



Operations Council

April 25, 2024
11:30 am to 1:00 pm

Virtual Meeting

<https://us02web.zoom.us/j/82062544065?pwd=ZHJvd2JuZUJyQ0wvQTNHaHczaVpYZz09>

1.669.900.6833

Meeting ID: 820 6254 4065

Passcode: 787646

11:30 - 11:45	Welcome, Introductions, Announcements
11:45 – 11:50	Updates: Next steps from last month's conversation
11:50 – 12:55	Preparing for 2025 RHIP Prioritization <ul style="list-style-type: none">• What we learned in the Regional Health Assessment• Your role in prioritization
12:55 – 1:00	Information Sharing & Next Steps—All

Land Acknowledgment

We recognize and acknowledge the indigenous land on 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 that 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."

COHC Operations Council

Virtual Meeting

Operations Council

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 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. Success is defined by the issue, those most impacted, and those closest to the work.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our 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 our shared goals.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second chances, 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.



CHARTER: Central Oregon Health Council Operations Council

The Central Oregon Health Council (COHC) was created to improve the well-being of all residents across Central Oregon.

The Operations Council serves as a place to coordinate collective efforts among the Central Oregon Health Council's community partners, committees, workgroups, community members and the Board of Directors.

The Operations Council will address and actively support:

- regional efforts advancing the shared mission and vision of the Central Oregon Health Council
- regional issues escalated from the committees, workgroups, and community partners
- broad, cross-sectoral, regional initiatives

Partners include:

- Organizational leaders who have delegated authority to make operational decisions
- Impacted community members and leaders who have influence to impact change

Partners Roles and Responsibilities:

- Communicate information within their organization, partner organizations and communities
- Provide individual, community and organizational support of agreed upon initiatives and workplans

Definitions:

Partner, Community Partner, Partner Organization. Terms may be interchanged.

Individuals and organizations who purposefully work together within the Central Oregon Health Council (COHC) structure to share information, resources, services and other types of support to understand and address the regional priorities identified by communities throughout the Central Oregon region.

Community can be defined by describing the social and political networks that link individuals, community organizations, and leaders. Some communities fall within geographically mapped physical



COHC Operations Council

Held Virtually via Zoom

March 28, 2024 • 11:30 am–1:00 pm

Members Present

Adam Dickey, Central Oregon Behavioral Health Council
Carla Stevens, Mosaic Medical
Gary Allen, Advantage Dental
Heather Kaisner, Deschutes County Health Services
Janice Garceau, Deschutes County Health Services
Jennifer Eales, SriPonya
Kat Mastrangelo, Volunteers In Medicine
Kathy Sabatier, Community Member
Kecia Kubota, Camp Fire Central Oregon
Laurie Hill, COPA
Lindsay Atagi, PacificSource
Mandee Seeley, Community Representative
Manu Chaudry, Capitol Dental Care
Marie Manes, La Pine Community Health Center
Mary Ann Wren, Advantage Dental

COHC Staff

Avery Grace, Project Manager
Bradley Garner, Administrative Assistant
Donna Mills, Interim Executive Director
Gwen Jones, Project Manager
MaCayla Arsenault, Project Manager
Mary Burns, Project Manager

Welcome, Introductions, Announcements

Gwen Jones welcomed the group and facilitated introductions.

- Regional Health Improvement Plan (RHIP) Steering Committee is going to look for new members. The purpose of the Steering Committee is to advise the development team in completing the health assessment and improvement plan.

Updates: Care Transitions for HOP Members

Kat Mastrangelo presented an update on concerns brought up prior on patients with HOP. Well established patients that are receiving care for chronic conditions with Volunteers In Medicine are having trouble getting established at their new safety net clinic. With the help of their partners, they were able to extend care in some circumstances for patients for up to 120 days. Working with the group, we want to be able to help behind the scenes of these safety net clinics to help patients overcome barriers to care.

- Prineville patients still having issues with lack of providers.
- No work around yet for diabetic patients who cannot access more expensive medications requiring preauthorization.
- Having a better process other than patients having to wait for six to eight months to be able to see a doctor.

With further expansion of HOP coming up, having a process for helping patients be able to transition will significantly improve outcomes. Pretreatment prior to established care can be a method to help with help address the issue, however currently Medicaid does not cover pretreatment outreach and engagement.

Focused Conversation: Letter Sharing Central Oregon Experiences

Mary Burns opened discussion on addressing the larger systemic barriers. With the issues, priorities, and focus of the Operations Council we want to be able to raise our collective voice. Mary Burns shared the video The Golden Circle with the group. Discussion focused on having the group letter be directed to the right representatives or impactful audience to increase incentives to have systemic change.

Small group breakout session discussions for focused on creating the key messages. The why of the message, while keeping in mind alignment with Operations Council's mission and vision. The top responses for each group:

- We should focus on the governor and not the OHA, steps to reduce administrative burden are not enough, we need radical change.
- People are leaving high acuity population serving programs and agencies, due to asking to address so many social determinants of health.
- Collectively, can we address non-competes to help address capacity and workforce issues.
- Prevention and intervention with integration of mind and body.
- Feast and famine the concept of scarcity of resources.

Information Sharing & Next Steps

Workforce and capacity continue to be a constant issue in our current system. We want to continue consider our message and audience to have the most impact. Taking the themes from the group activity, what will be the next steps.

Information Sharing & Next Steps

Group discussion arose regarding the systematic issues. The public system needs are not able to be met as is. Regulations and barriers impact the ability for providers to provide adequate care.

Reimbursements for Medicaid is not adequate for providers to service these patients. Clinicians do not want to accept significantly lower paying positions beyond the initial incentives to do so.

Overburdened caseloads do not allow for adequate patient care. Take home pay and reimbursements need to be addressed system wide.

Regional Health Improvement Plan Prioritization Packet

The purpose of this packet is to introduce you to the materials that you will review and use to help craft the Regional Health Improvement Plan (RHIP). At this time, you are participating in the **“Prioritization” stage** – this is when participants take the information gathered from the Regional Health Assessment (RHA), along with their own experiences, to **help make decisions about which health topics are the most important for our region for the next 5 years.**

Over the last year, the Central Oregon Health Council (COHC) and other community partners developed the Regional Health Assessment (RHA), which describes the health-related strengths and challenges of the many communities across our region. The RHA is also done every 3-5 years in order to give us a picture in time of these issues.

With this in-depth picture, we can work together to determine what health topics should be focused on to better improve health and wellness for all. Prioritizing different health topics guides both strategy and investments in communities.

RHA to RHIP Process Overview



After your work in the prioritization part of the RHIP process, the Central Oregon Health Council’s Community Advisory Council (CAC) and Board of Directors will make final selections – this will formally establish the region’s health and wellness priorities.

This is important for each of us because these priorities are later developed into specific strategies that guide and focus resources and community funding investments to promote health and well-being for all. It also helps those working for community health and wellness create approaches that are culturally appropriate and responsive to their unique experiences and locations.

The prioritization that you do becomes the start of the Regional Health Improvement Plan (RHIP) – thank you for your part in helping improve health and wellness throughout Central Oregon!

Introduction

The packet contains the following:

- **List of Health Topics** - these are the broad, interconnected topics you will be helping to prioritize
- **“How to Read Infographics”** - visual instructions on how to understand the information you find in the Regional Health Assessment
- **Regional Health Assessment (2024)** - draft document
- **Summary of Diverse Experience from Community Focus Groups**—also known as “Qualitative Data” or the stories that accompany numbers or statistics:
 - Where you go to hear priorities as experience from specific communities, such as Black Community Members, LGBTQ+ folx, Older Adults, Caregivers of Children Under 5, Latin-x/Spanish-speaking people
 - Where you can find experiences from people living in specific counties: Jefferson, N Klamath, Crook, Rural Deschutes, & Urban Deschutes

- **Reports From Regional Community-Based Organizations**
 - We understand that no Regional Health Assessment is ever fully complete, and that community members and community-based organizations that are working with them hold unique wisdom and understandings to share.
 - Here you will find direct voices from our communities and professionals working in them, in the forms of community reports, stories, and statistics in their areas of expertise, such as housing, resources for families and children, and more.

Next Steps

Below, you will find a table reminding you of the orientation and prioritization dates for different groups. **Orientation dates** are for reviewing the packet information together and sharing reflections and insights across communities. **Prioritization dates** are when different groups will be guided through the final process of prioritization based on individual reflection and group discussions.

Please find the dates for the group you are participating in. If you have any questions, confusion, accessibility needs, or other concerns, you may contact the email or telephone number below.

Operations Council Orientation	Operations Council Prioritization	JEDI Committee Prioritization	Community Orientation	Community Prioritization
4/25	5/23	5/1	5/8	5/22

If you have any questions or needs, please call **COHC Staff** at **541.306.3523** or email: **contact@cohealthcouncil.org**

We are grateful and look forward to your participation!

Welcome to 2025 Regional Health Improvement Plan

Community Prioritization!

We're working to make Central Oregon a healthier place for everyone to live, work, and play. We need your help to achieve this.

In the upcoming sessions, we'll ask for your input on health and well-being. We want to hear about your own experiences and what you observe in your community. We need to learn what health topics are most important to people living in Central Oregon. This information helps determine the health priorities for the Regional Health Improvement Plan (RHIP), which guides efforts to improve community health and invest millions of dollars across Central Oregon.

What will happen during your first session?

1. Welcome & Settling In

- You will be asked to introduce yourself to session participants.
- Staff will introduce themselves and explain their role in the session.

2. Learn about the results of the Regional Health Assessment

- Staff will describe what we learned in the Regional Health Assessment.
- You will be given a few documents to help you learn about the results. You can review these before your next session.
- Staff will provide step-by-step instructions on the “Prioritization Process.”
- At your next session, you will follow these steps to help choose health priorities.



3. Wrap Up

- Staff will close the meeting and let you know what happens next.
- Staff will describe the “Participant Attestation” that will be sent to you via email. Please sign this before your next session.

What will happen during your second session?

1. Welcome & Settling In

- Staff will lead brief introductions of session participants.
- Staff will outline what will happen in today's session.

2. Prioritizing Health Topics



First, the staff will give you a list of health topics and their meanings. Then, they will ask you 1-2 questions. You will be given time to think about these questions on your own. You can take notes if you would like.

- Staff will help divide you into small groups. The groups will have 10-15 minutes to discuss their individual reflections and learn together.
- Staff will lead everyone in a short activity to help us visualize the common themes from small group discussions.
- Using what you have learned so far in the session, you will be asked to choose your four top priorities from the health topic list. When you pick these priorities, think about what is a priority not just for yourself as an individual but for the communities around you.
- You will be given a worksheet that helps you assign a “score” to each of the four priorities you chose. Staff will give you clear instructions on how to complete this worksheet.



3. Wrap up

- The staff will close the session and tell you what happens next.

What if I need help? During a session, ask any staff member for help. At other times you can call COHC Staff at 541.306.3523 or email contact@cohealthcouncil.org

Health Topics for Prioritization

2025 Central Oregon Regional Health Improvement Plan

Below are the health topics you will think about when helping decide which ones the region should focus on for the next five years. Consider how each topic impacts your personal community and the region as a whole. Select from the items in **BOLD** to complete your prioritization activity.



Housing

- Affordable housing
- Houselessness



Unintentional injuries

- Motor vehicle collisions
- Poisonings
- Falls



Transportation

- Public transportation, crosswalks, bike lanes, traffic lights, damaged sidewalks and roads, traffic
- Medical and non-emergency medical transport



Mental health

- Suicide rates
- Services and supports
- Number of providers



Well paying Jobs

- Poverty rates, child poverty rates
- Unemployment
- Living wage jobs
- Low income
- Workforce development



Heart disease, stroke and diabetes

- High cholesterol
- High blood pressure
- Pre-diabetes, diabetes



Nutrition, physical activity, and weight status

- Food insecurity
- Obesity, access to exercise
- Consumption of sugary drinks



Preventable communicable diseases

- Immunization and vaccine rates
- Syphilis



Access and quality to health care

- Language access and quality
- Number of oral health providers
- Number of primary care providers



Alcohol, tobacco and other drugs

- Tobacco, cigarettes, e-cigarettes
- Alcohol, binge drinking, heavy drinking, alcohol-related driving deaths
- Cannabis, Fentanyl
- Substance use services

Health Topics for Prioritization

2025 Central Oregon Regional Health Improvement Plan

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Housing



Unintentional injuries



Transportation



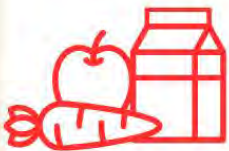
Mental health



Well paying Jobs



Heart disease, stroke and diabetes



Nutrition, physical activity, and weight status



Preventable communicable diseases



Access and quality to health care



Alcohol, tobacco and other drugs

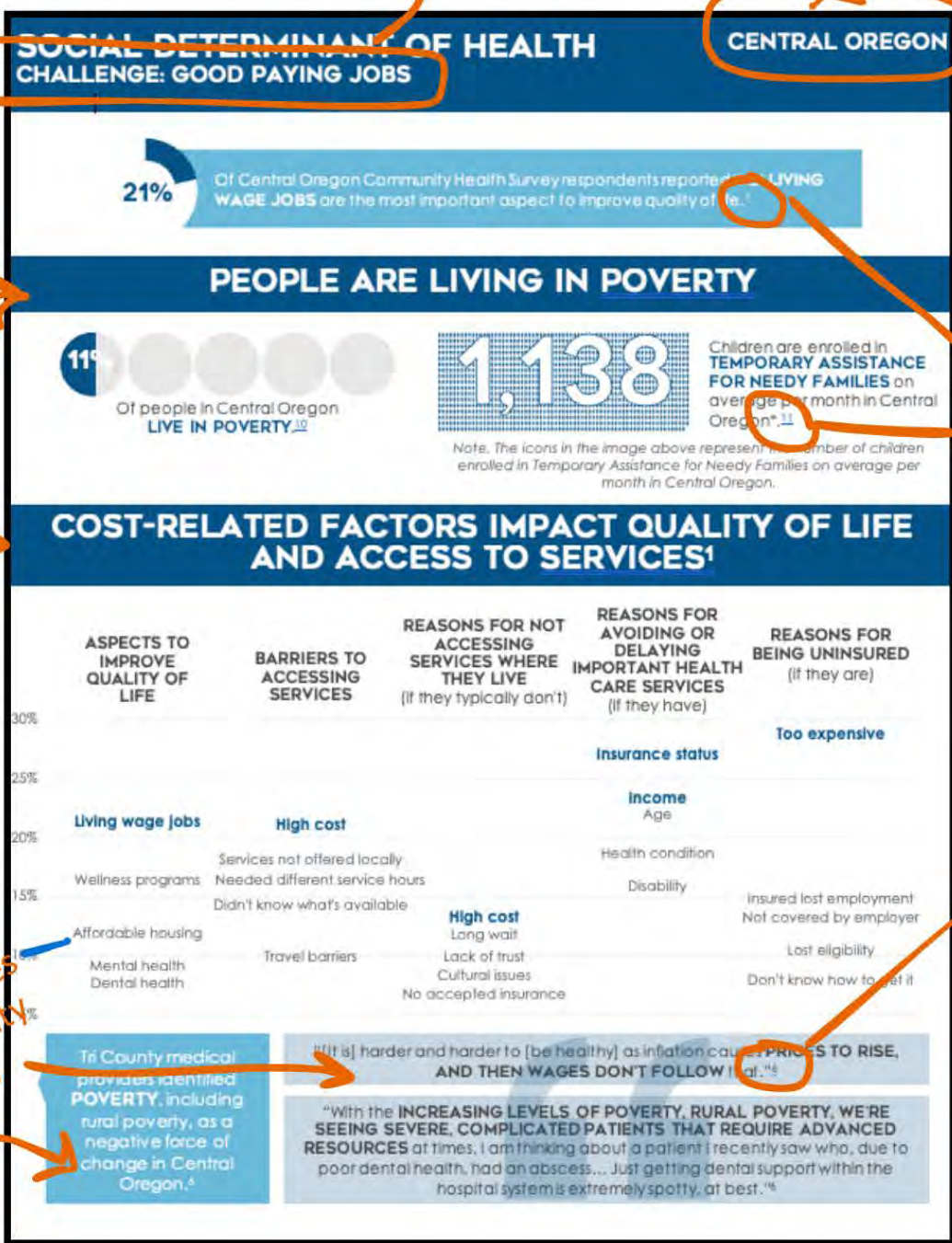
How do I read the infographics?

A few tips to understanding all that you see.

the community identified the health topic as either a strength or a challenge

the general health topic

the geographic area this infographic talks about



sub-topics

stories and quotes from community members

small numbers tell you where the information came from--tip: look at the citations and notes section

Regional Health Assessment: Qualitative Data Finding Summary

Introduction

This document summarizes the extensive qualitative data collection and interpretation completed as a part of the Regional Health Assessment. We have done this to put into practice the commitment to justice, equity, diversity, and inclusion of both the Central Oregon Health Council (COHC) and Oregon Health Authority.

The information offers stories and details unique to specific communities and areas in our region. The goal is to tell a fuller story of how diverse people across Central Oregon experience health care and wellness and our systems of care.

This summary draws information from various tools, including focus groups, interviews, community feedback sessions, and reports and stories developed by community-based organizations. We know that numbers and statistics alone do not give us a complete picture of health in our region.

Bringing different forms of data together allows for more community voices to help determine our regional priorities in improving health and wellness for all and to better focus attention and resources on the communities and issues that are in the most need.

While COHC is committed to improving health and wellness for all, we also have an explicit commitment to elevate the voices and experiences of those communities that have historically been underrepresented and underserved.

Qualitative data enables them to better speak for themselves, and the purpose of collecting all of this information and bringing it together alongside the quantitative or statistical data is to provide all of us with a fuller and more accurate and nuanced assessment of health in our region at a single point in time. This is and cannot be a complete picture, and is ever evolving, including through community-based supports that are requested by and submitted to COHC and kept online for public and organizational use even after the completion of this cycle's Regional Health Assessment.

We hope this will contribute to a deepening and broadening awareness between communities and institutions and greater health equity in both outcomes and processes throughout Central Oregon.

Methods

COHC staff conducted a wide variety of forms of qualitative data collection. Over 11 months, these forms included:

- 13 focus groups led by trained community partners (over half in Spanish/bilingual)
- 2 Panel Discussions with over 50 participants
- 4 Walk-Along Interviews with different communities and in different regions

While each of these groups shared one aspect of their identity, it is also important to remember that each encompassed folks with vast racial, cultural, sexual, gender, and age diversities and values.

The focus group material (475 pages of written transcripts and 22 hours of audio material) was then analyzed by research experts at the University of Wyoming's Wyoming Survey & Analysis Center (WYSAC). COHC staff then worked to create a summary of their report for easier understanding and greater accessibility.

The purpose of the summary is to present readers with quickly useable information that more fully describes the unique experiences of communities and regions that are often missed. We will also provide the complete WYSAC report.

Remember, the information that follows complements statistics. In other words, statistics and these stories and findings support one another, and neither is better than the other. They each offer unique perspectives and work best to provide a more accurate assessment when combined using best practices.

How to Read This Qualitative Data

The information in this resource is organized in the following format and order:

- Each community and region section asked **what they value, what they seek, and what is unique to their experience** with health in Central Oregon.
- **By “subpopulation” or specific communities:** in keeping with the values of equity, justice, diversity, inclusion, and access, the findings for each group are ordered according to their average degree of intersectional marginalization. Put another way, they are ordered so as to prioritize highlighting the experiences of groups that have most often gone unheard or been underrepresented in our systems. We encourage you to read all subpopulation sections, but you may refer to particular communities as needed.

- **By region:** similar to our communities section, different counties, and regions where focus groups were conducted or the participants are from are arranged purposefully to put in front the counties and areas that historically have received the least focus, resources, and/or support compared to other areas or cities. This is one way in which we seek to address the rural-urban divide that traditionally has resulted in more rural areas receiving less focus and support.

The end of the document contains links to the original documents from which this data and findings were derived. Thank you for taking the time and attention to familiarize yourself with all of the diverse communities that we serve. Each of these communities experiences varying degrees of marginalization, need, inclusion, and access based on different circumstances.

By prioritizing equity, justice, inclusion, diversity, and access, we can enrich and improve all the communities that call Central Oregon their home.

Black Community Members

What do members of this community value?

- Our community experiences view relationships and community support as an asset. We advocate for one another and have peer support or other advocates who listen and are willing to have tough conversations.
- We appreciate, and need more inclusive spaces to help combat isolation.
- We value affordable housing, but there needs to be more entry-level housing, financial assistance, and housing resources throughout Central Oregon.
- Black Community Members echo other marginalized groups in that we value access to healthy and fresh foods, clean drinking water, and access to things like a community garden—all of which have severe gaps for us.

What are members of this community seeking?

- We need allies and allyship among “influential people” and “leadership,” as well as medical providers, therapists, and other healthcare professionals.
- We want more advocates, liaisons, peer support roles, role models, and mentors. We are looking for a way to gain more “community voice.”
- We must increase diversity in the backgrounds and identities of providers. We often don’t see ourselves reflected or feel understood, when we seek care.
- We need more volunteers, community building, and treatment for co-occurring conditions.
- Isolation and poverty negatively impact our mental health and access to services to address and prevent illness. This is worse for those of us who live in more rural areas farther away from services.

As a community, some things that are unique to our experience are:

- We experience a lack of accountability and inability to file complaints, ranging from in schools to government, as well as service providers not being held accountable for gaps in services and programs.
 - We experience structural racism, as well as racism in the education system.
 - There is not enough diversity in the teachers that work in schools, specifically not enough Black teachers.
 - There is not only a lack of inpatient mental health care and crisis centers but also a lack of culturally specific or culturally responsive mental health services.
 - We don't feel protected from crime and lack a positive relationship with law enforcement presence, response, and relations.
 - We recognize a severe lack of access to care. This lack of access can manifest as insufficient appointment availability, denied services, long wait periods, uncertainty about how to access specific services, lack of preventative care, dental services, other treatment services, and even availability of ambulances.
-

Spanish-Speaking Communities

What do members of this community value?

- We greatly value our resilience, empathy, and unity in our community. We not only support each other within our community but also recognize that we have received support from strangers.
- We value community resources that help prevent injustice, provide for those in need, and ensure no one suffers injustice regardless of their background. One example is the Latino Community Association.
- We live in beautiful, healthy, safe neighborhoods with various parks and playgrounds.

What are members of this community seeking?

- As females working within this community, we can feel unheard and misinterpreted. We need access to interpreters to express our concerns.
- We need daycare facilities and funding to support children's activities in our community.
- Due to the severity of mental illness in our community, we need in-person sessions with a therapist who can understand our language and culture.
- We need more clinics for children experiencing mental health issues, anxiety attacks, and depression.
- We need need pharmacies and vision services with schedules where we can access the services.
- We are negatively impacted by high rents and a lack of access to transportation.

As a community, some things that are unique to our experience are:

- Undocumented members of our community often lack health insurance, limiting their ability to access needed care.

- We have experienced discrimination, language barriers, and a lack of understanding of our culture when we try to access health care. We might cancel our appointments due to these bad experiences at clinics.
 - We have concerns about schools teaching about gender roles and identity because we believe this may lead to mental health issues and negative behavior in children.
 - Older members of our community are sometimes abandoned by their children.
-

LGBTQIA2S+ Community Members

What do members of this community value?

- We value community health & wellness spaces that are safe and centered around our unique interests and needs. These spaces need more capacity to address issues that arise in the community around institutional and interpersonal forms of oppression & prejudice, such as racism and transphobia.
- We value events, gatherings, and opportunities that address wellness from a broader perspective, including but not limited to art, creativity, queer-owned or friendly businesses, non-profits, spirituality
- We want to feel and be safe, seen, valued, and part of (not just tolerated) in our clinics, schools, communities, and beyond.

What are members of this community seeking?

- Our community suffers from a chronic sense of isolation and anxiety. We need more creative ways to consistently connect with and support one another regardless of where we live.
- We want experiences that build resiliency that do not revolve around nightlife, alcohol, etc. We especially need consistent programming for youth, older adults, and intergenerational experiences.
- We seek broad community allyship or for the greater Central Oregon community to do their work so we are supported by more than just our medical or mental health providers, teachers, parents, and/or mentors.
- We demand healthcare providers who reflect our lived experiences and are trained in up-to-date, evidence-based practices for the unique needs of LGBTQIA2S+ people. This includes, but is not limited to, gender-affirming care for adults and youth, behavioral health, obstetrics and gynecology, and more.
- We need clinics, organizations, and providers willing to reach out and be vocal in the community. They should clearly offer these types of care and stand by and protect their patients, families, providers, and employees from prejudice and hate.

As a community, some things that are unique to our experience are:

- Because of a lack of knowledge and capacity, as well as feelings of unsafety, many of us seek medical care outside of Central Oregon. A vast majority of gender-diverse patients

avoid needed medical care due to a lack of competent providers or a grounded fear of discrimination.

- A large percentage of us have to teach our providers about trans and non-binary people and the current standards of medical care to access the care we need.
 - We have a tenuous relationship with law enforcement and experience targeting and discrimination by organized hate groups in the Pacific Northwest.
 - We are especially concerned about media misinformation, the weaponization of transgender identities, and our access to care for adults and youth.
 - LGBTQIA2S+ people and their families migrate to Central Oregon to escape danger in other states and to be able to access care. Though access to care is more protected in Central Oregon, we are not necessarily safer.
 - We experience a sense of isolation between different generations of LGBTQIA2S+ folx, which was exacerbated by the COVID-19 pandemic as well as poverty and distance.
 - We need BIPOC and other affinity spaces within the LGBTQIA2S+ community, which also endures racism, misogyny, transphobia, ageism, and more.
-

People Living with Disabilities

What do members of this community value?

- We appreciate how we unite to care for ourselves.
- We value the availability of job and volunteer opportunities in our communities.
- Within Bend and Redmond, we see supportive teachers and schools as meaningful resources.

What are members of this community seeking?

- We need better access to daily necessities, including transportation, city infrastructure, and safety.
- We need better access to medical care and often worry about the associated costs. We would like more support in this area.
- We want to get involved and contribute to our community! We have knowledge and skills to share but aren't sure how to proceed.

As a community, some things that are unique to our experience are:

- We know Bend and Redmond have more resources than other areas, but gaps are still everywhere. We would like more support for caregivers and youth programming.
- We experience challenges surrounding the lack of affordable housing, mental health, and substance use, just as many other communities do.

People Living Unhoused

What do members of this community value?

- We value interpersonal relationships and support. Everyone knows everyone, and we feel well-connected through shared experiences and communication with our peers.
- We use word of mouth to connect with programs and services.

What are members of this community seeking?

- Housing (temporary, affordable, and permanent) and housing support are huge problems for our community. Without a safe place to sleep, we can't maintain or improve our health. Our access to mental health care services is limited.
- We need improved access to transportation.
- We experience disconnection from family, exposure to human trafficking, low income, and stigma and discrimination. Stress and violence further exacerbate these problems in our community.
- We need access to healthy food.

As a community, some things that are unique to our experience are:

- Municipal infrastructure poses risks to our health. Things like a lack of crosswalks, bike lanes, and access to proper sanitation facilities have a disproportionate impact on our safety and well-being.
-

Veterans

What do members of this community value?

- We value our ability to support one another, specifically through self-help, peer support, or working with advocates who understand or share our lived experiences.
- We value supportive and caring relationships, especially those that translate into concrete services and opportunities in the broader community.
- We are concerned about a lack of accountability—including the inability to file complaints—in which governments, programs, and providers are not held accountable for gaps in services and programs in their community. We value transparency and accountability.

What are members of this community seeking?

- We need more providers, support groups, and other services from people with lived experience or a deep understanding of our needs. We wish there were support for specific groups of veterans, such as female and LGBTQIA2S+ veterans.
- We seek better access to care, including appointment availability, shorter service waits, more certainty about service access, preventative care, and sufficient treatment facilities, including mental health and dental services.

- We want community organizations/institutions we work with to be more explicit about resources for us (e.g., colleges, family resources, disability support groups) and helpful in facilitating connections.

As a community, some things that are unique to our experience are:

- We wish more people supported us. We don't have many allies, influential people, mentors, providers/practitioners, therapists, healthcare professionals or referrals, parents, or teachers who share or understand our experiences.
- Our friends and peer support groups are the most significant and supportive people supporting our health and well-being.
- We do not have or aren't aware of, specific community mental health resources.
- There needs to be more transparency in billing and expenses in health care, especially if we have to go out of network for a procedure or service. Denial of our insurance benefits is also a problem.
- We struggle to access services such as shopping, auto services, and, by extension, healthy food because they are far away. This contributes to isolation, poverty, and adverse mental health experiences.
- There is a severe lack of mental health crisis care, including but not limited to crisis centers, outpatient and inpatient mental health services.

Caregivers of Children Under 5

What do members of this community value?

- We value our safe, inclusive, and welcoming schools and neighborhoods.
- Easy access to healthcare services and other resources like healthy food is very important to us. We prioritize the ability to provide for our families.

What are members of this community seeking?

- We want more inclusive and welcoming spaces for diverse communities.
- We need improved access and expansion of childcare options, postnatal, and parental supports, including after-school programming.

As a community, some things that are unique to our experience are:

- We are worried about the safety of their children, including the ease of access to drugs and alcohol in our community.
- We are concerned about discrimination and a lack of services for children with special needs in our schools.

Traditional Community Health Workers

What do members of this community value?

- Our community is well-connected and collaborates across different organizations.
- We have the ability to spread information about resources, such as food and insurance.
- We love to see how our work can positively impact the people around us.
- Our food banks, farmer markets, nature, and outdoor activities support the health of our community.
- Many aspects of Central Oregon promote health, including nature, outdoor activities, and a supportive community environment.

What are members of this community seeking?

- We want to collaborate more with schools and clinics to address various aspects of patients' lives, such as housing and transportation.
- We want more opportunities to provide food assistance to those who cannot qualify for food stamps.
- We need more support to promote access to flexible services.
- We have to increase access to resources for people in a mental health crisis. These are nearly non-existent here.
- There is nowhere to send anyone impacted by domestic abuse.
- Our rural community members lack access to transportation, which causes huge problems. Transportation is also a critical issue for those who can't drive.
- We need education and resources for individuals with disabilities, including employment opportunities and support.
- Our lack of affordable housing options is negatively impacting low-income individuals and families with children.
- We are worried about the increasing costs of food, utilities, and gas due to inflation and the pandemic, which has led to a crisis for many people.
- The lack of recreation centers and crosswalk lights negatively impacts our low-income elders. To help people access these resources, we need to improve accessibility, such as walking bridges and improved access to public spaces.

Medicaid Members

What do members of this community value?

- We have a strong ability to help ourselves and are resilient and giving. Our community is educated, has various skills, and has a strong work ethic.
- We are often our best advocates, but also benefit from peer support. We ask questions and take opportunities to increase personal agency and make improvements.

What are members of this community seeking?

- We need shorter wait times, more providers, and increased diversity among medical, dental, and mental health providers.
- We must create more rural support and programming. The lack of it negatively impacts our health.
- We need more empathy, inclusive spaces, and enhanced transparency and accountability.

As a community, some things that are unique to our experience are:

- We greatly value our animal shelters/pets/related foundations.
- We have difficulty understanding how to navigate their benefits and access services. We want more access to specialists who can help improve in this area.
- We believe our community health will improve with more collaboration, access to health resources, and non-profit services.
- We are worried that our health will get worse if we don't address our aging population, workforce issues, and racism in schools.

Peer Support Specialists

What do members of this community value?

- We value the diversity in our community and appreciate our peers' enthusiasm and commitment.
- We recognize the power of standing up for one another and continuing to promote communication, and lessen stigmas.
- Farmers markets and the veggie RX program are great resources for people to support their health and well-being. While the food banks' shift to choosing their own food may decrease some health-conscious choices, it can also reduce waste and increase usage.
- The Parks and Rec system has improved sidewalks which benefits our community with mobility issues. Our library is a valuable resource, and we appreciate the senior center and before and after-school programs.

What are members of this community seeking?

- We ask for better collaboration between cops and parents to support us upon release to support young inmates.
- We need more information and resources, including medical benefits and transportation, to help engage us and prevent recidivism.
- We want insurance companies to clarify potential benefits prior to release.
- Medical benefits and transportation for inmates with severe mental illness are critical needs.
- We want a bonding program for felons to prevent recidivism and improve the lives of inmates.

Older Adults

What do members of this community value?

- We value a strong sense of community support and togetherness and emphasize supporting one another and working collaboratively to address challenges.
- The availability of community services and organizations plays a vital role in addressing our needs and providing a sense of belonging and connection.

What are members of this community seeking?

- We need accessible, affordable housing. It is difficult for older adults to find this and the instability negatively impacts our quality of life.
- We want our region to address our safety concerns, including rising crime rates and circumstances that may threaten us.
- We want infrastructure improvements like housing development and transportation upgrades.
- We want more philanthropic efforts that cater to our unique needs.

As a community, some things that are unique to our experience are:

- We have challenges in accessing care across disciplines due to long waits, limited providers, and a lack of diverse providers paneled with Medicaid.
 - Lack of accessible and affordable housing negatively impacts our ability to age in place and maintain independence.
 - Job instability and workforce challenges affect our financial security and access to resources.
 - Climate-related issues, such as extreme weather events and air pollution, pose risks to our health and safety, particularly those of us with pre-existing health conditions.
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College Students

What do members of this community value?

- We value a strong sense of community, diversity, and inclusion within our academic and broader environments. We actively participate in community collaborations and mutual aid efforts, especially during crises.
- We appreciate diversity in skills and experiences as it fosters inclusivity and understanding among peers.
- We value access to a range of resources and services, including healthcare, housing, financial assistance, job opportunities, and educational resources that are specific to our needs.

What are members of this community seeking?

- We need our safety concerns and lack of affordable housing to be addressed. It negatively impacts our mental health and well-being.

- We need access to essential amenities and healthy food options.

As a community, some things that are unique to our experience are:

- We have a strong sense of community and peer relations while also suffering from isolation and loneliness.
- We face significant challenges related to housing affordability, safety, access to healthy food, and mental health care services.
- Our concerns about climate and safety significantly impact our mental health and outlook on the present and future.

Men Working in the Manufacturing & Construction

What do members of this community value?

- We are resilient, giving, educated, respectful, and welcoming.
- We value the availability of work and volunteer opportunities.

What are members of this community seeking?

- We believe we can improve our health by increasing community awareness, collaboration, and access to affordable resources.
- We need improved access to hygiene services, trash/bathroom services, and employment services.
- We want to increase awareness and respect for mental health issues, as well as culturally appropriate care when we seek treatment.
- We need more spaces in our community where we feel welcome and included.

As a community, some things that are unique to our experience are:

- Across all the focus groups, we were the only ones to highlight Narcotics Anonymous (NA) and substance use treatment as a community resource in Bend.

Regions

Jefferson County

What do members of this community value?

- We value community support and togetherness and view interpersonal relationships and support as assets.
- We value diversity of thought and effective communication, especially constructive dialogue.

What are members of this community seeking?

- We must improve healthcare access in our community. This includes insurance coverage, transportation to services, and the availability of doctors, clinics, and hospitals.
- We need support addressing issues of substance use, changing population dynamics, housing affordability, safety, and transportation.

As a community, some things that are unique to our experience are:

- We are negatively impacted by low income, rural stigma, and discrimination. We can feel disconnected from family and friends. Loneliness and isolation permeate our communities.
 - Critical gaps exist in affordable and temporary housing, housing support, and affordable childcare resources, which make it harder for people to become and stay healthy.
 - We have strong concerns about the quality of schools, school safety, and the prevalence of racism in schools.
 - Our community constantly considers the economy, and many of us prioritize access to stable, well-paying employment opportunities.
 - We advocate for increased public engagement, education about available resources, and opportunities for community members to run for office.
 - There's a focus on ensuring social support, shelter, and food access for all community members, as well as addressing issues through community collaboration.
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Northern Klamath County

What do members of this community value?

- Our community is tight-knit and helps each other. We have diverse skills, and a strong work ethic and can do more with less. We value that folks are generally open-minded and respectful of all.

What are members of this community seeking?

- We need increased services and programs to meet our basic needs (food, water, housing) and provide safe places for children to play.
- Access to all medical care is difficult, even for medical insurance specialists. We have to rely heavily on Fire and EMS services for care.
- We are concerned with affordability and cost of living.
- We need infrastructure improvements, especially related to sidewalks and snow removal.

As a community, some things that are unique to our experience are:

- We are concerned about the impacts of climate change, such as wildfires and the availability of fresh water. Our remote and wooded communities make us especially vulnerable.

- We have high poverty rates, and there isn't a lot of money within the community to help boost resources.
 - We sense an increased availability of drugs and alcohol use and have general safety concerns.
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Crook County

What do members of this community value?

- We come together to help one another and maintain a tight-knit and supportive community.
- We value financial assistance and other resources for families and youth in our community.
- We appreciate affordable care, thanks partly to various health insurance that help us pay for care, including Medicare and Medicaid (including for immigrants).
- We value quality and trustworthy healthcare services that place emphasis on preventative care and dental services.

What are members of this community seeking?

- We want to improve community connection and awareness of services that they need.
- We want greater accountability in health care, schools, and government in accounting for and addressing gaps in services and programs. There are barriers to filing complaints.
- We want to understand better how to contribute or get involved in positive change.
- We need sustainable approaches to the affordable housing crisis, especially given our changing population demographics. Fewer affordable and quality places to live exist where entry-level housing requirements are not a barrier.
- We need more healthcare service availability in general, but especially outpatient and inpatient mental health care and substance use treatment services. If there is availability, there are long wait times, sometimes even months.
- We need more outdoor spaces, park benches, places to take kids to play, pools, walking loops, and trails
- We must create more inclusive spaces, so all our community members feel welcome.

As a community, some things that are unique to our experience are:

- We have increased isolation and poverty due to our more rural location.
- Polarized politics in their community negatively impacts us.

- Aspects of our city infrastructure decrease our health and well-being, including, but not limited to, disrepair in roads and sidewalks, a lack of transportation options, a lack of bike lanes, and issues with sanitation and snow management.
 - We worry about the lack of youth education on drug use, health issues, sexual assault, and other challenging topics.
 - We experience a lack of vocational education opportunities.
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Deschutes County - Redmond

What do members of this community value?

- This is a welcoming and supportive environment with skilled community members and good kids. We communicate well and advocate for each other.
- We take pride in our local resources, particularly those for families, seniors, and the Latinx community.

What are members of this community seeking?

- We want to build more community partnerships and increase personal agency, empathy, inclusive spaces, and a sense of belonging.
- We need better transportation, housing support, and access to services and programming at various times, including after work hours.

As a community, some things that are unique to our experience are:

- We face a serious lack of childcare and post-natal support, as well as exercise opportunities.
 - We are worried about racism in our schools.
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Deschutes County - Bend

What do members of this community value?

- We are proud of our community. We have many resources and opportunities for learning and improvement.
- Our community members come together to care for and advocate for each other.

What are members of this community seeking?

- We need increased community awareness, connection, partnership, collaboration, and voice.
- We want to know more about the issues impacting our community's health.
- We must have increased access to affordable fresh food, healthcare, employment opportunities, culturally appropriate services, and inclusive spaces.

As a community, some things that are unique to our experience are:

- Even though we are in Bend, services are often still too far away.
 - Local high school students perceive a poor relationship between their community and the hospital and think it negatively impacts their health.
 - While we know we have some great resources available, we must improve the availability of home health services and resources for families, youth, seniors, Veterans, and first responders.
 - We are worried about racism in our schools, funding the arts, and controversy surrounding teaching “controversial” topics in schools. The community recognizes that these things impact health and well-being.
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Links and Further Reference Information Information

[Original Qualitative Data Report](#) (WYSAC Report on Focus Groups), University of Wyoming

[“Towards Equity: Qualitative Data and Communities’ Epistemic Peerhood,”](#) by Avery Grace (COHC staff)

[MAPP 2.0 - Integrating Data](#), by Mary Burns (COHC Staff)

[Qualitative Data and Focus Group Narratives](#), COHC Staff Working Document

[Community Feedback Sessions Results](#), COHC Staff and Community Member Participation