ Ocaliva PA criteria revised to include dosing parameters and safety precautions. • Next P&T meeting in February. • Two vacancies are available for the P&T committee. 	

HERC Update	Presenter: Ariel Smits: <ul style="list-style-type: none"> January and February meeting cancelled due to Omicron surge. Next meeting will be in March with topics carried over from November. High Frequency Chest Oscillation coverage (see slides). <ul style="list-style-type: none"> Recommended after CF and for bronchiectasis with lung infection after failed chest PT. PANDAS/PAN coverage (see slides). 	
Quality Updates	Presenter: Lisa Bui <ul style="list-style-type: none"> MEPP Final guidance was released in December. PIPs are due January 31st. Lisa will send written feedback in January. Next Statewide PIP submission and validation is due 7/31/2022. <ul style="list-style-type: none"> There will be an equity focus due for the interventions for the statewide PIP. HSAG will be holding webinars. OHA is delaying the SUD PIP discussion until spring. There will be a meetings held the 4th week of month. <ul style="list-style-type: none"> Send Lisa contacts for 4th week meetings for SUD PIPs. Send QPI topic requests to Laura Matola. 	

Quality and Performance Improvement Session 1:00 p.m. – 3:00 p.m.		
QPI Intro/updates	<ul style="list-style-type: none"> No QPI Session this month. 	n/a
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@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.

Considerations during discussions

- Logic behind these dashboards are taken directly from the OHA measure specifications
- Did not include performance as that should not be a consideration of the division of work effort
- All measures are weighted the same per OHA
- eCQMs (electronic clinical quality metrics):
 - Depression Screening
 - SBIRT
 - Diabetes, Poor Control
 - Cigarette Prevalence
- eCQMs (electronic clinical quality metrics) are only reportable by the PCP group, but does not negate the fact that other provider types may be supporting the work.

Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

Select Measure

AOD Treatment - Initiation

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NUM..	% of Total NUM	
SCMC Bend Hospital	1	167	19%	
SCMC Redmond Hospital	2	40	5%	
Wiggers, Sarah J.	3	21	2%	BestCare Treatment Center
Haslam, Julie A.	4	18	2%	Unknown
Saucedo, Heather R.	5	16	2%	Pfeifer and Associates
SCMC Madras Hospital	6	13	2%	
LeBlanc, Jessica L.	7	11	1%	Pfeifer and Associates
Santana, Christian	8	10	1%	BestCare Treatment Center
McCay, Aaron M.	8	10	1%	New Priorities Family Services
Sage View at St Charles	8	10	1%	

Quality Incentive Measures - YTD Service Provider Performance

CCO
 Central Oregon

Select Report End Date
 12/31/2021

Select Measure
 AOD Treatment - Engagement

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NU..	% of Total NUM	
Saucedo, Heather R.	1	16	4%	Pfeifer and Associates
Espinoza, Lynette	2	10	3%	Turning Points Recovery
Watkins, Rachel O.	3	9	2%	New Priorities Family Services
McCay, Aaron M.	4	8	2%	New Priorities Family Services
LeBlanc, Jessica L.	4	8	2%	Mosaic Medical
Bend Treatment Center	4	8	2%	
St Charles Home Health	4	8	2%	
Morales, Crystal A.	5	7	2%	Deschutes County Behavioral Health
Franklin, Cheri	6	6	2%	BestCare Treatment Center
Woodside, Rhonda R.	6	6	2%	Ideal Options

Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

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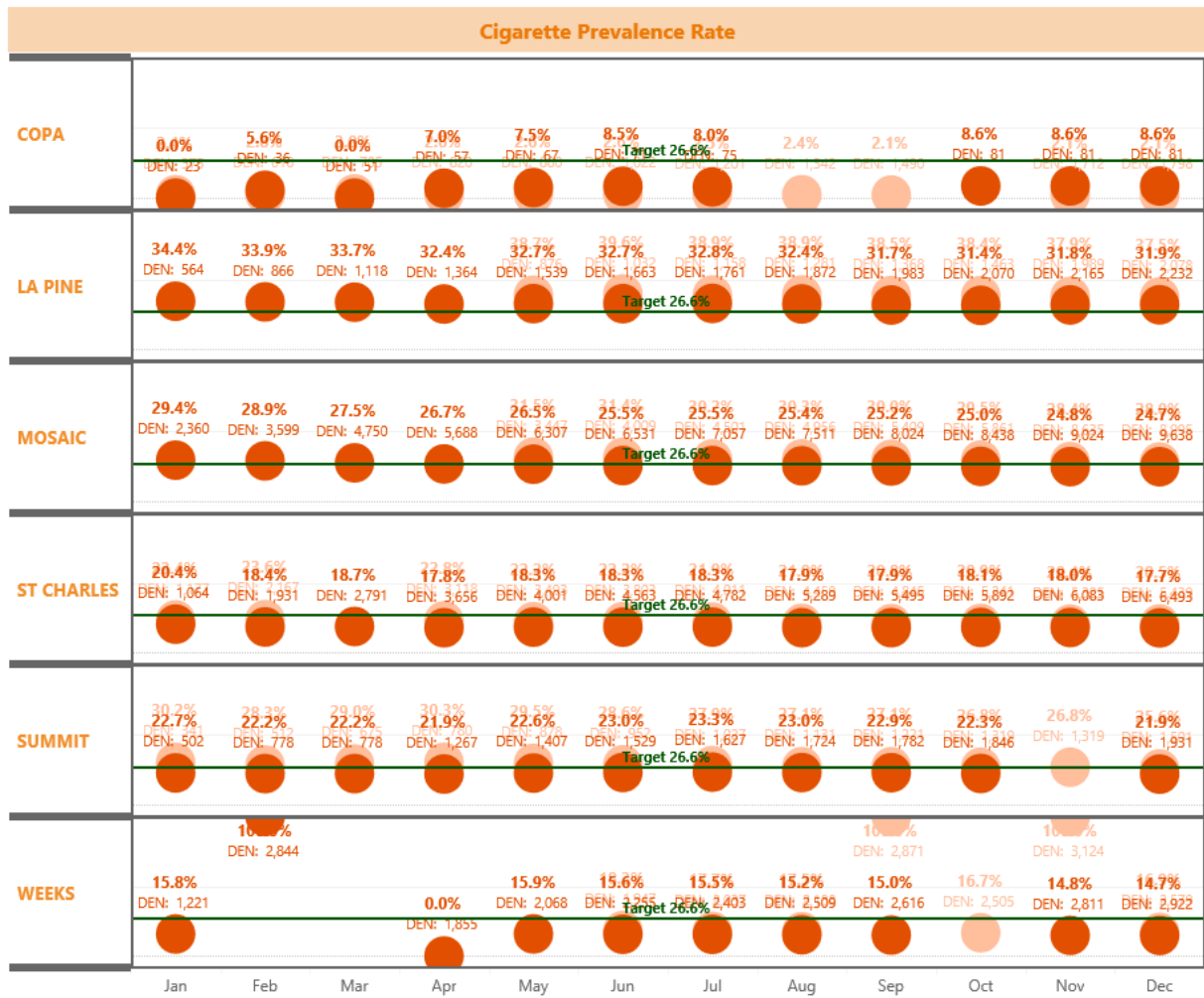
Select Measure

Adolescent Immunizations

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NUM..	% of Total NUM
Central Oregon Pediatrics Associates	1	171	41%
Mosaic Medical	2	99	24%
St Charles Bend East Family Care	3	55	13%
Madras Medical Group PC	4	22	5%
Lapine Community Health Center	5	14	3%
Summit Health	5	14	3%
St Charles Family Care Prineville	6	12	3%
Weeks Family Medicine LLC	7	7	2%
Jefferson Co Health Dept Immunizations	8	6	1%
Unassigned PCP	9	5	1%

Cigarette Prevalence



Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

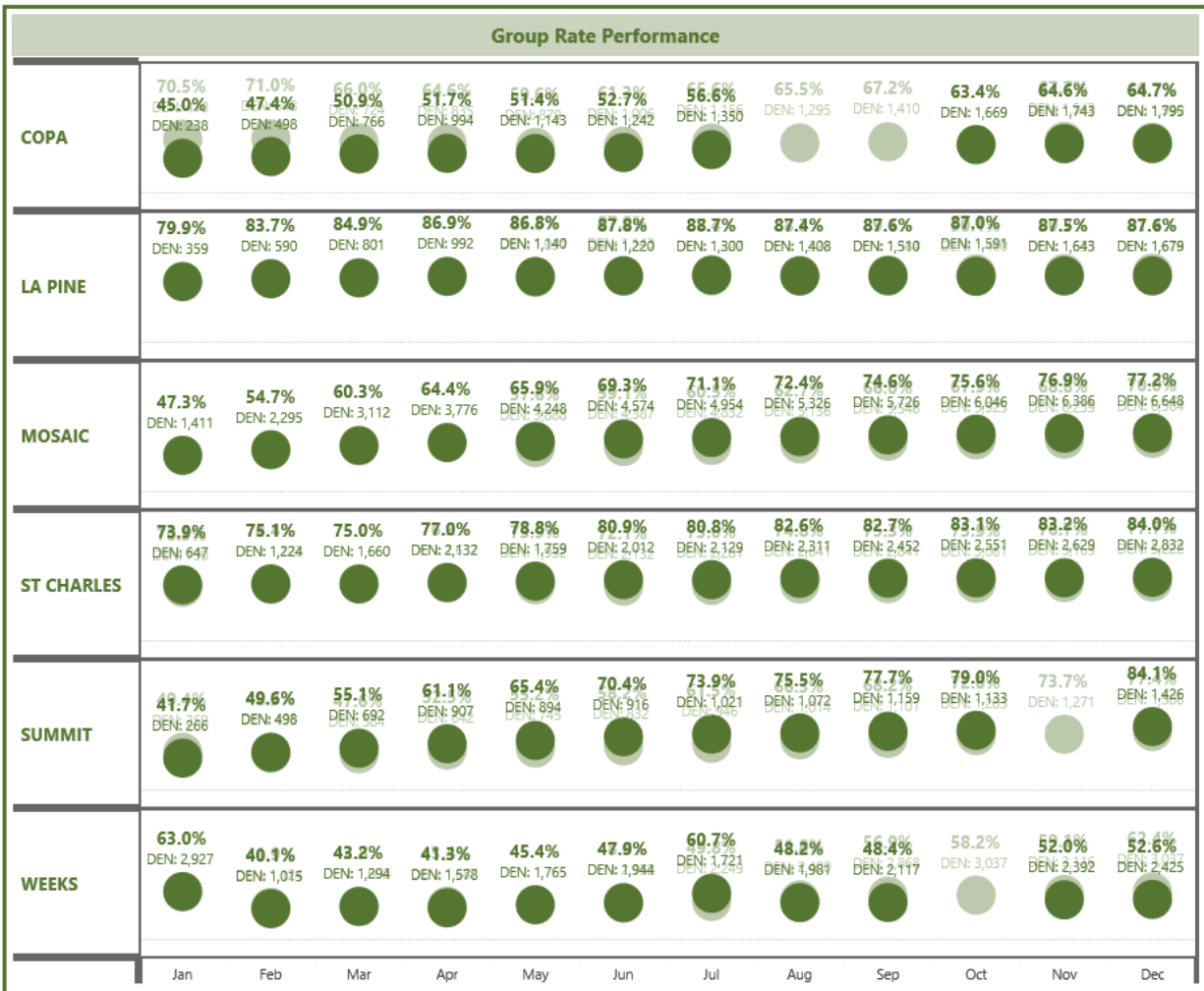
Select Measure

Childhood Immunization

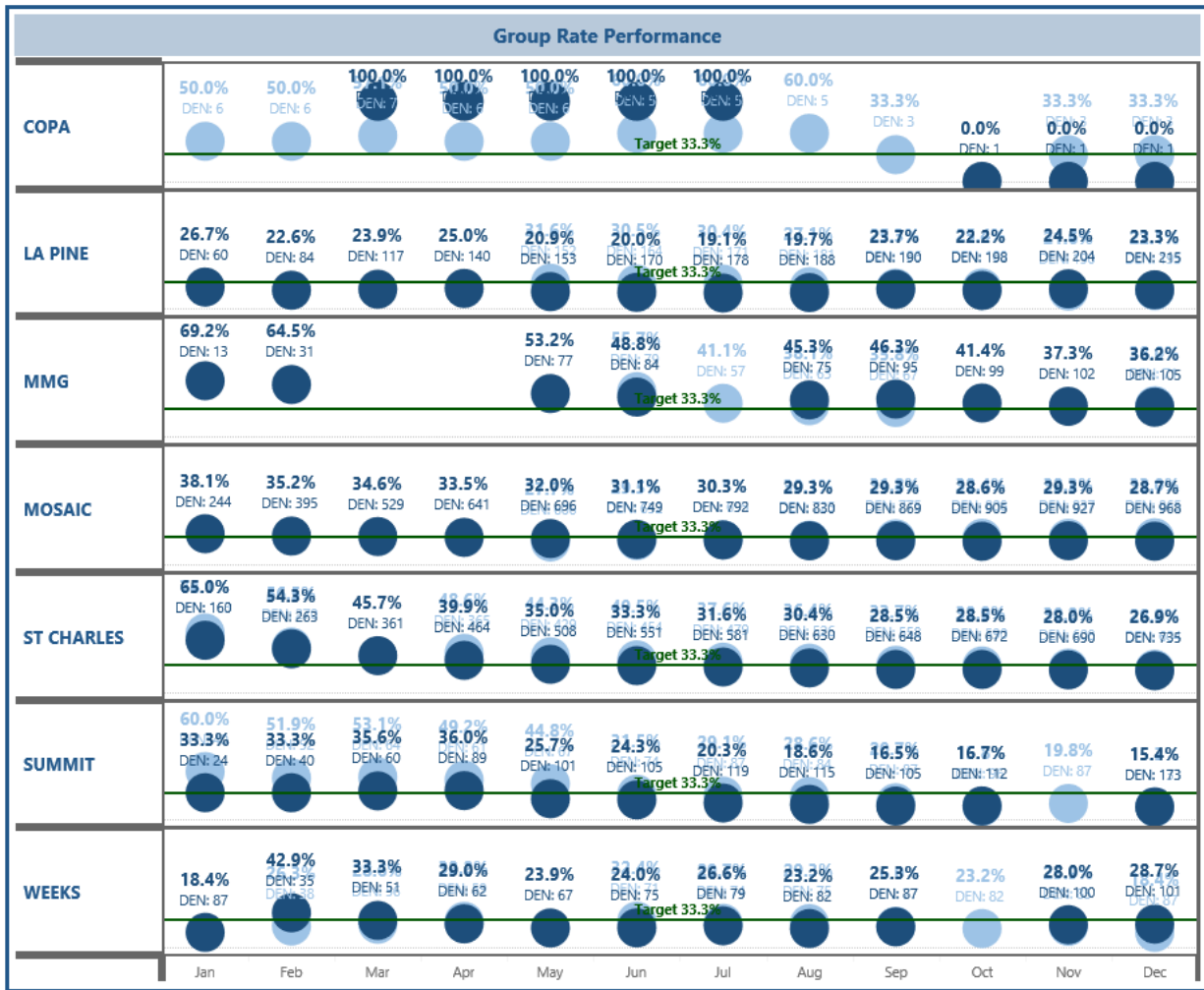
Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NUM.	% of Total NUM
Central Oregon Pediatrics Associates	1	392	53%
Mosaic Medical	2	92	12%
St Charles Bend East Family Care	3	88	12%
Summit Health	4	49	7%
Weeks Family Medicine LLC	5	24	3%
Madras Medical Group PC	6	22	3%
Lapine Community Health Center	7	17	2%
St Charles Family Care Prineville	8	16	2%
Praxis Medical Central Oregon	8	16	2%
Burket Bradley MD	9	13	2%

NQF0418- Depression Screening



NQF0059 - Diabetes HbA1c Poor Control



Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

Select Measure

Dental & Oral Services (Ages 1-5)

- Fluoride varnish is one oral health service that closes the denominator gap
- Fluoride varnish can be applied four times per year.
- Per specifications, primary care providers can also be providing these services

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NUM..	% of Total NUM
Advantage Dental Group PC	1	438	15%
	2	363	13%
Foy, Tiffany M.	2	363	13%
Timber Kids Dentistry	3	333	12%
Pediatric Dental Associates - Bend	4	178	6%
Mosaic Medical	5	176	6%
	6	172	6%
Bentley, Melinda E.	7	155	5%
Catherine M Quas DMD PC	8	109	4%
Redmond Dental Group	9	106	4%

Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

Select Measure

Dental & Oral Services (Ages 6-14)

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NU..	% of Total NUM
Advantage Dental Group PC	1	1,094	18%
	2	988	16%
Timber Kids Dentistry	3	820	13%
Pediatric Dental Associates - Bend	4	602	10%
Redmond Dental Group	5	427	7%
Mosaic Medical	6	360	6%
Catherine M Quas DMD PC	7	337	5%
	8	222	4%
Bentley, Melinda E.	9	146	2%
Foy, Tiffany M.	10	128	2%

- Fluoride varnish is one oral health service that closes the denominator gap
- Fluoride varnish can be applied four times per year.
- Per specifications, primary care providers can also be providing these services

Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

Select Measure

Oral Evaluation - Diabetic

- Only dentists can close this metric
- PS QIM Program expects PCPs to be educating, and referring patients to the DCOs or their primary dentist.
- PS QIM Program also encourages partnership with DCOs to offer on-site tele-dentistry services at the PCP office.

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NUM..	% of Total NUM
Advantage Dental Group PC	1	176	38%
Redmond Dental Group	2	91	20%
KRAWSKI, DAVID	3	30	6%
Mosaic Medical	4	27	6%
Koto, Catherine	5	20	4%
Capitol Dental Group PC	5	20	4%
	6	17	4%
Capitol Dental Group PC	7	11	2%
Shirtcliff Ken DMD	8	9	2%
JAVIER, JOSE L.	9	8	2%

Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

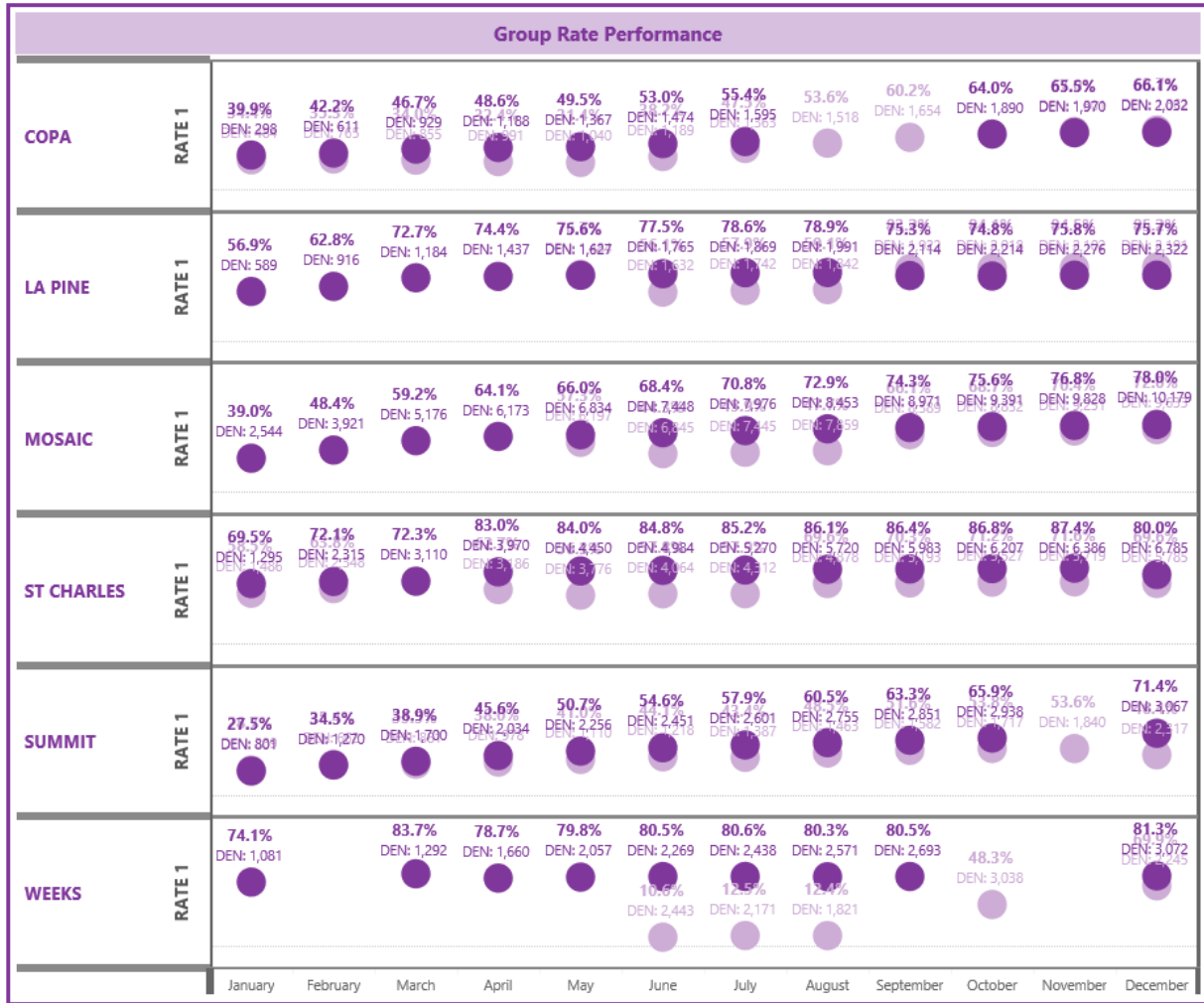
Select Measure

Postpartum Care

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMER	NUM..	% of Total NUM
East Cascade Womens Group PC	1	318	52%
St Charles Center for Women's Health	2	181	30%
John A Murphy MD PC	3	40	7%
St Charles Bend East Family Care	4	30	5%
Unassigned PCP	5	27	4%
OBHG Oregon PC	6	6	1%
Providence Womens Clinic PPMC	7	1	0%
Legacy Womens Health WHC	7	1	0%
University Professional Services	7	1	0%
Scott and White Clinic	7	1	0%

SBIRT Rate 1



Quality Incentive Measures - YTD Service Provider Performance

CCO

Central Oregon

Select Report End Date

12/31/2021

<

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Select Measure

Well-Child Visit

Top 10 Numerator Contributors

Service Provider Group	Rank of NUMBER	NUM.	% of Total NUM
Central Oregon Pediatrics Associates	1	5,005	47%
Mosaic Medical	2	1,778	17%
St Charles Bend East Family Care	3	1,088	10%
Summit Health	4	713	7%
Lapine Community Health Center	5	328	3%
Madras Medical Group PC	6	309	3%
Weeks Family Medicine LLC	7	306	3%
St Charles Family Care Prineville	8	290	3%
Praxis Medical Central Oregon	9	224	2%
Burket Bradley MD	10	135	1%



Quality Pool Distribution Methodology 2022

QIM Pool Payout Calculation History

- 2013-2019: Combination of participation and membership formula utilized.
- 2019: COHC Finance Committee approved revised QIM plan.
- 2020: Pandemic began & OHA offered early release of QIM funds and a non-reporting year. As a result, the 2019 plan was not implemented.
- 2021: Implementing the revised approved QIM plan from 2019.
- 2022: Proposing NEW QIM plan to be implemented for 2022 that takes the revised 2019 plan one step further and adds a performance incentive.

Objective

- Incentivize quality pool providers by distributing funds based on QIM performance.



Quality Pool Payout Steps

- **Step 1: Determine COHC Portion of Quality Funds & Funds by Provider Pool**
 - Total from OHA then subtract 2% for MCO tax and then multiply the total Quality Pool by 50% = COHC Quality Pool Total Funds.
 - Divide total COHC Quality Funds by Quality Pool Calculations created by Provider Engagement Panel. *
- **Step 2: Determine Individual Organization Quality Pool Payout**
 - Multiply organization membership by Total Quality Pool then multiply again by actual Quality Performance (incentive) for total payout.
- **Step 3: Identify funds unearned (if any) and redistribute to CAC**
 - If organization does not meet all Quality Metrics at 100%, then multiply organization membership by total Quality pool and subtract quality metric percentage met to discover unearned funds.
 - Add all unearned funds by organization and pool and provide total to CAC for community investments.

** PEP to determine the percentage allocated for each QIM per provider type.*

2022 Quality Pool Payout Example

Step 1:	OHA Award	\$4,000,000.00	
	MCO Tax (2%)	\$80,000.00	
	Subtotal after taxes	\$3,920,000.00	
	COHC Portion (50%)	\$1,960,000.00	
			* PEP TBD
Step 2:	PCP Pool	\$1,078,000.00	55%
	OB/GYN Pool	\$98,000.00	5%
	Public Health	\$196,000.00	10%
	Mental Health	\$294,000.00	15%
	DCO	\$294,000.00	15%
		\$1,960,000.00	
	Organization	X	
	Membership %	20%	
	Quality Performance	85%	
	Payout	\$183,260.00	
Step 3:	Unearned Quality \$	\$32,340.00	→ CAC

CCO Recommendation

Metrics		Qualified Providers					PEP
	Information Source	PCP	OB-Gyn	Public Health	DCO	CMHP	Yes/No
Adolescent Immunizations	Claims, ALERT system	95%		5%			
Assessments for children in DHS custody	Claims	33%			33%	34%	
Child Immunization Status	Claims, ALERT system	90%		10%			
Health Aspects of Kindergarten Readiness: Social-Emotional Health	Attestation and Claims	50%				50%	
Preventative Dental - 1-14	Claims	30%			70%		
Oral Health - Adults with Diabetes	Claims	25%			75%		
Prenatal and postpartum care: Postpartum	Claims + EHR audit	10%	80%	10%			
SBIRT	EHR report	80%				10%	
Health Equity: Access to Culturally Responsive Health Care Services	Attestation and Claims	34%		22%	22%	22%	
Initiation and Engagement	Claims	60%				40%	
Cigarette Smoking Prevalence	EHR report	75%		15%	10%		
Depression Screening and Follow Up Plan	EHR report	100%					
Well Child Visits for 3-6 Year olds	Claims	100%					
Diabetes: HbA1c Poor Control	EHR report	85%		9%	1%	5%	

PEP Recommendation to Finance Committee

- Option 1: Approve CCO recommendation for qualified provider pool payout as shown.
- Option 2: Approve CCO recommendation with the changes noted in the percentage payouts.
- Option 3:

Thank you



Swampy Nordic Shelter

COVID-19 Final Report for Friendometry
“Friendometry - Translation to Espanol”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- [Friendometry.com](https://friendometry.com) is a relatively new service designed to help solve this problem.
- Friendometry.com is an online resource where parents can go to meet and find other parents who are seeking friends for their children that are in their geographical area.
- The site was previously for those that speak English and is for parents of children ages 2-17.
- It is now available in Spanish.
- This project improved the efficacy and equal access of the service.
- Although the project met some delays, it is now available to those who speak Spanish, which will increase the ability of those that speak Spanish to find friends for their children.
- The project will continue to provide increased access to the Spanish speaking community for years to come.

Quote:

“As a provider in the community, I, Dr. Kriz, see the impact that a lack access to services and benefits has on our community. This project has allowed a whole other important part of our community to have adequate user friendly access. This is the start. The next phase of this project will be to put forth more marketing efforts in the Spanish speaking community to increase the benefit of Friendometry. The importance of friendships is universal and by being able to create a new strategy to the community can produce protective factors against mental health challenge in our youth.”

COVID-19 Final Report for Kôr Community Land Trust
“Reaching Underserved Communities with Homeownership
Opportunities in the Time of COVID-19”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- Kôr completed the homeowner selection for its second community, Crescita.
- Outreach efforts included:
 - hiring an Outreach Coordinator with intermediate Spanish-speaking skills, as well as interpreters and translators to ensure all materials and events were equitable for Spanish-speaking households.
 - partnered with Latino Community Association, Family Access network, Council on Aging, NeighborImpact, and Housing Works to provide broad community engagement
 - developed a low-barrier, online application process in both English and Spanish.
 - held one-on-one information meetings to answer specific homebuyer questions.
- Kôr's outreach efforts resulted in the following attendance:
 - Six public information sessions attracted 95 attendees, including two Spanish-speaking sessions.
 - Received 59 applications for homeownership, with 17% identifying as a Households of Color and Latinx households.
 - Selected 5 homebuyers and 10 back-up buyers through a weighted housing lottery, with 40% of household identifying as Households of Color.

Story:

“I grew up here. My brothers were born at St. Charles where my dad flew airlife and now we are firefighters and health care workers. I want our community to be able to support its helpers so everyone can have what they need. It would mean so much to be able to step into a contributing and caring role by being a homeowner in the community I serve.” - Kor Homebuyer Applicant

COVID-19 Final Report for Boost Oregon (RHIP)
“COVID-19 Vaccine Information”
Reviewed by the Upstream Prevention Workgroup

Summary of Results:

- Boost Oregon created and distributed fact sheets and buttons in English and Spanish to raise awareness and address common concerns about COVID-19 vaccines.
- The fact sheets provided understandable information regarding how the vaccines work, where to get them, and what to expect after receiving it.
- Our buttons helped normalize vaccine uptake in our community.
- Community members and providers wore the buttons showing others that they themselves took the vaccine and that it is safe and effective.
- These materials fostered a culture of COVID-19 vaccine acceptance in Central Oregon.
- Positive messaging around the COVID-19 vaccines helped to improve attitudes about vaccines in general.
- The buttons were an especially popular component to our project.
- Furthermore, our buttons conveyed generic vaccine acceptance messages and were not specific to COVID-19 vaccines, so they may be used as a steppingstone to promote all types of immunizations.
- Providing the community accurate and understandable information about a new vaccine, such as those for COVID-19, primed community members to be open to learning about other necessary vaccines.



Story:

We work closely with Deschutes County Health Services on many projects. They were one of the recipients of the materials we developed. DCHS began handing out our buttons at one of their vaccination clinics. They went through the supply we gave them in a matter of days because so many people were excited to take a button and proudly display that they had been vaccinated. We supplied them with another round of buttons, and they ended up creating their own to hand out because it was so popular at the community vaccination clinics.