Columbia Gorge Regional Community Health Improvement Plan 2020-2023

June 2021

ACKNOWLEDGEMENTS

We would like to acknowledge the organizations who participated by signing a collaborative agreement to commit to a collective 2019 Community Health Assessment (CHA) and 2020 Community Health Improvement Plan (CHIP).

2019 Regional Community Health Assessment Cohort

In addition to the efforts of cohort organizations, the Regional CHIP could not have been completed without the support and collaborative efforts of numerous community partners, who supported this creation of the CHIP and will play a key role in the implementation of its goals. A list of all key stakeholders involved in developing and implementing the CHIP goals can be found in Appendix D.

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CHIP SUMMARY

COLUMBIA GORGE REGIONAL COMMUNITY HEALTH IMPROVEMENT PLAN 2020 2023

Children and Youth
- Youth Safety
- Early Childhood Development and Childcare

Housing

Transportation

Food

Health Care Services
- Dental Care
- Primary Care
- Health Coverage
- Behavioral Health
- Promotion and Prevention

Social Connection and Communication
- Sense of Community
- Collaboration and Information Sharing

Physical Activity and The Outdoors

2020 CHIP Planning Vision and Values

We work together to make sure that all people in our community have equitable access to supports that address the CHIP priorities.

We commit to measure our improvement through an equity and trauma informed lens.

We recognize the work ahead will include program and systems level change. This can include policy recommendations and support of living wages. Our hope is to create a more equitable and just community where all people can thrive.

Our Region:
7 counties along the Columbia River in Oregon and Washington: Wasco, Hood River, Sherman, Gilliam, Wheeler in OR, and Klickitat, Skamania in WA.

5 Principles informed strategy design

- Elevate community voices
- Create authentic opportunities for engagement
- Prioritize equity
- Apply trauma-informed lens
- Focus on program and system changes

CHIP Development

Who Developed

Columbia Gorge Community Advisory Council (CAC)

+

17 cohort organizations participating in the 2019 Gorge Regional Community Health Assessment

+

180 individuals representing 37 community groups

+

60+ organizations helped define the goals and strategies

Columbia Gorge Health Council convenes and supports the collective process

Our Process

1. Gather data to complete the Community Health Assessment
2. Gather input from diverse community groups to identify CHIP priorities
3. Define and approve CHIP priorities
4. Define goals and strategies
5. Implement strategies
6. Measure progress for goals

CHIP Implementation

35 Collaborative GOALS designed by 75+ key stakeholders

Measurement towards Goals

Columbia Gorge Health Council will lead a collective process of tracking and reporting on progress towards goals

For more information: Visit www.cghealthcouncil.org to read the full Community Health Assessment and Community Health Improvement Plan or learn more about the Columbia Gorge Health Council

ABOUT THE REGION

The Columbia Gorge Region includes seven counties along the Columbia River. The region includes Hood River, Wasco, Gilliam, Sherman, and Wheeler counties in Oregon plus Skamania and Klickitat counties in Washington. Combined, these counties cover 10,284 square miles and are home to a population of approximately 84,000.

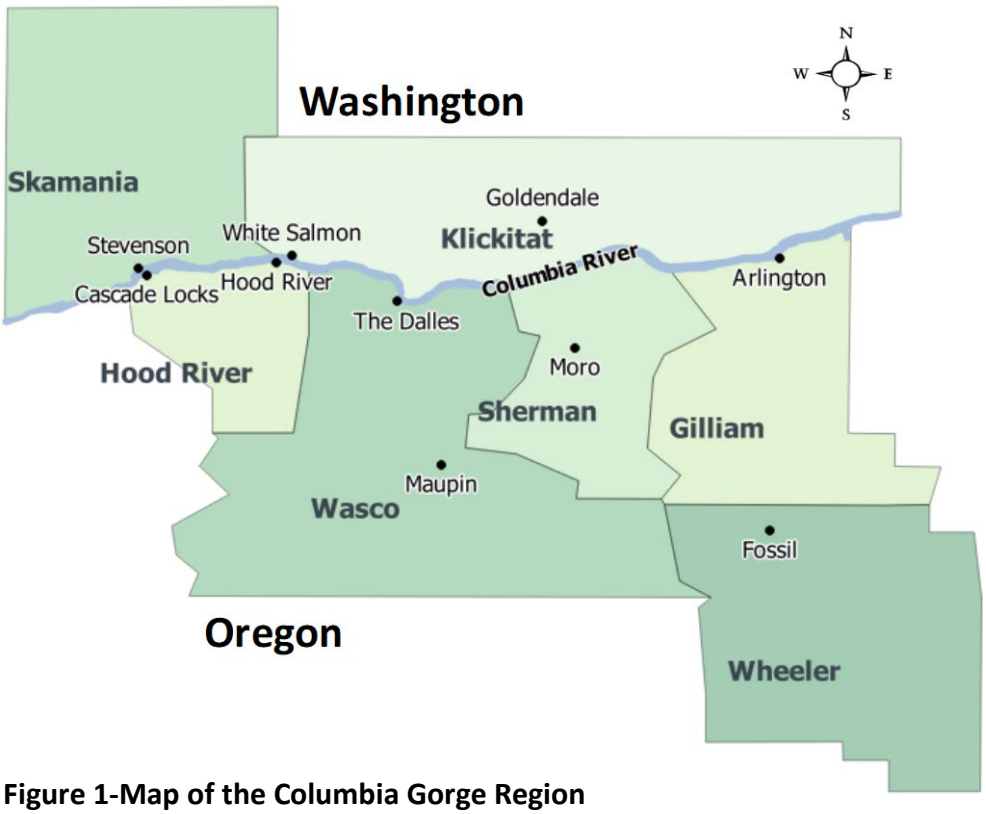


Figure 1-Map of the Columbia Gorge Region

The Columbia River Gorge has been home to the Tribal people since "time immemorial" and is home to many tribes that share similar languages, cultures, religions, and diets: the Nez Perce Tribe, the Confederated Tribes of the Umatilla Indian Reservation, the Confederated Tribes of the Warm Springs Reservation of Oregon, and the Confederated Tribes and Bands of the Yakama Nation. These four tribes have a long history of interaction, including intermarriage, shared use of common resources like Celilo Falls, and extensive trade. In the treaties of 1855, the Tribes ceded lands to the federal government while explicitly retaining their reservation lands as well as rights for fishing usual and accustomed places and gathering first foods. The treaties also reserved to the tribes all rights not expressly ceded to the United States, including their tribal sovereignty. We acknowledge them as the past, present, and future caretakers of the land. It is on their traditional land where we partner to improve the health and wellbeing of all who live here.

The Columbia Gorge Region is mostly rural with only a few towns that are larger than 1,000 people. Agriculture is a large industry in almost every county. Tourism, healthcare, forestry, and growing technology firms also drive the economy. Many of our industries rely on seasonal employment; therefore, we experience a large influx of workers, especially migrant and seasonal farmworkers.

The Columbia Gorge Coordinated Care Organization (CCO) has one school-based health center (SBHC), which is located at the Hood River Valley High School (HRVHS) in Hood River County. The SBHC is a part of One Community Health (OCH), the Federally Qualified Health Center in the Gorge, and uses the OCHIN EPIC electronic medical records system for documentation, care coordination, and referrals. The SBHC also uses Reliance and Activate Care Health/Community Information Exchanges for care coordination and referrals. The SBHC offers services to youth from the entire

county, not just to HRVHS students. Because the SBHC is part of OCH, it participates in the CCO's Quality Incentive Metrics program and is well-equipped to meet adolescent health care needs within the CCO service area. The SBHC also connects its young patients to their assigned PCPs in the region, when possible. Multiple partners, led by the Columbia Gorge Education Service District (CGESD) are currently exploring two school-based health care models for development in Wasco County, as one does not currently exist within its boundaries.

The region does not have an Indian Health Care Center, although many Tribal members of the Gorge community get their care from the Warm Springs Health and Wellness Center south of the region in Warm Springs, Oregon and from the Yakama Indian Health Services Clinic in Toppenish, Washington.

HOW THE CHIP WAS DEVELOPED

The Community Health Improvement Plan (CHIP) was developed as a collaborative process with the Columbia Gorge Health Council convening multiple stakeholders including:

- The Columbia Gorge Community Advisory Council
- Regional Community Health Assessment cohort partners
- Community Partner Organizations
- Community Members
- Community Advocacy groups, including but not limited to, the Regional Health Equity Coalitions

The Columbia Gorge Community Advisory Council

Every three years, organizations come together to develop a regional Community Health Assessment (CHA) in the Columbia Gorge and based on that assessment, a Community Health Improvement Plan (CHIP). The Columbia Gorge Community Advisory Council, or CAC, oversees and helps facilitate that process. The CAC is comprised of Medicaid consumers, community members, and representatives from local social and human service providers, public health, healthcare, community health workers, and government partners. After review of all the data and input gathered, the CAC votes to approve the final CHIP priorities.

While the Columbia Gorge Health Council's Community Advisory Council (CAC) holds a seat for a Tribal Liaison from the Confederated Tribes of Warm Springs (CTWS), the Tribe had not yet appointed one of its members to the CAC at the time the CHIP process got underway. PacificSource Community Solutions (PCS) recently onboarded the Tribal Liaison. She will start attending the CAC regularly and will hold an official seat as a member.

CAC Mission: To identify needs, barriers, and opportunities in the Columbia Gorge. At the same time, to advocate for solutions that support health and well-being in the region.

CAC Vision: A region of communities where all people enjoy improved health through equitable access to and engagement with coordinated resources. Coordinated resources are when agencies work together to make sure services are available and appropriate for all members of our community.

CAC Values:

- Engage
- Collaborate
- Be transparent
- Be inclusive
- Ensure equity
- Ensure diversity
- Empower

CAC Strategies for Meaningful Engagement: The CAC works hard to create authentic meaningful engagement within our CAC. We believe that the ingredients for meaningful

engagement are trust, relationship building, and leadership. We also believe that we are all teachers, and we are all learners. Therefore, we provide as many varied opportunities for people to learn and share with each other and from each other as possible. To do this, we employ Popular Education Techniques - a social justice tool that comes out of the work of Paulo Freire, a Brazilian educator and philosopher. Below are examples of the techniques we utilize to foster meaningful community engagement.

- The room is arranged in a large circle so everyone can see each other.
- CAC members are involved in agenda planning.
- Healthy and nourishing food is offered at meetings.
- Simultaneous interpretation in Spanish is offered.
- Meeting materials and invitations are sent out via email or on paper if needed and are posted on our websites.
- Often the meeting begins with a live music bi-lingual song.
- Materials in Plain Language, in English and Spanish, at a sixth-grade reading level, and limit the use of acronyms as much as possible.
- Topics presented at the CAC where input is requested from members then come back to the group for follow up.
- Every meeting has an opportunity for public sharing.
- Meeting space is ADA accessible.
- Stipends are offered to support OHP members and additional support is offered for transportation and childcare as needed.
- Attendees are asked to give positive and negative feedback at the end of meetings to ensure needs and expectations are being met.
- Discussion formats vary- small groups, café style input and discussions, and individual input in writing or via brainstorming.

Columbia Gorge Regional CHA and CHIP Cohort Partners

Because many of our local organizations are required to conduct a Community Health Assessment and a Community Health Improvement Plan, we chose to do this work collaboratively. The seventeen organizations highlighted on the acknowledgement page are part of the **2019 Regional Community Health Assessment and Community Health Improvement Plan Cohort.**
Cohort partners include:

- Hospital systems
- Primary Care, Dental, and Behavioral Health Clinics
- Government Representatives
- Community Mental Health Provider
- Early Learning HUB
- Other Coordinated Care Organizations (OR) and Accountable Communities of Health (WA)

The role of the cohort is to collaborate and agree to adapt the Regional Columbia Gorge Health Improvement Plan as the improvement plan for their individual organization. The CHIP is a strategic population and healthcare services plan for addressing health disparities and meeting the health needs of the entire community. Organizations may add additional information or data to either the Community Health Assessment (CHA) or the Community Health Improvement Plan (CHIP) but agree not to take anything away. The cohort members typically have a representative in attendance at the Community Advisory Council (CAC) meetings where the creation and implementation of the CHA and the CHIP happens.

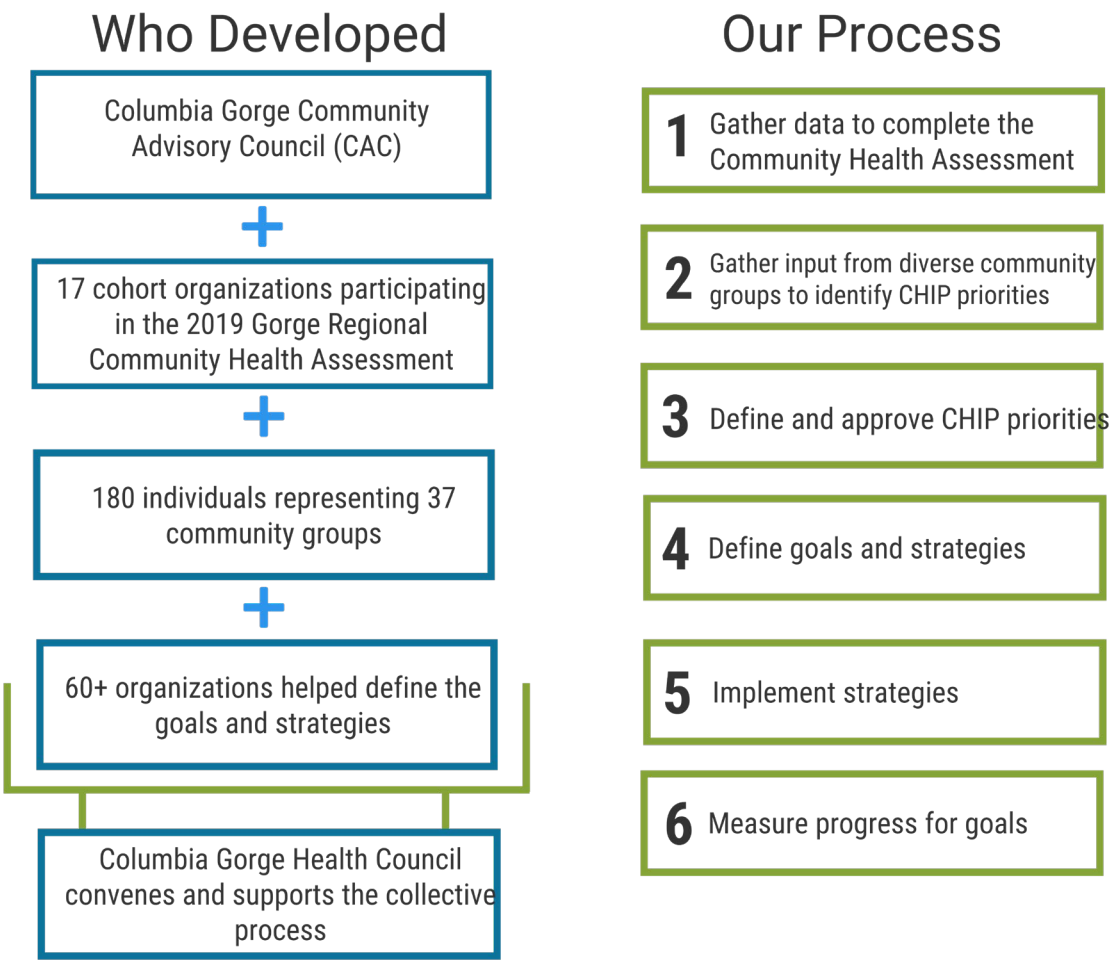
Columbia Gorge Health Council

The Columbia Gorge Health Council (CGHC) partners with PacificSource Community Solutions as the Columbia Gorge Coordinated Care Organization (PS Gorge CCO). In the role as facilitator, CGHC brings partners together to lead the regional Community Health Improvement Plan process, while the Community Advisory Council oversees the process from start to finish. After the submission of this CHIP document, CGHC will continue to convene partners and support collective data sharing to move forward the ongoing efforts of the CHIP work developed as part of this plan.

Process for Developing the CHIP

As displayed in Figure 2, the Community Advisory Committee (CAC) and collaborative partners undertook the following six steps to develop the CHIP.

Figure 2: Process for Developing the CHIP



GATHER DATA AND COMPLETE THE COMMUNITY HEALTH ASSESSMENT

The 2019 Community Health Assessment (CHA) was developed with collaboration at its core, with the expertise and efforts of the Community Advisory Council (CAC), 17 CHA cohort organizations, and numerous community partners shaping its contents. To combine and align the priorities and requirements of multiple stakeholders, the CHA was organized using the Robert Wood Johnson Foundation Culture of Health Action Framework, which provides a shared language for improving population health and wellbeing.

The Community Advisory Council (CAC) played an integral role in reviewing, refining, and crafting questions for the community survey as part of the 2019 Community Health Assessment. The full description for the 2019 Community Health Assessment can be found at: http://cghealthcouncil.org/documents/

In 2016, our Community Health Assessment process was recognized when the Columbia Gorge Region was awarded the Robert Wood Johnson Foundation (RWJF) Culture of Health Prize. This prestigious recognition further engaged the community in a conversation on what defines health and measurements for monitoring progress towards health.

What we learned from the Community Health Assessment

From the 2019 Columbia Gorge Community Health Assessment, we identified six key drivers of health.

❶ **Sense of Community:** People with social and family support, a sense of security and belonging have better physical and mental health and are more likely to thrive.

- Since 2016, rates of people reporting violence have increased in the Gorge, and members of the community continue to observe unfair treatment or experience it themselves.
- Low-income households, Adults on Medicaid, Caregivers, Communities of Color, and Households with Migrant/Seasonal Farmworkers experience less overall sense of community.

❷ **Built Environment:** Our built environments -- the physical places where we live, learn, work and play, and the degree to which we feel safe in these spaces -- is key to a community's well-being.

- In the Gorge, a quarter of all households reported going without basic needs such as housing, food, transportation, or childcare.
- Transportation was identified as the highest unmet need; a barrier for parents, children, and communities to stay physically active, and access basic needs such as food and healthcare.

❸ **Youth Health:** Children and youth who feel safe in the communities where they live, work, and play experience better physical and mental health outcomes. Healthy children lead to healthy adults and a healthy community.

- Access to childcare is a significant concern for parents of newborns and infants in the Gorge, with data showing that over three-quarters of newborns to 24 months do not have a regulated childcare spot available to them.
- Among teens in the Gorge, alcohol and vaping rates, self-reported suicide attempts and reports of bullying have increased since 2016. School and community-based interventions are important for promoting youth health and safety.

❹ **Youth Healthcare Access:** Access to adequate medical, dental, mental, and developmental care services from birth to young adulthood is important for promoting healthy outcomes for youth.

- Access to mental health care remains a significant barrier in the Gorge, with a quarter of parents reporting that their child did not get needed counseling or mental health care.
- School-based health services are an important gateway for providing healthcare services to youth and are currently lacking for youth in the Gorge.

❺ **Adult Health:** People with chronic conditions or other illnesses that are managed can thrive and be healthy.

- A quarter of adults in the Gorge report experiencing both chronic physical and chronic mental health conditions.
- Diabetes management remains a significant health concern for adults in the Gorge, with the rate of diabetes in the Gorge two percent higher than Oregon and Washington rates, and almost a quarter of adult patients with diabetes with poor control of their diabetes.

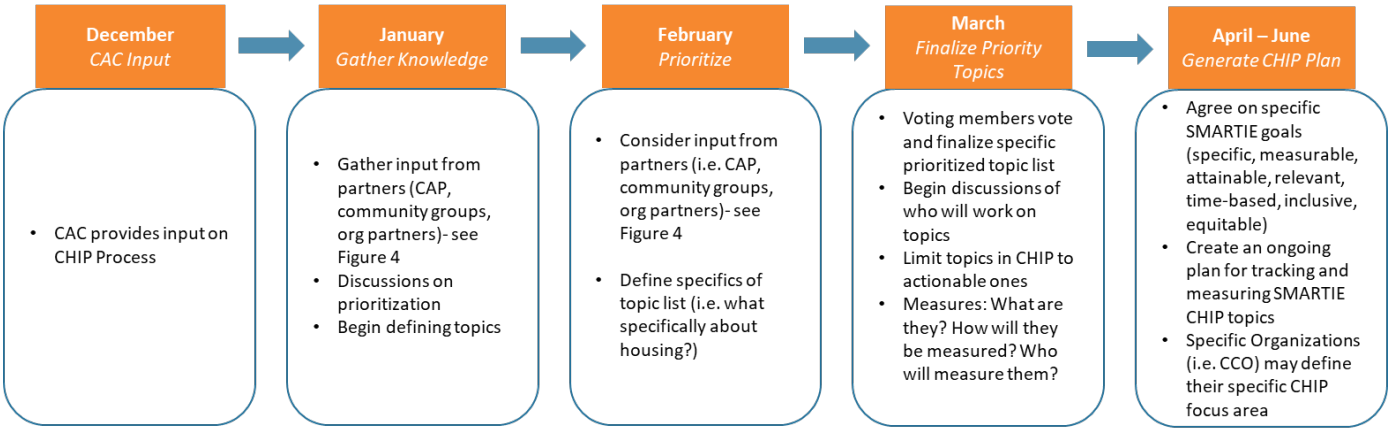
❻ **Adult Healthcare Access:** Access to healthcare is important not only for the health and wellbeing of adults, but also has a direct impact on the children adults raise and care for.

- Almost a quarter of adults in the Gorge reported they did not get needed mental health care, and over a quarter reported they did not get needed dental care.
- Insurance remains a significant barrier for healthcare access among adults in the Gorge, with 8% of adults reporting no medical insurance in the past 12 months. This rate is higher among parents with young children.

GATHER INPUT FROM DIVERSE COMMUNITY GROUPS TO IDENTIFY PRIORITIES

For the 2020 Community Health Improvement Plan process, the Community Advisory Council (CAC) set out to gather more input from groups in the community about the new 2019 Community Health Assessment (CHA) data and determine whether the previous 2017 CHIP priorities may have changed over time as displayed in Figure 3.

Figure 3: Process to Identify Priorities



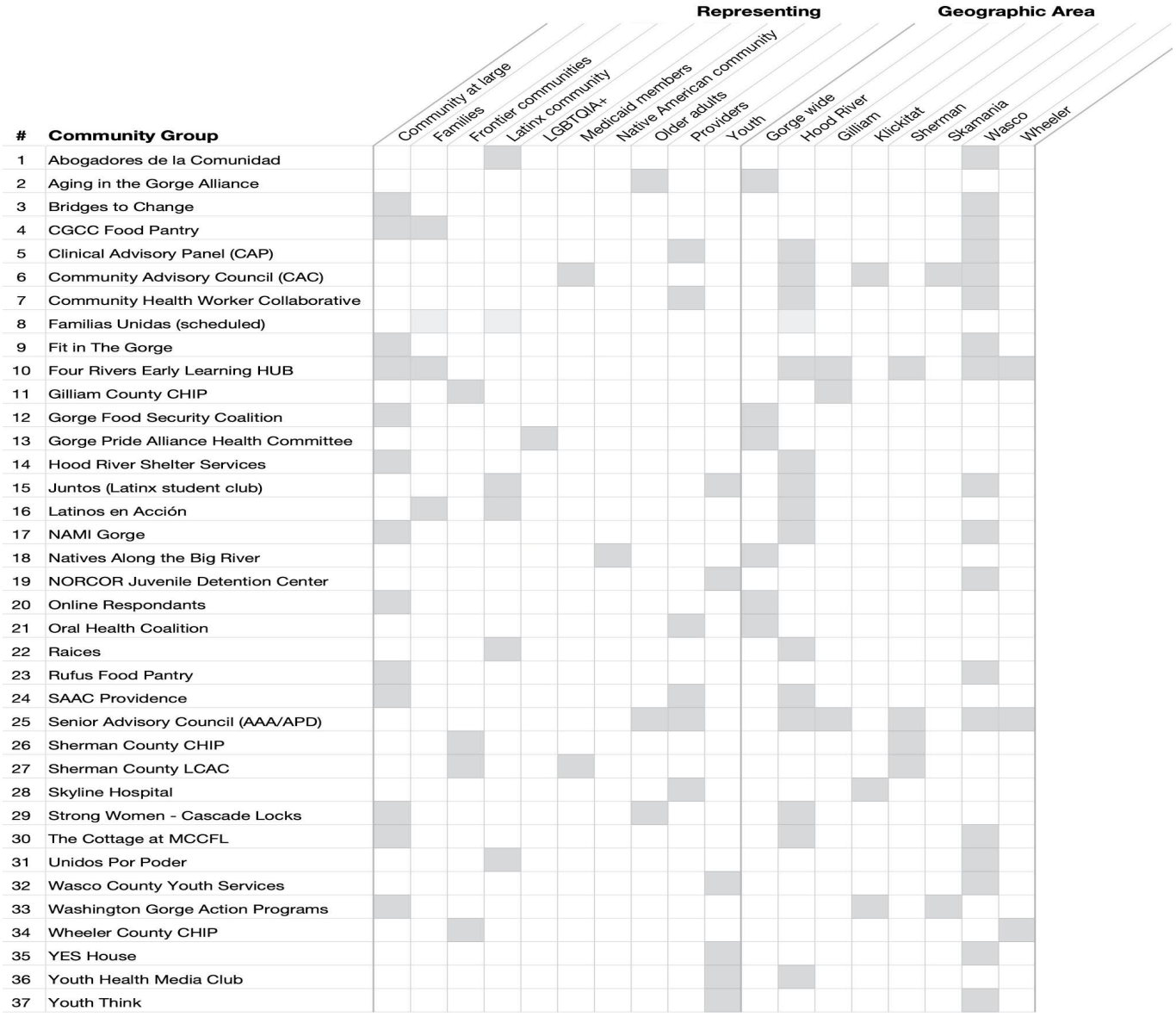
How Input was Gathered from Diverse Community Groups

The Community Advisory Council (CAC) began with group discussions, reviewing the 2019 CHA data and discussing the relevance of the priorities from the previous CHIP completed in 2017. Although there are often 35 + people in the room at the CAC meetings, the group determined that input from our larger community was needed. The CAC listed specific populations that they felt needed representation to be able to define the 2020 CHIP priorities of our large region. The CAC prioritized hearing from populations of individuals representing a diverse group of people and a diverse geographic area with a priority towards typically marginalized groups.

In partnership with CAC leadership, consultants Lindsay Miller, Sandi Scheinberg, and Jody O'Connor collected input regarding health-related priorities in the region from community groups selected by the CAC. The consultants attended already existing gatherings, and in most cases performed an interactive activity effective at gaining input on health improvement priorities. In some cases, some of the affinity groups listed had already prioritized their needs, in which case, those priorities were incorporated into the larger list and specifics were recorded.

More than 180 individuals representing 37 community-based groups provided input to the CHIP process as displayed in Figure 4**.**

Figure 4: Community Groups Who Contributed to Defining the CHIP Priorities



#	Community Group
1	Abogadores de la Comunidad
2	Aging in the Gorge Alliance
3	Bridges to Change
4	CGCC Food Pantry
5	Clinical Advisory Panel (CAP)
6	Community Advisory Council (CAC)
7	Community Health Worker Collaborative
8	Familias Unidas (scheduled)
9	Fit in The Gorge
10	Four Rivers Early Learning HUB
11	Gilliam County CHIP
12	Gorge Food Security Coalition
13	Gorge Pride Alliance Health Committee
14	Hood River Shelter Services
15	Juntos (Latinx student club)
16	Latinos en Acción
17	NAMI Gorge
18	Natives Along the Big River
19	NORCOR Juvenile Detention Center
20	Online Respondants
21	Oral Health Coalition
22	Raices
23	Rufus Food Pantry
24	SAAC Providence
25	Senior Advisory Council (AAA/APD)
26	Sherman County CHIP
27	Sherman County LCAC
28	Skyline Hospital
29	Strong Women - Cascade Locks
30	The Cottage at MCCFL
31	Unidos Por Poder
32	Wasco County Youth Services
33	Washington Gorge Action Programs
34	Wheeler County CHIP
35	YES House
36	Youth Health Media Club
37	Youth Think

Several groups are part of the Regional Health Equity Advocates, run by The Next Door, Inc. and supported by the Oregon State Office of Equity and Inclusion. These include: Abogadores, Latinos En Acción, Neighbors Along the Big River and Unidos Por Poder. The groups are made up of Latinx community members, Tribal community members and Latinx youth.

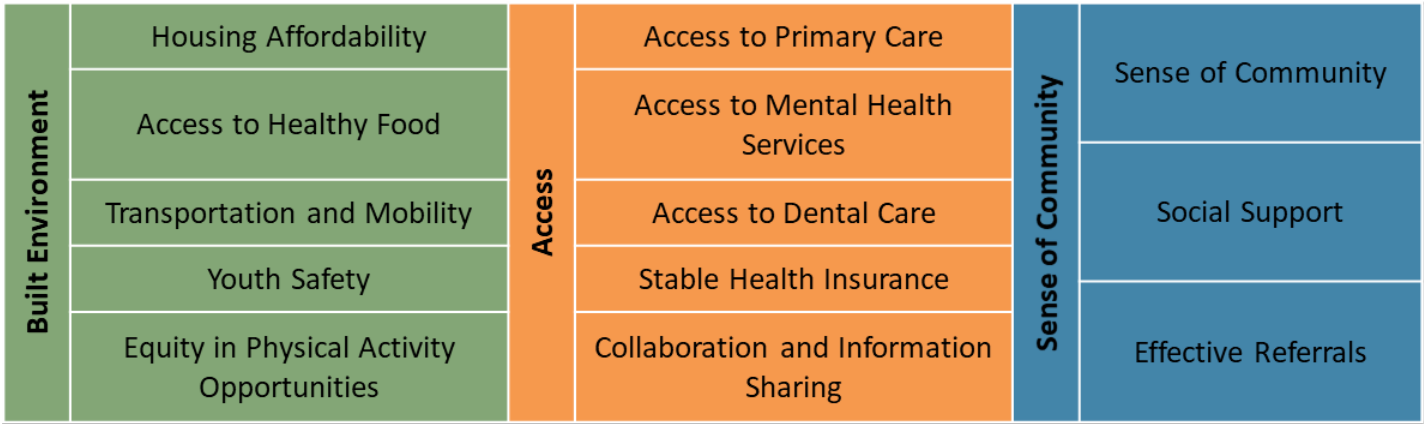
Natives Along the Big River (NABR). Natives Along the Big River, is a growing tribal advocacy and leadership group launched and led by tribal community members residing in the Columbia Gorge Region. The group has grown considerably in the last two years and has over 25 members. They have spent the last few years prioritizing their needs as a community and devising a workplan to address those needs. Since this group had already prioritized their needs as a coalition, the consultants worked with the leadership from this group to incorporate their needs and specific input into the CHIP priorities and goals. The CHIP process was also inclusive of input from the Columbia River Inter-Tribal Fish Commission and Nchi'Wana Housing and their voices have been influential in designing the CHIP priorities and the goals for improvement. Various programs of the Columbia Gorge CCO work closely with these Tribal organizations and are increasing capacity to serve the Tribal population

through hiring Tribal community health workers. This too, will aid in an improved process in the future.

As mentioned, the Columbia Gorge Coordinated Care Organization did not have a Tribal Liaison to the CAC appointed at the time of the creation of the 2020 CHIP Priorities, but in April of 2021, PacificSource onboarded a Tribal Liaison and she has also reviewed the final version of this CHIP. She also has provided input on a future planning process and on plans for future CHIP efforts. Moving forward, the Tribal Liaison will advise the CAC on engaging in a meaningful way with the Confederated Tribes of Warm Springs. While the CCO did not engage with the Confederate Tribes of Warm Springs during this CHA/CHIP cycle, it is a goal for future CHA and CHIP work to connect and create lasting relationships with the Confederated Tribes of Warm Springs.

During the outreach process, participants were asked to select their top five most important priorities from the 2017 CHIP as displayed in Figure 5. Participants were also invited to share why certain priorities matter most to them and suggest new or different priorities for the CAC's consideration.

Figure 5: 2017 Community Health Improvement Plan (CHIP) Priorities



What We Learned from the Diverse Community Groups

The consultants spoke with people representing the interests of youth, families, low-income individuals, the Latino community, the Native American community, the LGBTQ+ community, people living in frontier communities, and older adults. In all these interactions, it was clear that people care deeply about improving the conditions that affect health in our region.

The information below summarizes the community input the consultants received about health-related priorities for our region. The information gathered was extremely useful to the CAC as it developed the 2020 Community Health Improvement Plan.

Two Changes to the Priority List: Through these conversations about what matters to people, the consultants received important feedback about how the original CHIP categories should be changed to better represent the priorities of our communities. As a result, two changes to the priority topics were made.

❶ **Mental Health Services → Behavioral Health Services**
Many participants highlighted Substance Use Services as a missing priority. In response, Mental Health Services has been changed to Behavioral Health Services and the definition broadened to include both Mental Health and Substance Use Services.

❷ **Sense of Community + Social Supports → Sense of Community**
Many participants stated that Sense of Community and Social Supports seemed related or similar. In response, these categories were combined.

Six Top Priorities Identified: Based on the community feedback, ALL priorities were perceived as having an impact on the health and wellness of Gorge community members, but some were perceived to be a higher priority or more urgent than others. Six priorities consistently emerged as the most important to the people and groups.

- Housing
- Food
- Sense of Community
- Behavioral Health
- Youth Safety
- Transportation

❶ **Housing** was consistently ranked as the most important factor for improving health in our communities. People reported that without safe and stable housing, it is impossible for people and families to focus on other areas of health. They also added that the cost of housing in our area makes it hard for people to find affordable housing options. People perceive that homelessness and housing insecurity are growing problems in our communities. As well, people see a need for housing that meets the accessibility needs of older adults and people with disabilities.

- "We must address people's basic needs - again it plays a role in an overall feeling of safety. You cannot sleep well if you don't feel safe. Lack of sleep can be a major health concern." - Youth Services Provider, Wasco County
- "People need safe & dignified housing, not just affordable. This can boost a sense of community, social support, food access, and transportation & mobility." - 22-year-old Oregon Health Plan member in The Dalles
- "There is no affordable housing or none at all. I am seeing people spend 70-80% on their house payment." - Latinx community member of Odell
- "There's a lot of people who might not call themselves homeless, but they essentially are. They are staying on people's couches, living out of cars, transient - they don't have a permanent place to call home." - Provider, Skyline Hospital
- "Homelessness keeps a person in crisis." - Member, Strong Women Cascade Locks
- "Because people like me live in very unstable housing, and the house is too small for the amount of people that live in it and the house is falling apart." - Latinx youth living in Hood River County
- "We need adequate, accessible housing for low-income seniors on a fixed income. If people lose their housing, the deposits required, the wait time, the application procedures to get into a new place are too much for most people." - Medicare recipient in Hood River County

❷ **Food** was ranked by groups as the second most important topic for supporting overall health. The high cost of healthy food and the challenges that low-income people face as a result was a common theme. Many stated that more than *healthy* food, people first need to have *enough* food. Transportation was also mentioned as an important barrier to accessing food. People must be able to get to the store or food pantry to get the food they need. Finally, comments included the need for more education about how to buy and cook healthy foods.

- "For some folks having NO food is more pressing than access to healthy foods. Access to culturally appropriate foods [is also important]." - The Dalles community member, Food Security Coalition
- "A healthy diet provides the physical and mental strength to address other needs." - Older adult community member of Mosier
- "Not having healthy food options at the prices of unhealthy foods is a problem. If you can buy one apple - that is a snack; or 10 packages of ramen noodles - that is 10 meals." - Community member of the Dalles
- "Food = Money. SNAP will not buy enough for just one person!" - Medicare recipient in Hood River County
- "Healthy food is very expensive, and a lot of people aren't able to buy food that is good for our children." - Latinx community member of The Dalles
- "[There is a] lack of education around how to prepare healthy fresh foods. Unfamiliarity = avoidance." - Goldendale community member, Community Advisory Council

❸ **Sense of Community** ranked third based on community input. Sense of Community was a broad category and people talked about feeling safe and welcome in the community. Others shared experiences of feeling unwelcome or discriminated against. People also talked about the importance of having providers and helpers in our community who speak the same language and understand the culture. Finally, people talked about how important connection and belonging is to overall health.

- "Sense of community can be interpreted differently depending on who's in charge. People will say they have a strong sense of community, but an outsider won't feel that way." - Latinx mother living in The Dalles
- "I don't feel part of the community because business owners are always chasing me away, taking pictures of me when I stand near their store. It makes me feel unwanted here." - The Dalles community member
- "Encourage agencies to hire bilingual, bicultural individuals that have a connection and resemble the Mid-Columbia Gorge area." - Latinx service provider, The Dalles
- "When you're struggling financially or with your health, it's easy to feel alone and feel like you don't have any support." - Latinx youth living in Hood River
- "People make assumptions about me all the time because I'm Native - they think I'm selfish or lazy." - Native American youth housed in NORCOR
- "I want to have people to talk to rather than being alone. I have self-abandonment. I need to find a way to work it out. It would help if I could socialize." - Hood River Shelter Services participant
- "Social support is so important for all ages. Young and old need to be connected to others." - Medicare recipient in Hood River County

❹ **Behavioral Health**, a category that was expanded to include Mental Health *and* Substance Use Services, also ranked highly. Mental health and wellbeing are viewed by many as central to overall health. People talked about the barriers that keep folks from getting the support they need. These included cost, a lack of insurance coverage, a lack of bilingual and bicultural providers, and/or long wait times to get an appointment. Many people saw an urgent and critical need for mental health and substance use crisis intervention services in the region.

- "Very few mental health providers take insurance. Those that do are overloaded." - Community Advisory Council member
- "We desperately need more providers - this is a workforce issue." - Grass Valley community member
- "There is no place for people to go for mental health needs. You can arrest them and they're off the streets for one night. It's not a solution." - Input from the Senior Advisory Council
- "[Mental health and suicide] can have wide reaching effects, on an entire family. It can lead to anger problems and PTSD. Sometimes my emotions control me." Youth housed in NORCOR
- "We want local services here in the Gorge for [mental health] crisis intervention and evaluation and at least some short-term treatment inpatient beds." - Input from NAMI representative
- "We need to have more counselors for Spanish speakers. Drug addiction services should be bicultural." - Latinx service provider in The Dalles
- "Depression is very common in teenagers. To protect everyone, having access to mental health services is important." - Latinx youth living in Hood River

❺ **Youth Safety** was important to the people engaged in the process. This broad category included the need to have safe activities and spaces and positive role models for youth in our communities. People talked about the need to address bullying in schools. They noted many youth are exposed to violence in their homes, which impacts their overall sense of safety.

- "You got to keep kids busy. Once I started skipping school, I started doing stupid stuff and getting into trouble. Skipping school leads to bad behavior." Latinx youth housed in NORCOR
- "Bullying and racism in the schools and community affects youth and adults." - Latinx community member of The Dalles
- "Youth safety is about poverty, neglect, drug use in the home, threat of harm in the home. If we don't put support into what is going on at home, these kids don't have a chance." - Input from Wasco County Youth Services
- "There is not a lot of security for kids and youth in the schools or in the streets. Bullying is a big problem at school and when my child tries to tell a teacher about it, they get ignored. Kids are afraid to tell the teachers." - Latinx parent in The Dalles
- "[There has been an] increase in suicide attempts, harassment, and racial discrimination, [and] lack of behavioral health support in bilingual bicultural services. Doesn't matter if you have access at a school clinic or community clinic if there isn't a qualified person to deliver services." - Odell community member
- "Sports used to be free. Kids at the poverty level don't have the opportunity to be involved. Poverty leads to drugs, then you just follow in your parent's footsteps. At least that's what happened to me." - Bridges to Change participant living in The Dalles

❻ **Transportation** was another category that consistently scored in the top. People said that transportation in the region is improving, and lots of people are using the medical transport services available. However, people still need more transportation options to get to work, do their shopping, and complete other day-to-day activities. Transportation options should be accessible for people with disabilities and older adults. Information about existing transportation resources should be communicated clearly.

- "Not having enough time to get to the bus, no shelter at the bus stop, no bus available for shopping specific." - Community member of Parkdale
- "Need a real system with lots of stop times. If I have a doctor's appointment at 3, I have to take a bus at 1 and wait 2 hours." - Oregon Health Plan Member, The Dalles
- "Transportation is improving but those in rural areas still struggle. The bus doesn't do you any good if you can't get to town." - White Salmon community member
- "[Information about public] transportation needs to be communicated well so that we can [find it and] use it." - Input from Unidos Por Poder, The Dalles
- "Public transportation is improving!! But it's still not adequate for a disabled person who can't get to the curb by themself." - Medicare recipient in The Dalles
- "Especially to and from doctor appointments in Portland!" - Community member of The Dalles

Details on All Other Priorities

The other priorities (listed below) did not rank consistently as high according to the input we received. However, *every priority made the top 5 list of at least five different groups*, which suggests that they all matter to community members.

Access to Dental Care

- "Dental is very important for all. Teeth can cause a lot of pain." - Member of the Senior Advisory Council
- "Some clients have dentures, and they are only covered once in every 5 or 10 years and don't have coverage for repairs" - Parkdale community member
- "There are 3 different dental insurance companies and each one has different rules. They are supposed to maintain an adequate referral network, but they don't. There are none in White Salmon. OCH supposedly accepts them, but they don't seem to be very accessible. People end up having to go to Yakama." - Provider, White Salmon

Access to Primary Care

- "We should have in-person interpreters and bilingual staff at all agencies so people feel like they can ask questions. Why even go if you can't understand?" - Latinx service provider in The Dalles
- "We do not have any emergency care in our county, we have to be transported 50 miles to the nearest ER for services. We have no after-hours care in our County." - Arlington community member
- "I usually just wait if I'm sick until I have to go to the ER." - Youth housed in NORCOR

Access to Health Insurance

- "There is still a large gap in those who qualify for OHP and those that can't afford the insurance costs that don't qualify." - Sherman County community member
- "I live in The Dalles so there is a lot of access to care, but the stress of not knowing how much and what will be covered and when is overwhelming."
  - Oregon Health Plan recipient
- "Lots of people get Medicare but to get a supplement is very expensive and inaccessible for most. Medicare doesn't cover vision, hearing, or dental - most people have no idea. And, if you don't have a supplement, you're still on the hook for 20% of every charge. If you end up in the hospital one time, that's enough to bankrupt some people." - Aging in the Gorge Alliance representative

Collaboration & Information Sharing

- "People don't know where to go for various questions, both social, physical and mental." - Aging in the Gorge Alliance representative
- "There is no HUB for info. Need a central place to go to find out what is available. Resource Hub. Community Center. Medical home that treats the whole person and connects to the variety of services out there." - Gorge Pride Alliance
- "We really need a paper resource guide. I used one when I was in Seattle. It saved me. It told me everything I needed to go, where to find help and get support. Directions for how to get places. Portland Street Roots has a really good one." - Oregon Health Plan recipient living in The Dalles

Access to Physical Activity Opportunities

- "It's important for older adults to stay strong, active - it prevents falls and injuries. Our population is aging. Coming to Strong Women helped me come back from a major health setback. It saved my life and made it so I could still live on my own." - Strong Women exercise group participant
- "We lack activities in the community to improve our health [especially in winter]. Doctors should give referrals [that can be covered by] insurance to make physical activity accessible, like gym memberships, etc." - Input from Unidos Por Poder, The Dalles
- "For meaningful quality of life, health and wellbeing, people need to feel safe in their environment and have the ability to access enjoyable physical activities."
  - The Dalles community member

Effective Referrals

- "Too many people come through our doors who've already gone 5 different places without receiving answers." - WAGAP representative
- "It's nice to go in for something and have it taken care of immediately." - YES, House youth participant
- "Confusion exists in all communities about available resources and how to access those resources." - Providence Hood River SAAC representative

New Priorities to Consider

Participants were also asked to suggest new or different priorities that they felt were important to improving overall health and that were not captured in the priorities above. The following topics were mentioned by multiple individuals and groups.

Health Education, Prevention, and Promotion

- "We need to be able to provide families with alternative options than a referral to MCCFL. There should be school counselors, parenting classes, support groups, or other services available. We need to be able to divert folks from the MH system just like we divert from the JJ system." - Wasco County Youth Services representative
- "There is so much that I wish someone had taught me about - puberty, sexually transmitted diseases. Parents should know about that stuff and teach their children." - Latinx youth housed in NORCOR

Childcare

- "If people can't work [because they can't access childcare], they can't access health care, pay for food, housing and transportation." - Hood River community member
- "We need more affordable daycare for working parents." - Latinx community member of The Dalles

Services for Older Adults

- "Long term care is a huge need. Long wait lists - people have to move out of the area to get into long-term care. Hood River only has ONE assisted living facility that accepts Medicaid." - Senior Advisory Council
- "Legal aid and financial planning support are really needed. We hear this all the time, it's the most requested topic for discussion. Older people are really looking for help in this area." - Gorge Ecumenical Ministries volunteer

Early Childhood Development

- "We need to work on trauma informed care; childhood obesity; and developmental screening. Our children's health is important, and we need to catch issues early on to take corrective actions. We also need to realize that the more adverse childhood experiences that a child has, the more health issues that they will have as they grow older. we need to try to increase the protective factors of children so that they can grow both physically and mentally, healthier." - Condon community member

Living Wage Jobs

- "Money is a huge determinant of health & wellness. Housing, food, transportation all stem from income." - Hood River community member
- "Our area is expensive. Not all families can afford healthcare, childcare, social and recreational activities in this area." - WAGAP representative

Additional quotes related to these new priorities, as well as a list of all new potential priorities mentioned by community members can be found in Appendix A and B.

DEFINE AND APPROVE CHIP PRIORITIES

The Community Advisory Committee (CAC) met in March 2020 and reviewed again the 2017 CHA data and the solicited input from the community groups. These are the steps the CAC undertook.

- Reviewed and discussed all 7 priority topics and sub-priorities underneath them.
- Defined the specific objectives for each priority.
- Revised the wording on some of the specific objectives to ensure equity, inclusion, access, and respect were included where needed.
- Agreed upon was the Vision Statement of the CHIP.
- Voted upon and approved the CHIP priorities.

2020 CHIP Planning Vision and Values

We will work together to make sure that ALL members of our community have equitable access to supports that address the CHIP priorities. This is regardless of race, ethnicity, religious affiliation, sexual orientation, gender identity, age, location, ability, or income level.

We commit to making sure we measure our improvement through an equity lens. We also commit to making sure that services are provided in a way that is equitable and trauma informed.

We recognize the work ahead will include program and systems level change. This can include policy recommendations and support of living wages that would help create a more equitable and just community where all people can thrive.

Priorities

The Community Advisory Committee (CAC) defined 7 priorities and sub-priorities as displayed in Figure 6.

Figure 6: CHIP Seven Priorities and Sub-Priorities

	PRIORITY	PRIORITY STATEMENTS
	Housing	▪ People can gain access and afford safe housing. ▪ People do not worry about losing their housing. ▪ People spend less than 30% of their income on housing.
	Food	▪ All people can access and afford healthy food. ▪ People do not worry about running out of food for themselves or the people they live with.
	Transportation and Mobility	▪ Public and private transportation is available and convenient for all activities that support and encourage health, daily living, physical activity, and wellbeing. ▪ Public and private transportation is safe and meets the needs of each person. ▪ Communities have safe transportation and infrastructure that supports walking, biking and wheelchair or walker rolling.
Improved Access to Equitable Health Care Services 	Dental Care	▪ People get the dental services they need when they need them. ▪ Dental care is equitable, affordable, and inclusive and is offered in a respectful and trauma informed manner.
	Primary Care	▪ People get the primary care they need when they need it. ▪ Primary care is equitable and inclusive and is offered in a respectful and trauma informed manner. ▪ Health care is offered in diverse settings which supports health and wellness at every stage of life
	Behavioral Health Care	▪ People get the behavioral services and supports they need when they need them, including: ○ Mental health ○ Substance abuse services ○ Crisis intervention ○ Inpatient treatment ○ Outpatient treatment ▪ Behavioral health care is equitable and inclusive. It is offered in a respectful and trauma informed manner. ▪ Behavioral health care is offered in diverse settings which supports mental health and wellness at every stage of life.
	Health Coverage	▪ People have stable medical coverage they can afford and when they use it, it does not cause financial distress. ▪ Insurance covers the services people need, which include physical, dental, mental and behavioral health. ▪ Regardless of immigration status, we work to create ways to ensure healthcare needs are met.
	Promotion and Prevention	▪ The information that people need to support healthy choices is available to all. ▪ Information and education on wellness, health promotion and disease prevention are available and offered in an equitable and trauma informed way. ▪ Prevention and control of current and emerging health care issues are addressed in the community. ▪ Prevention of interpersonal violence is addressed through the promoting health, safety, communication, equity, and respect.

	PRIORITY	PRIORITY STATEMENTS
	Improved Access to Equitable Physical Activity and the Outdoors	▪ All people have opportunities for physical activity that supports their health and well-being. This is regardless of their race, ethnicity, physical limitation or where they live. ▪ It is easy for people to access parks, trails and natural areas for both exercise and social activities.
Improved Social Connection and Communication 	Sense of Community	▪ People feel a sense of connection, security, belonging, and trust in their community. ▪ People receive social support from family, friends, and other community members. ▪ People feel a sense of community through access to parks, nature, and recreation. ▪ People and groups get support in growing as leaders. They feel they have a voice and can contribute to their community.
	Collaboration and Information Sharing	▪ People get the language appropriate information they need or want on paper, online, or video to be able to access the services they need. ▪ Organizations coordinate intake and exchange information for shared patients or clients. ▪ Referrals are coordinated and people get their needs met in a timely manner.
Children and Youth 	Youth Safety	▪ Youth (ages 0 to 18) feel respected, safe, and supported: ○ In their homes ○ Getting to and from school ○ In school ○ In community activities ▪ Youth have equitable access to activities to play, learn and grow outside of school that their families can afford. ▪ There is infrastructure and there are opportunities so that youth of all ages, abilities and interests have a variety of physical and other activity options that are offered in an equitable way. ▪ Youth who experience bullying or suffer violence, whether in person or online, are supported and have access to the help they need.
	Early Childhood Development and Child Care	▪ People can access cultural and language appropriate, high-quality, affordable childcare when and where they need it. ▪ People can access and afford early childhood development supports and opportunities, such as early intervention, home visiting, group socialization, preschool, and activities.

DEFINE GOALS AND STRATEGIES

Once CHIP priorities were defined and approved by the Community Advisory Council (CAC), over 75 organizations were involved in collectively defining the goals and strategies to address the priorities. These collaborating organizations defined 35 SMARTIE goals (Specific, Measurable, Attainable, Relevant, Time-based, Inclusive, and Equitable) across the 7 priority areas as illustrated in Figure 7. The quotes in Figure 8 are descriptions of examples of the motivation we used that kept the long and hard process moving forward.

Figure 7: SMARTIE Goal Development Process

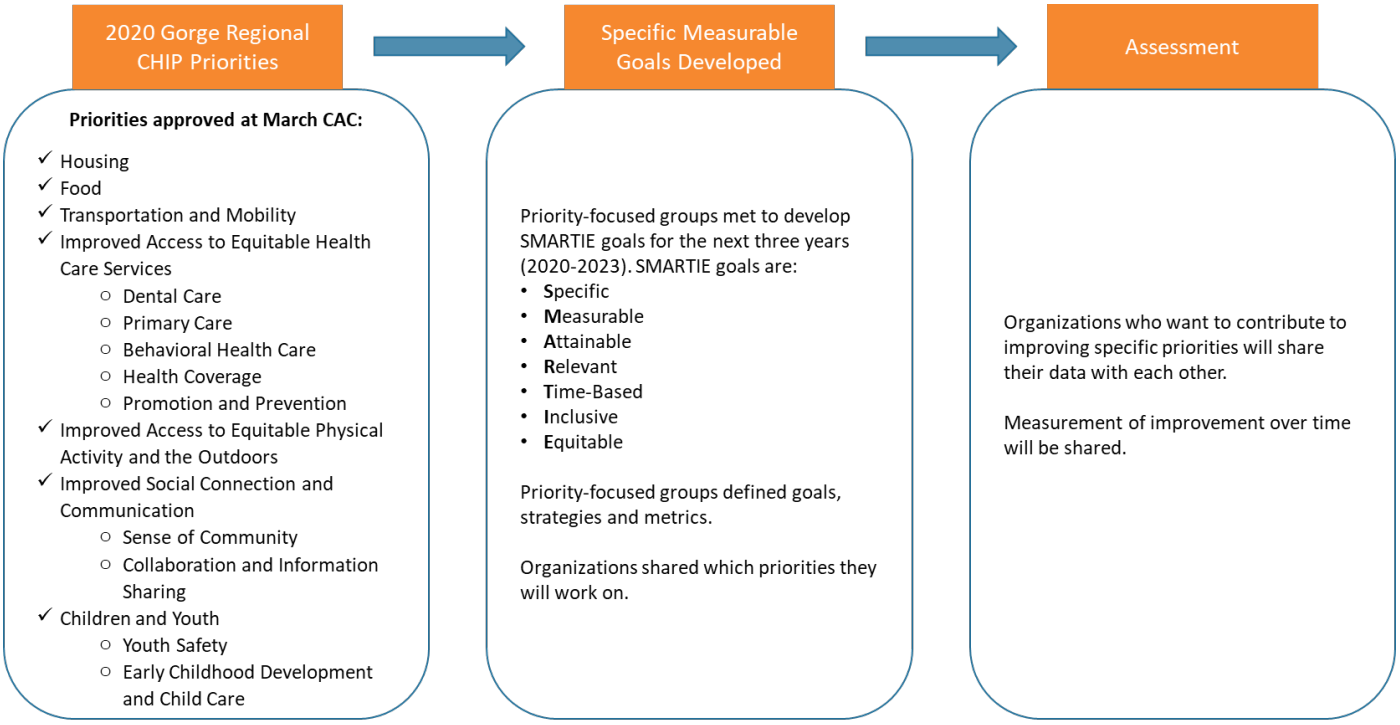
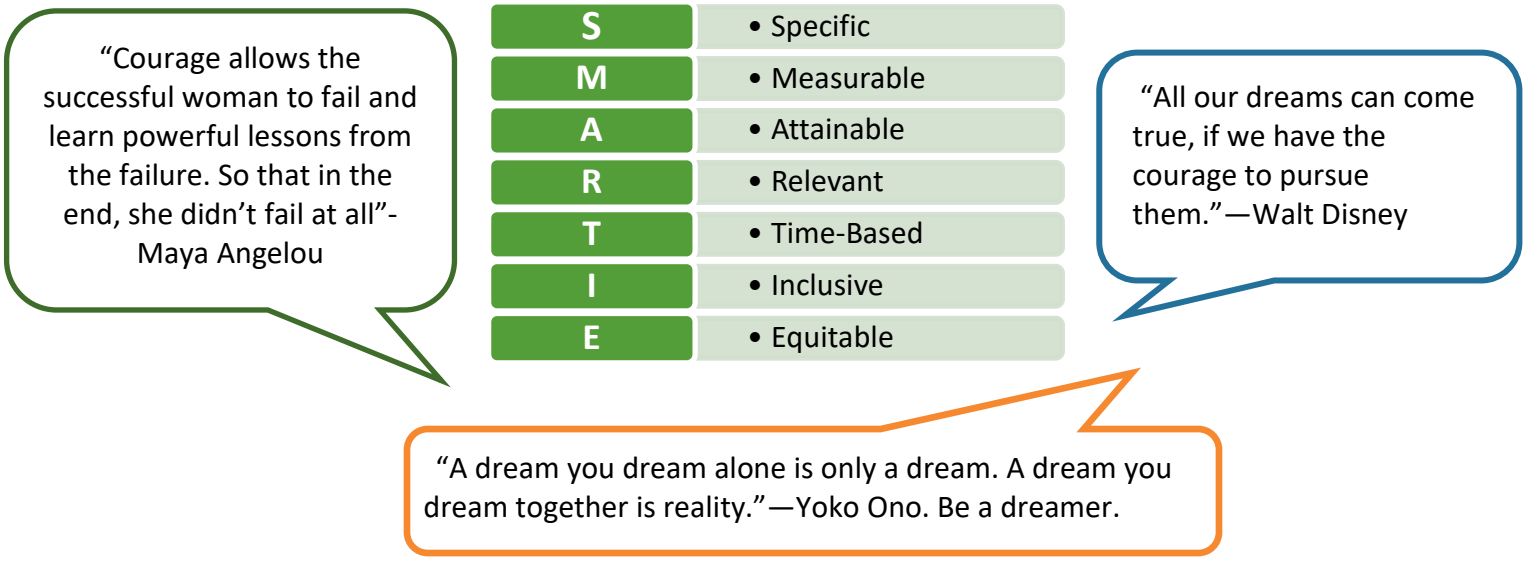


Figure 8: SMARTIE Goals



The following sectors were represented in defining SMARTIE goals:

Community-based Organizations

Community Action Council
Community Mental Health
Economic Development
Food Safety Systems
Housing Authority
OSU Extension
Children's Council
Senior Centers and Age +
Social Service Organizations

Coalitions

Clinical Advisory Panel
Community Advisory Council
Community Health Worker Collaborative
Food Coalition
Oral Health Coalition
Youth Clubs

Education

Early Learning HUB
Early Learning and Childcare
Migrant Education
School Districts and Education Service Districts
Youth Outdoor Education Programs

Government Agencies

City and County Governments
Department of Human Services
OHA Community Partner Outreach Program
Parks and Recreation Districts
Public Transportation
Tribal Commission
Tribal Housing
Veteran's Services
Youth Authority

Health Care & Public Health

Accountable Communities of Health
Coordinated Care Organizations
Dental Care Organizations
Hospitals
Health Plans
Prevention
School Based Health Center

2020 CHIP SMARTIE GOALS

Displayed below are the SMARTIE goals developed for each of the CHIP priorities and sub-priorities. Goals in this CHIP are based in research and evidence-based practice. A list of references for each priority area can be found in Appendix C.

PRIORITY: Housing

- People can gain access and afford safe housing.
- People do not worry about losing their housing.
- People spend less than 30% of their income on housing.

HOUSING GOAL #1	
Housing Goal #1	For people who experience homelessness or who are housing burdened increase access to: ▪ Safe shelter ▪ Housing ▪ Housing supports like shelter housing, home improvements, or rent support Give a special focus to: ▪ Communities of Color ▪ People with mental health or substance use challenges ▪ Veterans
*Housing cost burdened means those who spend more than 30% of their monthly income on housing costs	
Background and/or new information related to COVID	Covid has had a disproportionate impact on Communities of Color in The Gorge and the impacts of the disease have affected income, housing, mental health and more. In addition, there is a disproportionate impact of homelessness on communities of color in The Gorge. In response to the Covid pandemic, there was an eviction moratorium. However, it was scheduled to be lifted on 12/31/20 which has now been extended until 7/1/2021. Once the moratorium is lifted, it is expected to leave many people facing eviction and potentially becoming homeless.
Connected Goal(s)	Housing Goal: Improve living conditions for Tribal housing at in lieu sites along the Big River; Behavioral Health Goal: Increase capacity and access to mental health and substance use treatment services; Behavioral Health Goal: Expand treatment options for adults with behavioral health (mental health and substance use) conditions in the Columbia Gorge region;

Current State	Future State

▪ Based on the 2019 Regional CHA:
  ○ In 2020, 27% of households were housing cost burdened*. Rates of housing burden are higher among communities of color (30%), low-income households (53%), and seasonal farm workers (20%) than other members of the community.
  ○ 9% of the People of Color and 20% of seasonal farmworkers went without housing because of a lack of money.
▪ 50% of people experiencing homelessness have substance use challenges and 30% have mental health diagnosis (SAMSHA).
▪ Based on the 2019 Point in Time (PIT) count:
  ○ The number of individuals experiencing homelessness who are people of color were:
  ▪ Hood River County: 36 of 90
  ▪ Wasco County: 18 of 87
  ▪ Sherman County: 2 of 12
  ○ 24 were homeless Veterans, yet Veterans make up only 1% of the population.
▪ Currently, there is no comprehensive system for agencies to collaborate around working with households experiencing housing challenges.
	▪ By December 2023:
	  ○ Decrease the percent of housing cost burdened households in The Gorge by 3 percent to 24%
	  ○ 24 homeless veterans will be placed in permanent housing
	  ○ Homeless Outreach Staff throughout the Gorge will double in size with a focus on work with homeless people experiencing mental health or substance use challenges
	▪ The programs in the Gorge will have a unified system in which to collaborate around serving people experiencing housing challenges.
	▪ Decrease the percentage of People of Color experiencing homelessness by 15%.
	▪ Increase capacity of permanent supportive housing in each county in The Gorge.

Strategy(ies)	
	1. Increase lower price point housing supply by 3% in 3 years. 2. Expand staffing and programs for homeless outreach geared towards reducing homelessness with a focus on people experiencing mental health and substance use challenges. 3. Establish a ‘By Name’ list of homeless veterans in the region. 4. Establish, by December 2022 a Veterans Leadership Team to meet regularly and discuss the needs of specific Veterans. 5. Increase partners participating in unified system in which to collaborate around serving households experiencing housing challenges. 6. Coordinate outreach through culturally specific providers to communities of color. 7. Expand permanent supportive housing options in each county in the Gorge.

Key Stakeholder(s)	▪ Bridges to Change ▪ Bridges to Health-Columbia Gorge Health Council ▪ City of Hood River ▪ City of The Dalles ▪ Mid-Columbia Center for Living ▪ Mid-Columbia Community Action Council ▪ Mid-Columbia Housing Authority ▪ Oregon Regional Solutions ▪ Providence Hood River Memorial Hospital ▪ The Next Door, Inc. ▪ Veterans Services in Wasco and Hood River Counties

HOUSING GOAL #2	
Housing Goal #2	Improve living conditions for Tribal housing at in lieu sites along the Big River
*In lieu sites means sites along the Columbia River set aside by Congress to provide fishing locations to Indian fishers whose traditional fishing grounds were inundated behind dams. They are for exclusive use of Indian fishers from the four Columbia River Inter-Tribal Fish Commission (CRITFC) member tribes. *Severe housing problems means defined as at least one of the following issues: overcrowding, high housing costs, lack of kitchen facilities or plumbing facilities.	
Background and/or new information related to COVID	Tribal populations have been disproportionately impacted by COVID. Indian Healthcare Access is not available in The Gorge, living conditions are inadequate at in lieu sites, and the rate of chronic conditions that affect the outcomes of covid illness are great among the tribal populations.
Connected Goal(s)	Housing Goal: For people who experience homelessness or who are housing burdened increase access to: Safe shelter, Housing, Housing supports like shelter housing, home improvements, or rent support. Give a special focus to: Communities of Color, People with mental health or substance use challenges, Veterans

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Current State

- In the 2019 Community Health Assessment, 17% of households had severe housing problems*.
- Based on the WAGAP Health Assessment:
  - In Klickitat County, Native Americans suffer the highest rate of poverty at 40 percent.
  - In Klickitat and Skamania Counties, single females with children have the lowest median family
- A local advocate group, Natives Along the Big River named weatherization as their number one priority.

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Future State

- By December 2023:
  - Decrease percent of Tribal members living along the big river who identify as having severe housing problems by 7%
  - Natives Along the Big River (NABRs) will not identify weatherization of their homes along the river as a top priority

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*In lieu sites: sites along the Columbia River set aside by Congress to provide fishing locations to Indian fishers whose traditional fishing grounds were inundated behind dams. They are for exclusive use of Indian fishers from the four Columbia River Inter-Tribal Fish Commission (CRITFC) member tribes.

*Severe housing problems: defined as at least one of the following issues: overcrowding, high housing costs, lack of kitchen facilities or plumbing facilities.

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Strategy(ies)

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1. Tribal organizations and allies will identify and obtain 3 new funding sources for weatherization support for in lieu sites by December 2022.
2. Employ tribal community health workers to connect community members to resources.

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Key Stakeholder(s)

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- Nch'i Wana Housing
- Natives Along the Big River via The Next Door, Inc.
- Bridges to Health-Columbia Gorge Health Council
- Mid-Columbia Community Action Council
- Mid-Columbia Housing Authority
- Oregon Regional Solutions
- Columbia River Inter-Tribal Fish Commission
- One Community Health

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PRIORITY: Food

- All people can access and afford healthy food.
- People do not worry about running out of food for themselves or the people they live with.

<table>
<tr><th colspan="3">FOOD GOAL #1</th></tr>
<tr><td>Food Goal #1</td><td colspan="2">Gain a deeper understanding of levels of food security for people of the Columbia Gorge region. Food security means everyone can get enough of the healthy food they want to eat.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">The Food Security Coalition would like to get a deeper, more updated measure of food security, barriers to food access, and interventions of interest in the Gorge. In particular, the data will be representative samples of places considered rural/geographically isolated, as well as based on socioeconomic status, ethnicity, race, language and gender.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Sense of Community: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life.</td></tr>
<tr><td colspan="2">Current State
In 2015, a regional food security survey was completed and showed that 1 in 3 households worried about running out of food and 1 in 5 households actually ran out of food before they were able to get more.
Based on the 2019 Gorge Regional CHA: 26% of households in Oregon and 31.6% of households in Washington experience food insecurity. Compared to state averages, rates of food insecurity in the Gorge are even higher among diverse communities (37.7%) and seasonal farmworkers (50%)
Rates of unemployment are now 8-10%, and COVID-19 has increased rates of food insecurity since 2019.</td><td>Future State
The Food Security Coalition will gain a deeper, accurate understanding of food security issues across communities in the Gorge, with a specific focus on diverse communities. This data will drive future work.</td></tr>
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Strategy(ies)	1. By 2023, the Columbia Gorge Food Security Coalition will facilitate the design, distribution and analysis of a Gorge-wide food security survey. ○ Survey is contingent upon funding ○ Survey will compare top barriers to food access (i.e., transportation) and top interventions (i.e., gardening classes) to the 2015 survey results ○ Sample size will be large enough to have representative samples based on socioeconomic status, ethnicity, race, language, and gender. Timeline: Design survey and implementation plan in 2021. By 2022, Distribute the survey by 2020. Evaluate and share results of the survey by 2023. The Columbia Gorge Food Security Coalition members will inventory all current assessment efforts and weave them together, including the Food Security Coalition's Food Security Survey, Community Health Assessments, and South Wasco Alliance's assessment efforts. The Columbia Gorge CCO will continue to support collaboration among sectors to address barriers (i.e., transportation) and identify potential funding sources.
Key Stakeholder(s)	▪ Columbia Gorge Food Security Coalition

FOOD GOAL #2	
Food Goal #2	Increase access to fresh fruits and veggies through mobile farmers markets
Background and/or new information related to COVID	A key barrier to food access identified by the Food Security 2015 survey is transportation. According to the 2019 Community Health Assessment, 1 in 5 Latinx and Native American community members surveyed had gone without food or healthcare due to lack of transportation. Many residents of the Gorge live more than 10 miles from a grocery store, and COVID-19 has presented barriers to public transportation, especially for elderly, homebound and high-risk community members. The Mobile Farmers Markets delivers nutritious food directly to communities with low access to quality food, and Columbia Gorge Food Security Coalition identified it as a top priority.
Connected Goal(s)	

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Current State

- In 2020, there were up to seven mobile markets stops in the region. Sales doubled from 2019 to $70,000 and 25% of sales were to economically disadvantaged community members with the support of SNAP (EBT), SNAP Match ($10 for SNAP shoppers), Veggie Rx, WIC, FDNP and other programs that make it possible to all residents to purchase fresh, local produce at a fair market price.
- Based on the 2019 Gorge Regional CHA:
  - 46 participating farmers at local farmers markets and farm stands
  - $14,660 FDNP dollars paid to local farmers

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Future State

- At least 10 mobile food markets will be established by 2021.
- In 2021, mobile food market sales increase among economically disadvantaged residents to 35% of overall sales

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Strategy(ies)

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1. Add three stops to the mobile food market in new communities by December 2022.
2. Expand mobile food markets and/or produce in corner stores to at least two new communities that are under-resourced by 2024.
3. Enhance collaboration among South Wasco Alliance, Gorge Grown, and the Food Security Coalition to expand mobile food markets programming in South Wasco County.
4. Expand partnerships with WIC offices throughout the region to distribute WIC vouchers alongside a mobile distribution.
5. Provide a 25% discount for purchases at mobile food markets to food bank clients, seniors on a budget, Veterans, farm workers, Section 8 housing recipients, Medicare/Medicaid recipients, families with free/reduced lunch, and FDPIR (a federal food distribution for Native Americans).
6. Secure funding to purchase additional vehicles for mobile market food distribution and staffing to support additional stops in neighborhoods with low food access and expand the variety of products into rural corner stores for more regular food access seven days a week.

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Key Stakeholder(s)

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- Gorge Grown Food Network
- Columbia Gorge Food Security Coalition partners

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FOOD GOAL #3	
Food Goal #3	Help people be more aware about how to grow and process food. Also, support them in growing and processing food.
Background and/or new information related to COVID	Tribal members have expressed an interest in specific preservation techniques for first foods (i.e., salmon smoking/canning, canning huckleberries) and canning vegetables from potential gardens. Community gardening was a key priority to support food security in the Latinx community in Odell, during a series of meetings hosted by the Oregon Food Bank with Latinx community members in 2019. Since the COVID-19 pandemic, food related class offerings were on pause. OSU had a hiring freeze until the end of FY2021; they will be unable to hire support staff for nutrition education until 2022 at the earliest. Due to this, OSU Extension can only commit to a limited number of nutrition/cooking classes in 2021.
Connected Goal(s)	

Current State	Future State
▪ In 2019, nutrition education through elementary school classes, cooking demonstrations, and outreach included over 500 sessions across Hood River and Wasco counties. ▪ The top six interventions of interest identified in the 2015 Food Security survey include food preservation classes (29%), cooking classes (26%), nutrition/healthy eating classes (25%), learning to shop on a budget (24%), gardening classes (21%), land to grow a garden on/community garden (14%). 1,957 households were surveyed.	▪ Native communities in the Columbia River Gorge experience tribal food sovereignty. ▪ Community members have greater access to food-related programs and resources.

Strategy(ies)	1. Resume OSU Extension nutrition education programs in 2021; implementing up to 500+ community classes and demonstrations per year with an emphasis on low-income and communities of color following COVID closures. 2. Secure a portion of the $7.9 million in Oregon state funding available to support Farm to School and School Garden projects in the Gorge in 2021. 3. Food Security Coalition explores capacity to offer technical support and coordination for community garden projects in the region during 2021-2022. Technical support may include community garden design and build at Celilo Village led by tribal members/in lieu site residents, CRITFC, and NW Tribal Food Sovereignty Coalition. 4. OSU Extension collaborates with Mid-Columbia Housing Authority to pilot a community garden at Heritage Heights in 2021, with intention to expand the program to additional housing sites in 2022. 5. South Wasco Alliance implements Raised Bed Project that connects families and youth with opportunities to learn how to grow their own produce along with the resources to do so.
Key Stakeholder(s)	The Columbia Gorge Food Security Coalition and key partners, including: ▪ OSU Extension ▪ The Next Door, Inc. ▪ Mid-Columbia Housing Authority ▪ South Wasco Alliance ▪ Northwest Tribal Food Sovereignty Coalition ▪ Columbia River Intertribal Fisheries Commission ▪ NW Tribal Food Sovereignty Coalition ▪ Food Security Coalition - Tribal Food Sovereignty Working Group

FOOD GOAL #4	
Food Goal #4	Help more people have access to and use food assistance programs.
Background and/or new information related to COVID	The Columbia Gorge Food Bank (CGFB) coordinates food assistance programs across Hood River, Wasco, and Sherman counties. CGFB has 25 partner agencies across the three counties that provide food directly to community members. These agencies are full food pantries and supplemental food sites, such as community meals, senior meal programs, youth programs, school districts, and other social service providers like Oregon Department of Human Services and Mid-Columbia Housing Authority. Through the COVID-19 pandemic, CGFB has also been coordinating the distribution of Farm to Family Food Boxes, which has been a significant portion of COVID-19 food relief from the federal government. Federal assistance programs (SNAP, WIC, FDNP, SNAP Match, Veggie Rx) remain underutilized by households who qualify to participate. In 2020, during distance learning, Hood River County School District and North Wasco School District reported a 60% decrease in the number of meals served.
Connected Goal(s)	Collaboration and Information Sharing Goal: Adapt a universal resource referral system for both medical and community-based organizations. This system will allow community members to self-refer for resources.

Current State	Future State
▪ In 2020-21, School meal programs in the area reported a 60% decrease in the number of students they serve each day over the same period last school year. ▪ Based on the 2019 Gorge Regional CHA: o 49% of children in the Gorge are eligible for free or reduced-price lunch at school. o 17.7% of households in the People of Color and 23.3% of households of seasonal farmworkers went without food or meals because of a lack of money. This rate was 11.8% for all households in Oregon and 9.4% for households in Washington. o 50% of adults on Medicaid worry about running out of food.	▪ Spanish-speaking/Latinx and Native communities have access to food-related services that better meet their cultural needs. ▪ Seniors and children have access to improved food-related programs during the summer months. ▪ Columbia Gorge Food Bank becomes a 10,000 square foot warehouse with space for a community kitchen, community meeting spaces, flex space for food pantries and farmers, and more refrigeration for fresh produce, meat, and diary items.

○ WIC Farm Direct Nutrition Program (FDNP) provides families in Hood River County and North Central Public Health District with an additional source of nutritious food and education on selecting and preparing fresh produce. ▪ From July 1 - December 31, 2020, Columbia Gorge Food Bank and it 25 partner agencies distributed 1.4 million pounds of food through approximately 1100 food boxes weekly and a variety of supplemental distributions. ▪ In 2020 new food pantries were opened in Wamic & Maupin providing food assistance in South Wasco County for the first time.	
Strategy(ies)	1. Maximize federal food assistance programs in Hood River and Wasco Counties through collaboration with transportation agencies. 2. Host quality improvement meetings with school districts, food banks, and food pantries to modify summer meal service programs for children 18 and younger. 3. Convene partners serving seniors to brainstorm ways to improve food access for the senior population, including community meals. 4. Recruit bi-lingual volunteers and staff at partner agencies. 5. Create comprehensive outreach materials in Spanish. 6. Increase availability of culturally appropriate foods at partner agencies. 7. Determine appropriate ways to deliver services to the Native community. 8. Continue to build relationships and prioritize collaborative efforts.
Key Stakeholder(s)	▪ The Columbia Gorge Food Security Coalition ▪ Columbia Gorge Food Bank

PRIORITY: Transportation and Mobility

- Public and private transportation is available and convenient for all activities that support and encourage health, daily living, physical activity and wellbeing.
- Public and private transportation is safe and meets the needs of each person.
- Communities have safe transportation and infrastructure that supports walking, biking and wheelchair or walker rolling.

TRANSPORTATION GOAL #1	
Transportation Goal #1	Improve public transportation services for these four groups: ▪ Seniors ▪ People with low incomes ▪ People with disabilities ▪ People with limited English We will achieve this by finding ways to coordinate resources that already exist.
Background and/or new information related to COVID	The Coordinated Transportation Plans of Wasco County and Hood River County identified the four target populations above. Each of the Plans identify unique priorities for each county's public transportation providers in serving these individuals. Throughout the many phases of the pandemic, public transit has been an essential public service, ensuring that senior and vulnerable populations have been able to go to stores for groceries and prescriptions and to access essential medical care. Recently, public transit has become central to the effort to equitably connect residents with the lifesaving COVID-19 vaccine. Currently, the Gorge TransLink Alliance transit agencies are providing critical COVID-related services while at the same time providing equitable access to higher education, medical, recreation, and social services.
Connected Goal(s)	Food Goal: Help more people have access to and use food assistance programs; Food Goal: Gain a deeper understanding of food security for people of the Columbia Gorge region; Physical Activity and the Outdoors Goal: Increase knowledge and awareness of how important physical activity is for healthy aging. Improve and expand access to physical activity for older adults; Physical Activity and the Outdoors Goal: Increase access to physical activity for youth and families that they can easily pay for.

Current State	Future State
▪ Individuals with lower incomes may not be able to afford to purchase or maintain a car or a family may only have one vehicle for multiple transportation needs. Public transportation is an important link to vital destinations such as workplaces and human service agencies for seniors, low income, disabled and Limited English Proficiency individuals. ▪ Based on the 2019 Gorge Regional CHA: ○ Transportation is the highest reported unmet basic need among low-income households, and households of diverse communities, Medicaid recipients, uninsured individuals, caregivers, and families with children age 0-5. ○ Across all households in the Gorge, 13% of households go without their transportation needs – a basic need - being met. The rate is higher for households in specific communities, including low-income (26%), Medicaid (25%), Uninsured (22%) and seasonal farmworkers (27%). ○ 10% of households said a lack of transportation or distance limited their physical activity.	▪ Public transportation options are safe, available, and convenient for all activities that support and encourage health, daily living, physical activity, and well-being.

Strategy(ies)	1. Wasco and Hood River Counties maintain affordable fares and provide cultural training for staff to improve service for individuals with limited English proficiency. Wasco County and Hood River County will explore resources to allow for service expansion in the evenings and during weekends. 2. Wasco and Hood River Counties explore resources to allow for service expansion in the evenings and weekends and increase access to medical services. 3. Wasco and Hood River Counties expand outreach efforts to improve awareness of public transportation services. 4. The PacificSource Columbia Gorge CCO staff will participate in the regional transit strategy and the individual coordinated plans and transit master plans for Hood River and Wasco counties. 5. Columbia Gorge Health Council will support efforts to integrate transportation that enhance access to care and promote community understanding of transportation by providing linkages

	to community partners including, but not limited to Community Advisory Council members and Community Health Worker Collaborative. 6. PacificSource Columbia Gorge CCO staff will collaborate with the transit providers, road authorities, and other partners to identify and advocate for specific infrastructure or service improvements that foster local system access to transportation in the Gorge, including Safe Routes to School projects. 7. PacificSource Columbia Gorge CCO will encourage healthcare partners to serve on transit boards and committees.
Key Stakeholders	▪ Columbia Area Transit ▪ Mid-Columbia Economic Development District ▪ The LINK Bus ▪ Gorge TransLink ▪ Columbia Gorge Health Council ▪ PacificSource Community Solutions ▪ Providence Volunteers in Action

TRANSPORTATION GOAL #2		
Transportation Goal #2	Create a Gorge Regional Transit Strategy. This will bring together all transit partners serving the five county Columbia Gorge region of Oregon and Washington.	
Background and/or new information related to COVID	This process has currently begun with working group sessions that have focused on existing conditions, progress towards a Collective Transit Vision, and gap analysis. The pandemic has shifted these sessions to Zoom. More information is available online at: https://gorgetranslink.com/gorge-transit-strategy/	
Connected Goal(s)		
Current State ▪ Improved public transportation options can help address several regional challenges, including: o Workforce mobility o Affordable housing o Tourism and outdoor recreation o Traffic congestion and safety		Future State ▪ An improved Columbia Gorge region public transportation system for community members and visitors.

○ Access to higher education, jobs, social, medical, and recreation opportunities ○ Environmental	
Strategy(ies)	A project management team currently leads this effort to design a Gorge Regional Transit Strategy along with consultants. The team includes representatives from Oregon Department of Transportation, Washington Department of Transportation, Mid-Columbia Economic Development District, and Columbia Area Transit. Phase I Objectives include: ▪ Strengthen partnerships ▪ Complete foundational assessments (plan alignments and inconsistencies & gaps, capacity, opportunity analysis) ▪ Synthesize existing goals and policies into a high-level regional vision Phase II focuses on a more detailed implementation strategy including further data analysis, ridership forecasts, financial planning, and deeper operational assessments in order to create a roadmap for a successful Regional Transit Strategy.
Key Stakeholders	▪ All organizations in the Project Management Team and other partners who have joined the working sessions and Gorge TransLink Alliance members.

PRIORITY: Improved Access to Equitable Health Care Services

Dental Care:

- People get the dental services they need when they need them.
- Dental care is equitable, affordable and inclusive and is offered in a respectful and trauma informed manner.

<table>
<tr><th colspan="3">DENTAL GOAL #1</th></tr>
<tr><td>Dental Goal #1</td><td colspan="2">Increase the number of pregnant people getting dental care. Also, offer support to reduce tobacco use during their pregnancy.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Since March 2020, due to COVID fears, dental visits were drastically decreased in the population.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Primary Care Goal: Increase support for pregnant and postpartum people.
This goal also aligns with a Columbia Gorge CCO Performance Improvement Plan (PIP).</td></tr>
<tr><td colspan="2">Current State
▪ Currently 30.6% on average of pregnant individuals between the ages of 15 and 49 complete a dental visit within 90 days of dental eligibility in the 280 days before delivery.
▪ North Central Public Health and HR health dept receive dental kits for all pregnant persons and family members (infant to adult).
▪ Tobacco use during pregnancy for Gorge CCO members in 2020 is 16.2%.
▪ Based on 2019 Gorge Regional CHA, 40% - 50% of pregnant women do not get a dental visit during pregnancy.</td><td>Future State
▪ Pregnant individuals between the ages of 15 and 49 will complete a dental visit within 90 days of dental eligibility in the 280 days before delivery with a 2% increase each year.
▪ Increase distribution of dental kits beyond health depts, with distribution of dental kits to all OB providers at CGFM, OCH, The Women’s Clinic and MCMC.
▪ Decrease the rate of tobacco use during pregnancy by 2%.</td></tr>
</table>

Strategy(ies)	1. Align with the PacificSource Gorge CCO Performance Improvement Project (PIP). 2. Deliver more dental kits and printer materials to OB providers to distribute pregnant individuals. 3. Encourage more dental staff to participate in motivational interviewing dental continuing education courses (Dentalcare.com). 4. Offer Continuing Education course or a webinar for primary care and dental providers on prescribing meds for tobacco cessation.
Key Stakeholder(s)	▪ PacificSource PIP Coordinator ▪ Columbia Gorge Oral Health Coalition ▪ Columbia Gorge Clinical Advisory Panel ▪ OB Providers in The Gorge ▪ Dental Care Organizations

<table>
<tr><th colspan="3">DENTAL GOAL #2</th></tr>
<tr><td>Dental Goal #2</td><td colspan="2">Improve awareness of how to have healthy teeth and gums. We will do this through sharing messages that:
▪ Are consistent
▪ Have cultural relevance
▪ Use health literacy
Health literacy means making it easy for people to get, understand and use health information.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Dental visits, especially for preventative services, was drastically less than typical because of COVID. There's been discussion at the Columbia Gorge Clinical Advisory Panel meetings and Oral Health Coalition on the need for consistent oral health messaging and availability of information for OHP members to make them aware that OHP provides dental coverage. Nearly all tooth decay can be prevented.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2"></td></tr>
<tr><td colspan="2">Current State
▪ The Oral Health Coalition distributes bilingual oral health messaging posters and printed materials to primary care offices and public health agencies to increase the dissemination of oral health information and improve health literacy</td><td>Future State
▪ Increased number of oral messaging campaigns per year utilizing remaining CAP oral health funds.
▪ More primary care offices and public health agencies display consistent oral health messaging.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">1. Provide visible and consistent oral health messaging materials in both English and Spanish every 3 months at primary care offices, and public health agencies.
2. Publish a poster to promote healthy habits during the time period to encourage people to see their dentist for preventative care.</td></tr>
<tr><td>Key Stakeholder(s)</td><td colspan="2">▪ Columbia Gorge Oral Health Coalition
▪ Columbia Gorge Clinical Advisory Panel</td></tr>
</table>

DENTAL GOAL #3	
Dental Goal #3	Increase the number of children ages 1 to 5 that receive dental care.
Background and/or new information related to COVID	Dental visits, especially for preventative services was drastically less than typical because of COVID
Connected Goal(s)	This measure aligns with the Gorge CCO Quality Incentive Metric (QIM).

Current State	Future State
▪ The Gorge CCO rate of children receiving oral health services is 8.3% as of Feb 2021	▪ By the end of 2021 45.4% if Gorge CCO children ages 1-5 will receive oral health services.

Strategy(ies)	1. Widely distribute dental and printed kits. 2. Encourage primary care practitioners to refer patients to dental visits. 3. Encourage primary care staff to attend first tooth trainings.
Key Stakeholder(s)	▪ PacificSource Gorge CCO ▪ Columbia Gorge Oral Health Coalition ▪ Columbia Gorge Clinical Advisory Panel ▪ Gorge primary care offices ▪ Dental Care Organizations

Primary Care:

- People get the primary care they need when they need it.
- Primary care is equitable and inclusive and is offered in a respectful and trauma informed manner.
- Health care is offered in diverse settings which supports health and wellness at every stage of life.

<table>
<tr><th colspan="3">PRIMARY CARE GOAL #1</th></tr>
<tr><td>Primary Care Goal #1</td><td colspan="2">Increase support for pregnant and postpartum people. We will achieve this through home visit supports, which will include doulas.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Few postpartum doulas are available to care for postpartum parents in our region, and the cost to hire a postpartum doula is out of reach for most families at $25-$35/hr. Health insurance currently does not cover the cost of a postpartum doula. Many families are unable to afford to take time off work to recover from birth, and many are without close family support.

COVID-19 added stress by taking away what little support they had in extended family helping with in-home practical tasks and providing respite care. Postpartum doulas offer companionship, practical task support, education on newborn care and feeding, and give families the support and respite care they need to recover from birth and care for their newborn.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Dental Care Goal: Increase the number of pregnant people getting dental care. Also, offer support to reduce tobacco use during their pregnancy.</td></tr>
<tr><td colspan="2">Current State

▪ In 2020 the Home Visiting Connections, lead collectively by the public health departments and the Four Rivers Early Learning HUB, had a total of 169 referrals for the 5 counties in Oregon. 73 referrals for Hood River, 96 for Wasco.
▪ In 2019, there were 500 and 556 births in Hood River and Wasco Counties respectively. In the last few months of 2020 and the first three months of 2021, 33 woman accessed doula care through Columbia Gorge Postpartum Support.</td><td>Future State

▪ 100% of mothers in the region who give birth are offered a home visit with the option for additional community supports.
▪ Postpartum doulas will be covered by insurance.
▪ 50% of mothers/families will receive at least 12 hours of postpartum doula care from a certified postpartum doula at no cost.
▪ 100% of mothers/families will be offered an in-home lactation visit with follow up care.</td></tr>
</table>

	▪ 100% of mothers are screened for post-partum depression. ▪ All families will be empowered and will feel prepared for birth and the postpartum period through education. ▪ Normalize and reduce stigma around the need for postpartum support.
Strategy(ies)	1. Four Rivers Early Learning aligns home visiting programs and prenatal–three access and brings Family Connects International, a universally offered nurse home visiting program to the region. This work builds on the existing Home Visiting Connections model. 2. Promote postpartum doula services to clinicians/providers, CHWs, and community-based organizations. 3. Educate providers/clinicians about postpartum supportive services including doulas and lactation consultants. 4. Develop a regional doula network that provides support to postpartum doulas through training, networking, outreach and education. 5. Collaborate with local hospitals and clinics to streamline the referral process for women receiving in-home lactation support. 6. Increase provider/clinician knowledge about postpartum supportive services including doulas and lactation consultants.
Key Stakeholder(s)	▪ Four Rivers Early Learning Hub ▪ Columbia Gorge Clinical Advisory Panel ▪ Columbia Gorge Postpartum Support ▪ The Next Door- Healthy Families Or., Inc. ▪ Local Public Health Authority home visiting programs

<table>
<tr><th colspan="3">PRIMARY CARE GOAL #2</th></tr>
<tr><td>Primary Care Goal #2</td><td colspan="2">Improve these services for patients with diabetes:
Screenings
Monitoring
Treatment</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Quality Incentive Measure (QIM) reports out the percentage of patients with a diabetes diagnosis, whose most recent A1c level is above 9.0% and/or have not had A1C drawn during the measurement year. This is specific to PacificSource Columbia Gorge diabetic patients 18-75 years of age with a visit during the measurement period.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">This goal aligns with the CCO Clinical Quality Incentive Measurements.</td></tr>
<tr><td colspan="2">Current State
26.4% of patients’ most recent HbA1c level was greater than 9% during the 2020 measurement year. The target is less than 23.4%.</td><td>Future State
Less than 23.4% of patients’ most recent HbA1c level will be greater than 9.0% within the measurement years 2021 and beyond.
With appropriate and effective intervention, more patients with diabetes are moved from uncontrolled to controlled status.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">All diabetic patients – controlled or uncontrolled – have an annual diabetes exam every year, where they can also complete all needed annual lab work and annual screenings referrals for a diabetic eye exam and oral health exam.</td></tr>
<tr><td>Key Stakeholder(s)</td><td colspan="2">Columbia Gorge Clinical Advisory Panel
Columbia Gorge Quality Incentive Workgroup</td></tr>
</table>

Behavioral Health Care:

- People get the behavioral services and supports they need when they need them, including:
  - Mental health
  - Substance abuse services
  - Crisis intervention
  - Inpatient treatment
  - Outpatient treatment
- Behavioral health care is equitable and inclusive. It is offered in a respectful and trauma informed manner.
- Behavioral health is offered in diverse settings which supports mental health and wellness at every stage of life.

BEHAVIORAL HEALTH GOAL #1	
Behavioral Health Goal #1	Increase capacity and access to mental health and substance use treatment services. This is also called behavioral health services. Give special attention to: ▪ Increase the choices members have. ▪ Increase culturally and linguistically responsive services.
Background and/or new information related to COVID	This goal aligns with the Quality Incentive Metrics, the Gorge CCO Comprehensive Behavioral Health Plan, and the Statewide Performance Improvement Plan. During Covid, many options increased for virtual behavioral health visits. This presents new possibilities as well as potential new inequities for patients. This goal has been prioritized by the Community Advisory Community (CAC) voting members, especially the increased need for Spanish speaking behavioral health providers. The goal will insure that: ▪ People receive behavioral health care that: ○ Is culturally and linguistically appropriate ○ Is in locations as geographically close as possible to where they live or seek services ○ Is in the preferred language of the patient ○ Includes certified or qualified interpreters are utilized when requested or when a member has Limited English Proficiency (LEP) ○ Gives people choice for provider and setting (primary care, behavioral health settings, community-based settings)

Connected Goal(s)	Children and Youth Goal: Improve youth safety and health at schools with a focus on suicide prevention.

Current State

- The Columbia Gorge CCO region currently has two specialty-BH provider organizations- Center for Living and The Next Door Inc. While the Next Door serves youth and members up to age 26, Pacific Source cannot currently offer member choice to adult and older adult members with BH conditions
- PacificSource does not currently have robust systems in place to accurately monitor capacity and access. There is currently weekly access monitoring via a survey by Pacific Source, however the information is not complete and there is not currently a mechanism to share that information with members or other healthcare providers in real-time.
- The first CCO contract with the OHA required routine access to BH services within 14 days of a request. Within CCO 2.0, routine access to BH services is within 7 days of a request. Across Oregon and in the Gorge CCO region, BH providers are struggling to meet these access standards, especially given behavioral health workforce shortages.
- Pacific Source monitors Practitioner to Member ratios to determine the adequacy of the provider network. The Columbia Gorge CCO region is currently not meeting the Practitioner to Member ratio of 1:1,000 (1 Practitioner for each 1,000 members) for substance use disorder services for youth and adults.

Future State

- PacificSource has robust systems in place to accurately measure and monitor access to BH services
- Members can access BH services within time and distance standards in OAR 410-141-3515: including:
    - In urban areas, BH services are available within 30 miles or 30 minutes' drive
    - In rural areas, BH services are available within 60 miles or 60 minutes' drive
- Routine Access to BH services is available within 7 days from the time of request
- Members have more choice of specialty-BH providers, as measured by an increase in the number of specialty-BH providers with a physical footprint in HR and/or Wasco Counties. Currently, there are two providers - The Next Door and Mid-Columbia Center for Living.
- More Qualified or Certified interpreters are used by limited English proficiency patients, following specifications in the OHA Health Equity Metric on Meaningful Language Access for people with limited English proficiency.

Strategy(ies)	1. PacificSource contracts with additional BH providers who offer culturally specific, low-barrier access BH services via telehealth. 2. PacificSource contracts with additional providers who identify as Latinx and/or speak Spanish. Prioritize culturally specific or bilingual/ bicultural providers, services, and programs. 3. After PacificSource has additional contracted and credentialed BH providers, PacificSource develops plain language materials to communicate to members and healthcare providers/ CBOs about available services and providers. 4. PacificSource improves its Provider Directory, so it is easy to use (in the preferred language of the user) and accurately reflects provider specialties and which BH providers currently have capacity for new clients or patients.
Key Stakeholder(s)	▪ PacificSource Community Solutions ▪ Columbia Gorge Clinical Advisory Panel ▪ Columbia Gorge Community Advisory Council ▪ Mid-Columbia Center for Living ▪ Mid-Columbia Medical Center ▪ Providence Hood River Memorial Hospital ▪ The Next Door, Inc ▪ Columbia Gorge Health Council

BEHAVIORAL HEALTH GOAL #2	
Behavioral Health Goal #2	Expand School-based Health Services. This includes behavioral health services in Wasco County.
Background and/or new information related to COVID	In 2020, a Wasco County based needs assessment identified the top health needs and barriers to accessing care facing youth in Wasco County schools. The needs assessment identified the top health needs of youth as: mental/behavioral health support, preventive and primary care, and addressing health disparities and additional barriers experienced by Hispanic/Latinx and Native American/American Indian youth. Further, students and families identified their top barriers to accessing care as: lack of transportation, high cost and stigma around mental health.
Connected Goal(s)	Children and Youth Goal: Improve youth safety and health at schools with a focus on suicide prevention.

Current State

- Columbia Gorge Education Service District received a Planning Grant to explore opportunities to improve school health. The grant applies to all of Wasco County and applies a regional approach to the issues.
- In North Wasco School District, there are only three school district nurses for almost 3,000 students.
- While Dufur and Tygh Valley are smaller communities, the average health complexity risk scores – or predictability of individuals with health complexities to utilize healthcare services – of members in these towns are some of the highest out of any CCO region. Dufur's much higher risk score in this region cannot be explained by age alone—its average age is 2% lower than The Dalles while the risk score is 44% higher.
- Based on the 2019 Oregon Healthy Teens Survey: In Wasco County, 29% of 8th graders and 24% of 11th graders felt so sad or depressed for 2+ weeks in the previous 12 months that they stopped doing usual activities.

Future State

- Youth can access quality mental/behavioral, physical and preventive healthcare on their school sites, reducing barriers such as cost, transportation and stigma for them to access necessary healthcare
- By the end of 2021, there will be four school nurses in North Wasco School District, who will collaborate to build a system and structure for accessing telehealth, mental health, and other resources that make healthcare more accessible for youth in schools.
- The Planning Committee and Columbia Gorge Education Service District will continue to explore opportunities for expanding the school based health nurse model.
- Percent of students in 8th and 11th grade who feel sad or depressed will decrease by 5% by Dec 2023 (Oregon Healthy Teens Survey)

▪ Based on the 2019 Regional CHA: ○ 25% of parents said that their child did not get needed counseling or mental health care ○ 5% of parents said that their child did not get needed medical care	
Strategy(ies)	1. The Student Health Services Planning Grant (SHSPG) Needs Assessment Planning Committee in Wasco County will continue conducting a needs assessment to better understand what services exist in Wasco County, what kinds of services are needed, and how services will be delivered in a safe manner to support youth health and wellbeing in schools. 2. CGESD will hire a Whole Child Nurse Administrator who will be located at the ESD, building a system and structure to increase accessibility for youth to telehealth and mental health services and related health resources in Wasco and Hood River Counties.
Key Stakeholder(s)	▪ Columbia Gorge Education Service District ▪ Wasco County School Districts ▪ Hood River Valley School Based Health Center/ One Community Health ▪ The Next Door, Inc. - Youth Services

BEHAVIORAL HEALTH GOAL #3	
Behavioral Health Goal #3	There are children and youth in our area with: ▪ Complex health needs ▪ Trauma ▪ A number of systems involved in their care Our goal is to increase local treatment, stabilization and placement options so they can get the help they need close to home.
Background and/or new information related to COVID	We have service gaps in the behavioral health system in Hood River and Wasco Counties. When children and youth have needs that exceed outpatient behavioral health services, they unfortunately have to leave the community to access to medically-necessary services and supports in other parts of Oregon, sometimes outside of Oregon. This means removing children from their community, creating further trauma for children, youth, and families and increasing the likelihood of involvement with mandated systems, such as ODHS, Juvenile Department, etc. Quote from a community member, "This is a hard community to recover in."
Connected Goal(s)	Sense of Community Goal: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life; Children and Youth Goal: Improve youth safety and health at schools with a focus on suicide prevention., Collaboration and Information Sharing Goal: Increase service navigation and coordination between healthcare and social services.

Current State	Future State
▪ Children and Youth are leaving the community to access medically-necessary behavioral services that are not available locally, within 60 minutes or 60 miles. ▪ We lack the following levels of care for youth locally: in-patient psychiatric services, subacute, Crisis Stabilization Services, including both emergency department (ED) diversion and NORCOR Diversion, psychiatric residential treatment, substance use disorder residential treatment, psychiatric day treatment/ partial hospitalization services for elementary and middle school students. Additionally, peer services with a	▪ Local availability of medically-necessary behavioral health services, particularly stabilization services (ED Diversion/ NORCOR Diversion) and psychiatric day treatment/ partial hospitalization services, within 60 minutes or 60 miles. ▪ Increase in local availability of foster homes, including therapeutic placements for youth with complex needs. ▪ Create integrated environments and places where youth and families can heal together in our own communities.

certified Traditional Health Worker are limited and primarily available to youth receiving Wraparound Care Coordination. ▪ Based on the 2019 Gorge Regional CHA, 31.3% of families with young children (0-5 years) reported that their children went without any needed medical, dental, counseling or developmental care (CHA p. 36) ▪ The systems that serve youth with complex needs, trauma, and multiple system involvement, (such as the CCO, ODHS, law enforcement, justice system, behavioral health providers, primary care, local hospital systems, and education system), do not have well-coordinated initiatives or improvement efforts, which is a disservice to local youth and families. Our respective systems do not currently have plain language, culturally and linguistically appropriate materials aimed at youth and families to explain available services and supports.	▪ Expansion of school-based health services available to students in both Hood River and Wasco Counties. ▪ Plain language, culturally and linguistically appropriate materials (pamphlets, flyers, website, etc.) are developed for youth and families, explaining available services and supports and our approach to keeping Gorge youth in the Gorge when they struggle. These materials are aimed at making youth and family-serving systems and services easier to navigate for youth and families, as well as system partners.
Strategy(ies)	1. Gather data from partners, like NORCOR, ODHS, Children Welfare, Oregon Health Authority, MCCFL, crisis and safety net system, and others to truly understand and inform what services we need to develop locally. 2. Hood River Valley High School (HRVHS) School Based Health Center (SBHS) expands to add mobile unit that will increase availability of behavioral health services as expanded locations within the HRCSD. 3. The HRVHS SBHC and The Next Door, Inc expands to telehealth portal options for behavioral health services for youth. 4. System of Care Committee members will learn about evidence-based models or culturally promising best practices aimed at keeping youth from rural communities in their communities when they struggle. Increase alignment between the systems and sectors that serve children, youth, and families (similar to Collective Impact), so the System of Care Committees are nimble enough to apply for grants in alignment with the system of support we want need locally. 5. PacificSource will convene System of Care Committees with cross-sector representation from the systems/ sectors that serve local youth and families. The purpose of these Committees in to reduce system barriers and foster increased collaboration across child and family-serving systems.

	6. Partners from PacificSource, ODHS, Education, Prevention, Juvenile System, and Law Enforcement will leverage existing and new initiatives across systems to meet the needs of youth and families with complex needs and multiple system involvement. 7. PacificSource, the OHA, and statewide technical assistance partner OHSU will support The Next Door Inc. in promoting a newly covered CCO service aimed at stabilizing youth with complex needs in their communities, called Intensive In-Home Behavioral Health Treatment (IIBHT) 8. Develop plain language communication around services available and improve awareness of services. 9. Columbia Gorge CCO will support The Next Door, Inc in the growth of Valle Verde, a program for mental health education for Spanish speakers
Key Stakeholder(s)	▪ Columbia Gorge System of Care Committee Members, including: ▪ Oregon Department of Human Services (Child Welfare & Self-Sufficiency) ▪ NORCOR ▪ Wasco County Youth Services ▪ PacificSource Columbia Gorge CCO ▪ Mid-Columbia Center for Living ▪ The Next Door, Inc. ▪ One Community Health ▪ Columbia Gorge Clinical Advisory Panel ▪ Columbia Gorge Health Council ▪ Columbia Gorge Substance Use Workgroup ▪ North Central Public Health District ▪ Hood River Prevention Department ▪ Columbia Gorge Education Service District ▪ North Wasco and Hood River School Districts

<table>
<tr><th colspan="3">BEHAVIORAL HEALTH GOAL #4</th></tr>
<tr><td>Behavioral Health Goal #4</td><td colspan="2">Increase access for people seeking behavioral health services in the months after they give birth.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">COVID has fueled postpartum depression and anxiety disorders and the need to support women and families is even greater. There are limited therapists/counselors in the region that specialize in postpartum mood and anxiety disorders (PMADs).</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Primary Care Goal: Increase support for pregnant and postpartum people.</td></tr>
<tr><td colspan="2">Current State
▪ 1 behavioral health provider who accepts Medicaid and specializes in postpartum mood and anxiety disorders (PMADs).</td><td>Future State
▪ All mothers will be screened for PMADs at appropriate intervals, (3x prenatally, birth, postpartum at 2 weeks, 6 weeks, 3 months, 6 months, 9 months, and 12 months.
▪ Increase counselors/therapists or peer support specialists specialized in PMADs to meet postpartum mental health needs.
▪ Insurance is not a barrier for people accessing behavioral health services.
▪ Reduce stigma by normalizing postpartum mood and anxiety disorders.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">1. Develop a Regional Perinatal Mental Health Taskforce to identify areas of need, reduce barriers to care, increase access to support services, and eliminate stigma of postpartum mood and anxiety disorders (PMADs).
2. Improve screening and treatment rates for PMADs by increasing confidence for screening/treating patients with PMADs.
3. Increase the number of therapists/counselors/peer support specializing in PMADs trained through Postpartum Support International.
4. Increase the number of community-based organizations and providers who are trained on the Mothers and Babies provider toolkit.
5. Reduce stigma by normalizing postpartum depression and other mood disorders by increasing awareness of postpartum mental health conditions. Some strategies for this will include social</td></tr>
</table>

	media campaign and consistent messaging that is culturally and linguistically appropriate. 6. Develop peer support program to support families experiencing or at risk for PMADs. Peers will undergo training to understand community resources and referral processes.
Key Stakeholder(s)	▪ Columbia Gorge Clinical Advisory Panel ▪ Family Baby Association which is a collaborative and includes: ○ Hood River Health Department ○ Klickitat County Health Department ○ North Central Public Health District ○ OHSU ○ Columbia Gorge Postpartum Support ○ Columbia Gorge Physical Therapy ○ Providence Memorial Hospital ○ HAVEN ○ Washington Gorge Action Programs (WAGAP) ○ Mid-Columbia Medical Center ○ NorthShore Medical Group ○ Skyline Medical ▪ The Next Door, Inc.

BEHAVIORAL HEALTH GOAL #5	
Behavioral Health Goal #5	Expand treatment options for adults with behavioral health (mental health and substance use) conditions in the Columbia Gorge region.
Background and/or new information related to COVID	In March of 2019, community partners in Wasco County participated in a Sequential Intercept Mapping (SIM) workshop, sponsored by the Wasco County Local Public Safety Coordinating Council (LPSCC) and the Oregon Center on Behavioral Health & Justice Integration. From the 2019 SIM workshop, individuals with the following needs were identified as experiencing gaps in services: ▪ Acute mental health crisis. ▪ Sub-acute mental health needs. ▪ Substance use disorder. ▪ Dementia or Memory Loss. The work group determined that a facility for comprehensively treating the behavioral health concerns of adults is the largest area of need in the Mid-Columbia Region. The future facility will be called the Columbia Gorge Resolution Center.

Connected Goal(s)	Behavioral Health Goal: There are children and youth in our area with: Complex health needs, Trauma, number of systems involved in their care. Our goal is to increase local treatment, stabilization and placement options so they can get the help they need close to home.

Current State

- The Gorge lacks crisis stabilization and detoxification resources. Law enforcement officers generally have only emergency department and criminal justice facilities as access points for people in a behavioral health crisis.
- The region lacks long-term solutions for individuals with high-intensity needs related to mental health or substance use disorders, and primarily rely on the Northern Oregon Regional Correctional Facilities
- In 2017, NORCOR reported a total of 341 individuals who met the criteria as a "frequent utilizer", defined as an individual having three or more bookings within a year. While only 10% of the jail population, the frequent utilizer population accounts for 46.6% of jail bed days. In addition, NORCOR reports the following about the frequent utilizer population:
    - 43% were diagnosed with mental illness
    - 47% were diagnosed with or treated for substance use disorder
    - This population was 3-4 times more likely to be flagged for drug use, SUD, alcohol use disorder, and mental illness,
    - This population was 3 times more likely to visit the emergency room compared to non-frequent utilizers.
    - Wasco County Community Corrections currently supervises 31 individuals who are homeless and living on the street. Of these verified homeless individuals on supervision: 90% have/had either SUD or alcohol convictions, 77% have/had SUD convictions only, 32% have/had

Future State

- The community need for crisis respite and residential behavioral health rehabilitation in the Columbia Gorge region is met, where individuals are stabilized, and treatment is given at the assessed level of need.
- Community members are diverted from jail by providing comprehensive behavioral health services.
- Fewer frequent utilizers of NORCOR.
- Community members experience less severe mental and behavioral health challenges and fewer existing cycles of repeated behavioral relapse.
- Hospitals and emergency departments receive fewer patients needing treatment because they receive residential treatment services instead.

alcohol convictions only, and 19% have/had both SUD and alcohol convictions together. ○ Mid-Columbia Center for Living (MCCFL) – the designated behavioral health agency for Hood River, Sherman, and Wasco counties – reported the following annual data (from 2017 and 2018): ○ 788 crisis calls to MCCFL's hotline, indicative of overall mental/behavioral health needs ○ 312 crisis assessments (provided for cases needing potential referral and follow-up) performed, 64% of which were performed at the hospital	
Strategy(ies)	▪ Create an advisory board for the Columbia Gorge Resolution Center. ▪ Develop interim service options prior to the development of the Center under one roof. ▪ The Columbia Gorge Resolution Center offers residential services and crisis respite capable of walk-ins and drop-offs by first responders, handling soft and ambulatory detox, a secure residential treatment area (primarily for MH and co-occurring SUD), a non-secure area (primarily for SUD but capable of co-occurring MH), and planning towards step-down referrals to outpatient and community restoration.
Key Stakeholder(s)	▪ Columbia Gorge Clinical Advisory Panel ▪ Columbia Gorge Substance Use Workgroup ▪ Mid-Columbia Center for Living ▪ Mid-Columbia Medical Center ▪ Wasco County Sheriff's Office

BEHAVIORAL HEALTH GOAL #6	
Behavioral Health Goal #6	Reduce opioid overdose and death. Increase ability to offer medication assisted treatment (MAT) for people who need it. We will do this in Hood River and Wasco counties.
Background and/or new information related to COVID	Naloxone will be provided to local law enforcement to be kept in patrol cars and with jail and parole officers to be used in emergency situations by trained members of the agencies in Hood River and Wasco counties. Funding for this project will end 12/2021. Naloxone prescriptions are available through health plans and Naloxone co-prescribing is a best practice. Healthcare providers increase their ability to offer medication assisted treatment (MAT) for clients/ patients who need it. Barriers to people at NORCOR starting or continuing MAT are resolved.
Connected Goal(s)	Behavioral Health Goal: Increase capacity and access to mental health and substance use treatment services.

Current State

- According to the SAMSHA Buprenorphine Practitioner Locator, Hood River and Wasco Counties currently have 23 healthcare providers who hold a Buprenorphine Waiver to offer MAT, across six healthcare providers (MCCFL, OCH, MCMC, CGFM, Providence Family Medicine, & Columbia Pain Management).
- In 2020 the number of people who used the Providence or Mid-Columbia Medical Center Emergency Department due to Opioid Abuse was:
  - 158 Hood River County residents
  - 464 Wasco County residents
  - 24 Sherman County residents

Future State

- Emergency admission rates in Hood River and Wasco Counties will decrease by 5% by 2023
- Percent of patients started on MAT will increase by 5%
- Increase in # of providers with a Buprenorphine waiver/ increase in providers who use their Buprenorphine waivers by serving patients/ clients with OUD (there are providers who get their waiver and never/ rarely use it).
- Healthcare providers offering MAT track the same data, including:
  - Number of new patients/ clients starting MAT for OUD by month
  - Number of existing patients/ clients continuing on MAT for OUD by month (Patient Retention rate)
  - Percentage or number of patients/ clients with OUD prescribed Naloxone by month

Strategy(ies)	1. Key stakeholder will continue to coordinate with NORCOR Naloxone take home program. 2. Individuals with a history of IV substance use or opioid use can complete a training on the use of Naloxone and upon release will be dispensed 2 doses of nasal Naloxone 3. Increase primary care and specialty behavioral health provider knowledge about MAT and substance use treatment to increase referrals to a certified provider 4. Promote Naloxone co-prescribing across healthcare settings 5. Ensure people with OUD in recovery with MAT can continue their medically necessary treatment while at NORCOR/ immediately after leaving NORCOR
Key Stakeholder(s)	▪ Mid-Columbia Center for Living ▪ One Community Health ▪ Columbia Gorge Clinical Advisory Panel ▪ Wasco County Sheriff's Office

Health Coverage:

- People have stable medical coverage they can afford and when they use it, it does not cause financial distress.
- Insurance covers the services people need, which include physical, dental, mental and behavioral health.
- Regardless of immigration status, we work to create ways to ensure the healthcare needs are met.

<table>
<tr><th colspan="3">HEALTH COVERAGE GOAL #1</th></tr>
<tr><td>Health Coverage Goal #1</td><td colspan="2">Increase awareness about services that people can qualify for. This includes charity care.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Typically, the Citizen Alien Waived Emergent Medical (CAWEM) coverage through the Oregon Health Plan (OHP) program covers for ER visit and ambulance rides. Now, during the national COVID-19 emergency period, OHP covers vaccines, testing, and treatment for COVID-19. This is true even if you don’t get care in an emergency room. CAWEM still covers you, even if you test negative for COVID-19.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Collaboration and Information Sharing Goal: Increase service navigation and coordination between healthcare and social services.</td></tr>
<tr><td colspan="2">Current State
▪ On 02/01/21, the Oregon Eligibility ONE system was upgraded for the Gorge region to allow for a single application for not only OHP medical, but also ODHS programs including cash, childcare, and food assistance.</td><td>Future State
▪ Increase awareness and usage of the ONE system in The Gorge. This will help reduce barriers to accessing benefits, therefore leading to higher utilization of Oregon Department of Human Services (ODHS) related services.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">1. Promote awareness and use of the Oregon ONE system in the Gorge.
2. Continue convening monthly meetings with Enrollment Assisters (CPOP) and Community Health Workers (CHW Collaborative) to educate about how to access resources for health insurance and others.
3. Hood River Valley School Based Health Center continues to refer students to enrollment specialists when they are seen and don’t have insurance.</td></tr>
<tr><td>Key Stakeholder(s)</td><td colspan="2">▪ OHA Community Partner Outreach Program (CPOP)
▪ CHW Collaborative of Traditional Health Workers in the Gorge- run by The Next Door, Inc.</td></tr>
</table>

	▪ Bridges to Health-Columbia Gorge Health Council ▪ Providence Hood River Memorial Hospital ▪ Mid-Columbia Health Foundation ▪ Hood River Valley School Based Health Center

HEALTH COVERAGE GOAL #2	
Health Coverage Goal #2	Increase the number of children enrolled in health insurance in Hood River and Wasco Counties.
Background and/or new information related to COVID	The Oregon Health Plan (OHP) is open to all children and teens younger than 19, regardless of immigration status, who meet income and other criteria. This includes Oregon children and teens: ▪ with undocumented status or who are Deferred Action for Childhood Arrivals (DACA) recipients, and ▪ who live in families that earn up to 305% of the federal poverty level. As an example, in 2019, a family of four that earns up to $6,545 a month qualifies. Coverage under Medicaid and CHIP has not only contributed to better health outcomes for children, but it has also increased their families' financial stability, and improved enrolled children's educational attainment and future earnings. Source: Center on Budget and Policy Priorities, "Medicaid Works for Children", January 19, 2018, available at: https://www.cbpp.org/research/health/medicaid-works-for-children.
Connected Goal(s)	Dental Goal: Increase the number of children ages 1 to 5 that receive dental care; Behavioral Health: Expand School-based Health Services. This includes behavioral health services in Wasco County.

Current State	Future State
▪ Hood River County: ▪ Total children without public health insurance: 3220 ▪ Total Population: 23,119 ▪ Percent children without health insurance: 13.93% ▪ Wasco County: ▪ Total children without public health insurance: 2,789 ▪ Total Population: 25,712	▪ By 2023, 100% of children living in Hood River and Wasco Counties will be enrolled in health insurance

▪ Percent children without health insurance: 10.85%	
Strategy(ies)	1. OHA Community Partner Outreach Program (CPOP) engages with local school districts in the region to identify children without insurance and assist with gaining coverage.
Key Stakeholder(s)	▪ OHA Community Partner Outreach Program (CPOP) ▪ CHW Collaborative of Traditional Health Workers in the Gorge- run by The Next Door, Inc.

Promotion and Prevention:

- The information that people need to support healthy choices is available to all.
- Information and education on wellness, health promotion and disease prevention are available and offered in an equitable and trauma informed way.
- Prevention and control of current and emerging health care issues are addressed in the community.
- Prevention of interpersonal violence is addressed through the promoting health, safety, communication, equity, and respect.

<table>
<tr><th colspan="3">PROMOTION AND PREVENTION GOAL #1</th></tr>
<tr><td>Promotion and Prevention Goal #1</td><td colspan="2">For all people across the lifespan, develop and sustain coordinated efforts in:
▪ Mental health promotion and suicide prevention
▪ Intervention
▪ Post-intervention
This will be achieved by 2023.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Gorge Wellness Alliance is already established and has a website focused on mental health promotion. In January 2021, the GWA expanded their focus to also include suicide prevention, intervention, and post-vention across the lifespan. The work is a cross-collaboration between organizations (Public Health, Prevention, Behavioral Health Providers, Primary Care Providers, education System, Veteran's Services, CCO, etc.)</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Behavioral Health Care Goals (all), Sense of Community Goal: Help teens feel that they are part of their community; Children and Youth Goal: Improve youth safety and health at schools with a focus on suicide prevention.</td></tr>
<tr><td colspan="2">Current State
▪ Currently the Gorge Wellness Alliance website (www.gorgewellnessalliance.org) includes stories and resources to reduce stigma and promote emotional health and wellness.
▪ Estimate of current number of evidence-based suicide prevention trainers: 9 with 3 bilingual trainers.
▪ In 2018 the rate of death by suicide in Wasco and Hood River County was 8 and 3</td><td>Future State
▪ Increased numbers of residents and community partners join the Gorge Wellness Alliance by 2023.
▪ Increased public awareness of emotional health and wellness and the stigma of mental health.
▪ Increased number of youth and adults confident in supporting someone going through a mental health crisis trained in suicide prevention such as QPR, Mental Health First Aid, Sources of Strength.</td></tr>
</table>

respectively as measured by data from the Oregon Violent Death Data Dashboard. ▪ In 2019 the death by suicide rate listed for the Southwest Washington Regional Health Alliance (includes Klickitat, Skamania and Clark Counties) was 95 as measured by the Washington Department of Health.	▪ A full time staff person is funded to support multi-stakeholder mental health promotion and suicide prevention efforts across the Columbia Gorge.
Strategy(ies)	1. Convene Gorge Wellness Alliance (GWA) Collaboration meetings every other month. 2. Organizations participating in the GWA will collaborate to ensure evidence-based suicide prevention trainings are offered in both English and Spanish, at least quarterly to increase one's confidence in offering support to someone in crisis. 3. The easy-to-access GWA website is promoted and used as a hub for mental health promotion and suicide prevention resources, including events and evidence-based trainings. 4. Share the Gorge Wellness Alliance "Cultivate: Compassion" documentary to raise awareness around mental health stigma; Continue roadshow when safe. 5. Advocate for a full time staff member to support mental health promotion and suicide prevention efforts. 6. The Gorge Wellness Alliance meaningfully participates in statewide and national efforts to reduce stigma and promote a recovery model. 7. Create and implement a cross-sector, community-led, GWA-branded campaign for May (Mental Health Awareness Month) and September (Suicide Prevention Awareness Month.
Key Stakeholder(s)	▪ Gorge Wellness Alliance participating organizations and members ▪ HAVEN from Domestic and Sexual Violence ▪ The Next Door, Inc.

<table>
<tr><th colspan="3">PROMOTION AND PREVENTION GOAL #2</th></tr>
<tr><td>Promotion and Prevention Goal #2</td><td colspan="2">Increase the promotion of resilience in families and communities. Promoting resilience means helping people understand their emotions and now how to address them. It also means having secure attachments with others.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Best practice supports including protective and compensatory experiences (PACES) as a complement to adverse childhood events (ACEs). PACES complements ACES with the goal of increasing resilience and protection against risk for mental and physical illness. Enhancing parenting skills to promote healthy child development is a key strategy for preventing and addressing ACES through increase trainings and workshops. These workshops are Toddlers to Teens (T2T), YouthThink Parenting Workshops and Question, Persuade, Refer (QPR).</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Sense of Community Goal: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life.</td></tr>
<tr><td colspan="2">Current State
24 Toddler to Teen (T2T) workshops in English and Spanish have been offered but are on hold due to Covid
24 Community / Parent workshops in English and Spanish have been offered but are on hold due to covid
There are Traditional Health Workers working in many venues throughout the Gorge, but few have been through the T2T or QPR trainings</td><td>Future State
Increase Toddler to Teen (T2T) trainings to once per month in English and in Spanish in Hood River County and Wasco Counties by 2023
Increase the number of parents attending T2T trainings by 5%
Question, Persuade, Refer (QPR) will be offered monthly in English and Spanish.
Increase the number of certified Traditional Health Workers who have attended trainings in QPR and T2T
Parent trainings will improve their cultural relevance with a particular focus on the Tribal community.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">YouthThink offers more frequent Toddlers to Teens (T2T) trainings and Parent Workshops and expand to multiple formats in English and Spanish, as well as culturally specific relevance.
The Prevention Workforce will begin instituting the Family Check-Up Evidence Based Parenting Model with the goal of serving 20 families from 2021-2023.
Bridges to Health will work with Community Health Workers to attend QPR and T2T trainings</td></tr>
</table>

	4. YouthThink to work Tribal families to learn how Tribal families and communities define resiliency, and partner with Tribal communities to promote resiliency in a way that is best for them. 5. YouthThink and Hood River Prevention Department will begin to increase awareness within the community around PACEs through the aforementioned trainings. 6. YouthThink will engage healthcare systems in work to promote PACEs and resiliency by using a pilot with one healthcare provider to integrate an assessment protocol with their patient population.
Key Stakeholder(s)	▪ Wasco County Youth Think ▪ Hood River Prevention Department ▪ Four Rivers Early Learning HUB ▪ Bridges to Health- Columbia Gorge Health Council ▪ The Next Door, Inc.

PRIORITY: Improved Access to Equitable Physical Activity and the Outdoors

- All people have opportunities for physical activity that supports their health and well-being. This is regardless of their race, ethnicity, physical limitation or where they live.
- It is easy for people to access parks, trails and natural areas for both exercise and social activities.

<table>
<tr><th colspan="3">PHYSICAL ACTIVITY AND THE OUTDOORS GOAL #1</th></tr>
<tr><td>Physical Activity and the Outdoors Goal #1</td><td colspan="2">Increase knowledge and awareness of how important physical activity is for healthy aging. Improve and expand access to physical activity for older adults.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">StrongWomen, StrongPeople, and Walk With Ease programs have largely moved online to the Zoom platform during the pandemic, however many programs plan to resume in person programming as risk levels allow. Some programs will remain online to support remote access.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Physical Activity and the Outdoors Goal: Increase access to physical activity for youth and families that they can easily pay for; Physical Activity and the Outdoors Goal: Create improvements to the built environments in Hood River and Wasco counties. This is to improve access to the outdoors; Sense of Community Goal: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life.</td></tr>
<tr><td colspan="2">Current State
Oregon State University provides several physical activity programs that target older adults including StrongWomen/StrongPeople, Walk With Ease, and Better Bones and Balance. These programs have had a robust and longstanding presence in the region but disbanded or moved to virtual formats during the pandemic.</td><td>Future State
Older adults have access to a variety of physical activity programs - including Spanish speaking older adults.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">Promote Strong Women video series via the Internet making it readily available to the Gorge region by May 2020.
Connect with area medical providers to ensure they are aware of StrongPeople and Walk With Ease programs and can refer patients to the local groups.</td></tr>
</table>

	3. Connect with Age+, Adult and Senior Centers, and other elder-serving groups to support and promote physical activity among older adults as well as Age-friendly Community initiatives. 4. OSU Extension promotes the self-directed Walk With Ease program (provided by the Arthritis Foundation), which can be accessed for free at any time via the http://walk.oregonstate.edu website.
Key Stakeholder(s)	▪ OSU Extension Service ▪ Age+ ▪ Hood River Valley Adult Center ▪ Mid-Columbia Senior Center

PHYSICAL ACTIVITY AND THE OUTDOORS GOAL #2	
Physical Activity and the Outdoors Goal #2	Increase access to physical activity for youth and families that they can easily pay for.
Background and/or new information related to COVID	Due to COVID-19, some projects were put on hold in 2020 and will restart in 2021.
Connected Goal(s)	Sense of Community Goal: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life; Youth Safety Goal: Improve youth safety and health at schools with a focus on suicide prevention.

Current State	Future State
▪ Based on the 2019 Gorge Regional CHA: ○ 13% of households went without sports or physical exercise due to lack of money. This rate is higher for diverse communities (19%), Low-income communities (21%), Uninsured households (29%) and Seasonal Farmworkers (33%). (CHA pages 28, 32) ○ 10% of households said a lack of transportation or distance limited their physical activity. (page 27) ○ In 2016, approximately 33% of youth were overweight or obese. In	▪ Children and families have access to a variety of physical activity programs that they can afford ▪ Results at the next Gorge Regional CHA will improve such that: ○ The percent of households who go without sports or physical exercise due to lack of money will decrease by 5% across all demographics. ○ The percentage of households who say lack of transportation or distance limited their physical activity will decrease by 5%

2018 this stayed approximately the same for 8th graders, but among 11/12th graders the overweight or obese rate has risen to 35%. (CHA page 28) ▪ North Wasco County Public Health District continues to work with North Wasco County Parks and Rec (NWPRD) and Hood River Valley Parks and Rec District (HRVPRD) to provide free family passes and swim lessons for families who indicate a financial need. Local covid restrictions have limited the program in the past year (Hood River Aquatics Center had to close due to covid; NWPRD provided one time admit tickets in 2020 but not family passes/swim lessons). ▪ Passport program is in development stages and has not yet been distributed for 2021. ▪ The Jump in the Gorge website contains resources including food assistance locations, online recipes, youth community programs, youth sports, and a physical activity map. Resources have not been fully updated to reflect changes since the covid pandemic. ▪ The current Be Physically Active Today (BEPA) 2.0 Trained teachers are: 8 at Parkdale Elementary, 3 at Mid Valley Elementary.	○ The obesity rate for youth will decrease by 5% ▪ The Jump in the Gorge site will be a centralized resource site for healthy and active living in the Gorge. ▪ By 2023, train and provide an additional 35 Be Physically Active Today (BEPA) 2.0 kits to elementary school classrooms or grade level "neighborhoods" at Chenowith, Colonel Wright, Dry Hollow, Parkdale, Mid Valley and Cascade Locks. (Westside and May Street currently not eligible for SNAP-Ed funded programs, but that may change).
Strategy(ies)	1. Conduct an assessment to evaluate the physical activity levels and needs of children in Wasco, Hood River and possibly Sherman and Gilliam Counties as well. Then, use this data to direct the expansion of Active Rx and identify gaps where the physical activity needs of children and families in the Gorge are not being met. 2. Continue to support Active Rx through 2023, and expand the program to include scholarships for local sports activities (soccer, baseball, basketball, etc.) to pay for fees and scholarships for day camps at NWPRD and HRVPRD 3. Implement a summer passport program in 2021 for Wasco County residents to increase virtual and outdoor physical activity for children and their families by incentivizing activity with prizes. 4. Distribute 2000 passports in The Dalles area in 2021. If successful, a similar program will be conducted in the following years

	5. Consistently update Jump in the Gorge website so that it becomes a centralized resource site for healthy and active living in the Gorge. Include to following resources: ○ Sherman and Gilliam county resources, after speaking with residents ○ Information sharing between social service providers, medical providers, and community partners ○ School sports calendar ○ Informative blog posts on topics such as healthy eating, gardening, physical activity, etc. ○ Community newsletter with upcoming activities and healthy living resources 6. OSU continues to train local educators. By 2023, train and provide an additional 35 Be Physically Active Today (BEPA 2.0) kits to local elementary school classrooms in Hood River and Wasco Counties neighborhood: Chenowith, Colonel Wright, Dry Hollow, Parkdale, Mid Valley, and Cascade Locks. (Westside and May Street are currently not eligible for SNAP-Ed funded programs, but that may change). The kits provide the supplies necessary to implement in-classroom physical activity breaks throughout the school day.
Key Stakeholder(s)	▪ Columbia Gorge Clinical Advisory Panel ▪ North Central Public Health District ▪ Northern Wasco County Parks and Recreation District ▪ Hood River Parks and Recreation District ▪ OSU Extension Services

PHYSICAL ACTIVITY AND THE OUTDOORS GOAL #3	
Physical Activity and the Outdoors Goal #3	Create more equitable access to the outdoors by nurturing all children's sense of belonging, wonder and connection with the Columbia River Gorge Region. We will achieve this through offering more science and outdoor experiences.
Background and/or new information related to COVID	The COVID-19 pandemic has limited the ability to achieve in person connections to the outdoors.
Connected Goal(s)	Sense of Community: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life.

Current State	Future State
▪ 643 kids (462 in person and 181 virtually) experienced outdoor education programs through Gorge Ecology Outdoors. ▪ The following programs were provided by CultureSeed: ○ Year round, continuous and expanded outdoor access and appreciation for 17 youth and their families in Klickitat County ○ Working collaboratively for increased outdoor access to students at White Salmon Academy ○ Outdoor Mentorship Program with over 20 active matches	▪ 1,000 Pre-K-12 students, in Hood River and Wasco Counties, experience outdoor education programs offered by Gorge Ecology Outdoors by the end of 2022. ▪ More outdoor programs offered through Gorge Ecology Outdoors are taught by bilingual educators. ▪ 44 youth at Juvenile Hall, NORCOR, in WASCO County have access to year-round and expanded outdoor programs through Gorge Ecology Outdoors.

Strategy(ies)	1. Hire bilingual educators for outdoor programs. 2. Refine curriculum identifying and improving upon culturally appropriate and trauma informed activities. 3. Provide on-site access to Behavioral Health Specialists with Trauma Informed training for counseling as needed at CultureSeed. 4. Encourage youth to choose outdoor adventures through strong community partnerships for mountain biking, rafting, stand up paddle boarding, kayaking, windsurfing, sailing, rock climbing, and hiking. 5. Continuously offer programming for youth 8th grade through high school graduation to build relationships, trust and risk taking and support youth to find individualized post-graduation work and training options for outdoor fields.
Key Stakeholder(s)	▪ Gorge Ecology Outdoors ▪ CultureSeed

PHYSICAL ACTIVITY AND THE OUTDOORS Goal #4	
Physical Activity and the Outdoors Goal #4	Create improvements to the built environments in Hood River and Wasco counties. This is to improve access to the outdoors. Built environments means all the physical parts of where we live, work and play like buildings, streets, open spaces, etc.

<table>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">During the Covid pandemic, as activities for all ages became limited, outdoor activity has increased. Usage of the Indian Creek and The Dalles Riverfront trails (as measured by garbage cans being full more frequently) has increased. Support and encouragement for increased activity outdoors, in a covid-safe manner is needed to increase mental health.

The Hood River Pool has been closed from Mid-November through mid-February due to covid restrictions as well. Programing for North Wasco County Parks and Recreation District has been closed during Covid until further notice.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Sense of Community: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life; Youth Safety Goal: Improve youth safety and health at schools with a focus on suicide prevention</td></tr>
<tr><td colspan="2">Current State
▪ In Hood River, Indian Creek Trail is 3.85 miles long from E2nd and E Hazel Ave- to Barrett Drive (with a section missing)
▪ Prior to closure 35 free swim passes had been given to families with a member on OHP for the Hood River Pool
▪ Mill Creek Trail project in Phase 1 of development
▪ Wasco and Hood River County Parks Districts have Master Plans to focus and guide their work
▪ Northern Wasco County Parks and Recreation District has four projects developed and ready to begin but lack funding.</td><td>Future State
▪ By December 2023, trail access will be expanded in Hood River and Wasco Counties:
o .35 miles will be added to the Indian Creek Trail in Hood River
o The Mill Creek Trail project will extend the Mill Creek Greenway across second street to Sixth Street in The Dalles
▪ Programing for North Wasco County Parks and Recreation will expand to serve adults and senior populations
▪ By the end of 2021, 50 free swim passes will be provided to families with a member on OHP for the Hood River Pool
▪ Northern Wasco County Parks and Recreation District will support City, County and Parks in the addition of a neighborhood park within a safe, 10-minute walk of all residents by 2026</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">1. Expand walking trails- specifically the Indian Creek Trail in Hood River and the Mill Creek Trail in The Dalles
2. Complete the Mill Creek Trail project from 2nd Street to 6th Street within Thompson Park in The Dalles, including entrances, an elevated boardwalk, stream corridor restoration, and spur trails that provide viewing, seating, and access opportunities.</td></tr>
</table>

	3. At Thompson Park, create an expanded skate park surrounded by a modular pump track. 4. Continue to offer Swim RX passes to OHP members as funding allows 5. Develop City Park to include: a small parking lot; new concrete walkways; new playground area; repair lawn areas including new trees, plants and irrigation; construct restroom, shelter, and amphitheater; stabilize existing wall and construct new terraced seating; and construct covered stall area and other improvements to enhance the park for Farmers' Market use in The Dalles 6. Create a safe, permanent year-round dog park in The Dalles and Hood River for families to gather. 7. The ODOT Safe Routes to School Plan for Hood River will prioritize infrastructure improvements.
Key Stakeholders	▪ North Central Public Health District ▪ Northern Wasco County Parks and Recreation District ▪ Hood River Parks and Recreation District ▪ PacificSource Community Solutions ▪ Columbia Gorge Clinical Advisory Panel ▪ City of Hood River ▪ City of The Dalles ▪ OSU Extension Services

PRIORITY: Improved Social Connection and Communication

Sense of Community:

- People feel a sense of connection, security, belonging, and trust in their community.
- People receive social support from family, friends, and other community members.
- People feel a sense of community through access to parks, nature and recreation.
- People and groups get support in growing as leaders. They feel they have a voice and can contribute to their community.

<table>
<tr><th colspan="3">SENSE OF COMMUNITY Goal #1</th></tr>
<tr><td>Sense of Community Goal #1</td><td colspan="2">Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Adolescence is a period of biological, psychological, and social transformation, and a stage of life in which social interaction and community engagement are particularly important for mental health and development. Physical distancing measures necessitated by the COVID-19 pandemic, including stay at home orders and closures of schools and public areas, have significantly and abruptly reduced opportunities for adolescent youth to engage in face-to-face interactions with their peers and communities. This has led to an increase in social isolation and feelings of loneliness. Social isolation and loneliness are well-documented risk factors for numerous physical and mental health conditions, including depression, anxiety, and suicide. Research finds that social connection (e.g., with peers and athletics) and opportunities for engagement within school and community settings are protective factors for adolescent mental health.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Behavioral Health Goal: There are children and youth in our area with: Complex health needs, Trauma, A number of systems involved in their care. Our goal is to increase local treatment, stabilization and placement options so they can get the help they need close to home.</td></tr>
<tr><td colspan="2">Current State
▪ 17 Klickitat youth gather in the community in "peer circles" to be heard and listen. Youth can attend Identity Exploration peer groups who are exploring LGBTQ+ identity led by a relevant local therapist. Youth are invited to create a teen space in the afternoons at the</td><td>Future State
▪ 30 Klickitat youth gather at the White Salmon Youth Center and feel supported, seen, and valued and have availability of a bus for transportation.</td></tr>
</table>

White Salmon Community Youth Center through a collaboration with Washington Gorge Action Programs.
▪ Youth Advisory Council has begun to support the Hood River Valley HS School Based Health Center.
▪ There are no Community Recreation Centers in the Gorge currently.
▪ Based on the 2019 Gorge Regional CHA:
  ○ 41% of 8th graders and 35% of 11-12th graders reported that they were bullied going to or at school.
  ○ 9% of 8th graders and 7% of 11-12 graders reported they missed school due to feeling unsafe.
  ○ From 2016 to 2019, self-reported suicide attempts by 8th graders rose 4% to 13% who reported they attempted suicide in the past year.
	▪ More youth are participating in the Youth Advisory Council for Hood River Valley HS School Based Health Center.
	▪ Youth groups in Wasco County support the implementation of a School Based Health Center.
	▪ Goals for building community recreation centers are supported by all counties.

Strategy(ies)	1. Facilitate Restorative Justice model for peer circles where everyone is heard and has a chance to speak. 2. Support youth-led peer groups with adults on site. 3. Extend hours at Youth Center for teens. 4. Implement activities and field trips planned by youth for youth. 5. Expand Youth Advisory Council with School Based Health Center. 6. Allocate funds to support youth recreation activities that would support equity and access for youth in the region.
Key Stakeholder(s)	▪ CultureSeed ▪ North Wasco County Parks and Recreation ▪ YouthThink ▪ Hood River Prevention Department ▪ Hood River Valley High School Based Health Center ▪ Columbia Gorge Education Service District ▪ The Next Door, Inc.- Youth Outreach Worker program

Collaboration and Information Sharing:

- People get the language appropriate information they need or want on paper, online, or video to be able to access the services they need.
- Organizations coordinate intake and exchange information for shared patients or clients.
- Referrals are coordinated and people get their needs met in a timely manner.

<table>
<tr><th colspan="3">COLLABORATION AND INFORMATION SHARING Goal #1</th></tr>
<tr><td>Collaboration and Information Sharing Goal #1</td><td colspan="2">Adapt a universal resource referral system for both medical and community-based organizations. This system will allow community members to self-refer for resources.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">The system does not currently exist in the Gorge region. The system should be available in multiple formats (paper, online, video, smartphone app).</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2">Collaboration and Information Sharing Goal: Increase service navigation and coordination between healthcare and social services. This is to improve access to services and resources. It will address disparities in our systems that people experience now.</td></tr>
<tr><td colspan="2">Current State
▪ System doesn't exist in Gorge region.
▪ Community Information Exchange is expanding across the state with Aunt Bertha and Connect Oregon being the most widely used.
▪ Entities in The Gorge on the Oregon side have adapted Activate Care Platform as a community shared plan of care coordination platform, which also has a referral platform being piloted by two organizations.
▪ PacificSource has supported Connect Oregon throughout the other 3 PacificSource CCOs as a referral platform.
▪ Multiple organizations have public facing resource directories but are not referral platforms.</td><td>Future State
▪ Universal referral system linking healthcare and social services agencies adopted in the Gorge Region.
▪ At least 20 organizations use the referral system.</td></tr>
<tr><td>Strategy(ies)</td><td colspan="2">1. Join new or existing CIE platform.
2. Encourage and support usage and expansion of platform across healthcare and social service organizations.
3. Allow for community members themselves to self-refer to services on the platform.</td></tr>
</table>

Key Stakeholder(s)	▪ Hood River Prevention Department ▪ The Next Door, Inc. ▪ Four Rivers Early Learning HUB ▪ DHS Region 9 ▪ PacificSource ▪ Columbia Gorge Health Council

COLLABORATION AND INFORMATION SHARING Goal #2	
Collaboration and Information Sharing Goal #2	At least 3 organizations use the new referral system to pilot test having "shared eligibility" across their programs. This means people will automatically know what other resources (across programs) they will be eligible without having to apply for those also.
Background and/or new information related to COVID	Establish a working system of shared "categorical eligibility" in the Gorge. Shared eligibility means when a household or person is eligible for a resource, they will also automatically know what other resources they are eligible for across organizations. It also means they will automatically be eligible for those resources. To apply for those additional resources, only the extra information needs to be collected. This model would follow the Oregon ONE system's design. In order to build a program like this organizations would need to agree to trust the information received the first time and agree to not ask it to be provided again.
Connected Goal(s)	Collaboration and Information Sharing Goal: Adapt a universal resource referral system for both medical and community-based organizations. This system will allow community members to self-refer for resources; Health Coverage Goal: Increase awareness about services that people can qualify for. This includes charity care.
*An example of categorical eligibility is a policy in which households are automatically eligible for SNAP benefits because they qualify for TANF which has a tighter requirement. Across organizations, this would look like a shared level of trust that one organization took the right level of information from the household so as to not require them to produce it again.	

Current State	Future State
▪ Universal referral system isn't yet adapted in The Gorge ▪ Oregon ONE system (DHS) has begun implementation in The Gorge combining many DHS related services and resources	▪ Limit the number of times a household has to prove eligibility for programs with the same eligibility. ▪ By the end of 2023, at least 3 partners will be piloting a shared system of 'categorical

and can be used as an example for which to base a shared eligibility platform	eligibility' for their collective programs in the online referral system
Strategy(ies)	1. Three large regional partners will pilot the shared "categorical eligibility" process within the adopted online referral system with the goal of limiting the number of times households have to prove their status (income level, etc.). 2. CGHC will convene partners 6 months after the online referral system goes live to discuss the design of a shared categorical eligibility system. 3. Acquire funding to support a position to analyze and determine eligibility scaffolding within the larger region.
Key Stakeholder(s)	▪ The Next Door, Inc. ▪ Four Rivers Early Learning Hub ▪ DHS Region 9 ▪ PacificSource ▪ Bridges to Health- Columbia Gorge Health Council

COLLABORATION AND INFORMATION SHARING Goal #3	
Collaboration and Information Sharing Goal #3	Create an online resource directory for the seven-county region by the end of 2023. This will include an option to print.
Background and/or new information related to COVID	The Gorge currently has a print only version of a resource directory that was updated at the end of 2020. There is currently not an online version of this, and resources are not regularly added as they come available. This need was highlighted throughout the covid pandemic as new resources became quickly available but there was not one place to learn about them and all the organizations serving the needs. Spanish language information is harder to come by than English.
Connected Goal(s)	Collaboration and Information Sharing Goal: Collaboration and Information Sharing Goal: Increase service navigation and coordination between healthcare and social services. This is to improve access to services and resources. It will address disparities in our systems that people experience now.

Current State	Future State
▪ No central place available online to access resources in English and Spanish	▪ Online resource directory in English and Spanish which will include access and information that is updated and maintained on ○ Healthcare and social service organizations ○ Government programs ○ Funding resources ○ Events

Strategy(ies)	1. Establish or adapt an online resource directory available in English and Spanish that can be accessed via smart phone and printed when needed. 2. The Next Connection, run by The Next Door, Inc. Offers connection to resources in English and Spanish via phone will increase capacity. 3. Gorge Impact.com will expand listing of possible funding resources geared towards organizations
Key Stakeholder(s)	▪ Hood River Prevention Department ▪ The Next Door, Inc. ▪ Healthy Gorge Initiative ▪ North Central Public Health District

COLLABORATION AND INFORMATION SHARING Goal #4	
Collaboration and Information Sharing Goal #4	Increase service navigation and coordination between healthcare and social services. This is to improve access to services and resources. It will address disparities in our systems that people experience now.
Background and/or new information related to COVID	Prior to the covid pandemic, racism and income inequality have been building for decades causing systemic barriers and inequities both in and out of healthcare. The Covid pandemic has exacerbated and continued to bring to light the inequities that exist in our systems. Data shows that Covid-19 has exposed and exacerbated socioeconomic and healthcare inequities particularly for people of color and those already living with financial insecurity.

Connected Goal(s)	Housing Goal: For people experience homelessness or who are housing burdened increase access to: safe shelter, housing, housing supports. Give special focus to communities of color, people with mental health or substance use challenges and veterans. Housing Goal: Improve living conditions for Tribal housing at in lieu sites along the Big River; Food Goal: Help more people have access to and use food assistance programs; Dental Goal: Increase the number of pregnant people getting dental care. Also, offer support to reduce tobacco use during their pregnancy; Primary Care Goal: Increase support for pregnant and postpartum people. We will achieve this through home visit supports, which will include doulas; Behavioral Health Goal: Increase capacity and access to mental health and substance use treatment services. This is also called behavioral health services. Give special attention to: increase the choices members have, increase culturally and linguistically responsive services.

Current State	Future State
▪ 18 of Community Health Workers in region are sub-contracted with PacificSource to connect people to resources, and over 80 Community Health Workers are working to do the same through multiple organizations. ▪ Increase expansion of shared care coordination systems by organizations. ▪ In April 2021, Bridges to Health Program Data currently showed the most common and highest percentages of needs of client unable to be met were Behavioral health (18%), Housing (14%), Childcare (15%) and Dental (16%). ▪ During the last quarter in 2020 and first in 2021, clients of the Bridges to Health Program were navigated successfully to the following services in order of frequency (Food, Clothing and Personal Item Assistance, Social Services, Housing, Utilities, Transportation, Medical and COVID Immunizations).	▪ Expand # of Community Health Workers in the region working as resource connectors by 5% by 2023. ▪ Decrease percentage of unmet client needs by 2% across Behavioral Health, Housing, Childcare and Dental by 2023 ▪ Expand the numbers of clients successfully navigated to services by 10% by the end of 2022 with an emphasis on under resourced populations (Older adults, Tribal members, and Migrant and Seasonal Farm Workers)

Strategy(ies)	1. Expand the Community Health Worker workforce to address systemic disparities and bridge the gap between availability and accessibility of services and resources. 2. Create systems for collaborating between healthcare and social service partners to better serve more vulnerable populations and avoid duplication of services such as an online referral system and collaborations across program. 3. Support collaborative models that bridge healthcare and social services (PCPCH, Bridges to Health, GRACE model). 4. Utilize data gathered from current and future developed platforms mentioned in other Collaboration Goals to measure utilization across healthcare and social service sectors.
Key Stakeholder(s)	▪ Bridges to Health- Columbia Gorge Health Council ▪ Primary Care Case Management ▪ Columbia Gorge Clinical Advisory Panel- GRACE model project ▪ The Next Door, Inc. ▪ One Community Health ▪ Reliance Health Information Exchange ▪ PacificSource Community Solutions

PRIORITY: Children and Youth

Youth Safety:

- Youth (ages 0 to 18) feel respected, safe and supported:
  - In their homes
  - Getting to and from school
  - In school
  - In community activities
- Youth have equitable access to activities to play, learn and grow outside of school that their families can afford.
- There is infrastructure and there are opportunities so that youth of all ages, abilities and interests have a variety of physical and other activity options that are offered in an equitable way.
- Youth who experience bullying or suffer violence, whether in person or online, are supported and have access to the help they need.

<table>
<tr><th colspan="3">YOUTH SAFETY GOAL #1</th></tr>
<tr><td>Youth Safety Goal #1</td><td colspan="2">By December 2023, the Columbia Gorge Region (Hood River, Wasco, and Sherman Counties) will adopt ordinances to protect all youth from marketing efforts that promote nicotine to this population.</td></tr>
<tr><td>Background and/or new information related to COVID</td><td colspan="2">Social norms created by marketing and other tactics impact our communities, especially youth.</td></tr>
<tr><td>Connected Goal(s)</td><td colspan="2"></td></tr>
<tr><td colspan="2">Current State
▪ From 2013 to present the following agencies have adopted a 100% tobacco/smoke/vape/aerosol free policy:
○ Hood River County
○ City of Hood River
○ Hood River County Parks and Recreation
○ Hood River County School District
○ Providence HR Memorial Hospital
○ Power Station
○ Port of Hood River
○ One Community Health
○ Mt. Hood Town Hall</td><td>Future State
▪ 100% of properties in Hood River, Wasco and Sherman Counties will be tobacco/smoke/vape/aerosol free.
▪ The Tobacco Retail Licensure (TRL) ordinance will be implemented in Hood River County and expand to include tobacco flavor ban, marketing restrictions and placement of products within the store.
▪ Establish TMEC (Tobacco, Marijuana, and E-Cigarette) Course as an alternative school suspension activity for our county’s</td></tr>
</table>

○ Mid Columbia Children's Council ○ Hood River County Library District ○ Horizon Christian School ○ Gorge Grown Food Network ○ Tofurky ○ Oregon Department of Human Services ○ Dethman Manor and ○ Hood River Chamber of Commerce ▪ Hood River County Prevention Department is currently working towards a Tobacco Retail Licensure (TRL) for Hood River County. ▪ Hood River County Prevention Department is currently working towards an expansion of the Indoor Clean Air Act (ICAA) from 10' to 25' in the City of Hood River. ▪ Hood River County Prevention Department presents to middle and high school students Tobacco, Marijuana and E-cigarette course to educate on health impacts of these substances and the marketing ploys of the industry.	middle and high schools by June 30th, 2023. ▪ Establish student health clubs at The Dalles Middle School and The Dalles High School to educate peers and community against tobacco/vape.
Strategy(ies)	1. Hood River County School District (HRCSD) School Based Health Center will screen youth for substance use at all visits with a warm hand off to counseling made available. 2. Conduct an assessment of tobacco retailers. 3. Educate community coalitions and policy makers on drug usage and policy options. 4. Draft and adopt TRL/ICAA ordinances. 5. Survey Hood River County School District and other schools to assess preference in alternative options to suspension. 6. Support HRCSD to adopt TMEC (Tobacco, Marijuana, and E-Cigarette) Course as an alternative for suspension at middle and high school level. 7. Promote and educate students' families about the TMEC alternative program to school suspension.
Key Stakeholder(s)	▪ Hood River Prevention Department ▪ North Wasco County Health District Tobacco Prevention ▪ Hood River County School District ▪ Youth Prevention Coalitions ▪ Health Media Clubs ▪ Northern Wasco County School District 21

YOUTH SAFETY GOAL #2	
Youth Safety Goal #2	Improve youth safety and health at schools with a focus on suicide prevention.
Background and/or new information related to COVID	Oregon Department of Education (ODE) and Oregon Health Authority (OHA), in collaboration with students and community partners, called for the creation of the School Safety and Prevention System (SSPS) to support the health and safety of youth in Oregon schools. The SSPS model, established through Section 36 of the Student Success Act and Senate Bill 52 (Adi's Act), is an evidence-based, racial equity-centered, trauma-informed and strengths-focused system of multi-tiered supports including "suicide prevention services, behavioral safety assessments, access to the Safe Oregon Tip Line, and programs to prevent bullying, cyberbullying, harassment, and intimidation, and to promote mental health and well-being." SSPS will be implemented in Oregon schools through the development of 11 School Safety and Prevention Specialist positions who will be cross-trained in behavioral safety assessments, suicide prevention, and school culture and climate supports, and 5 School Suicide Prevention and Wellness positions who will support school districts in developing Student Suicide Prevention Plans. The Columbia Gorge Education Service District, which includes Wasco and Hood River counties, are working to support and implement these requirements across all school districts.
Connected Goal(s)	Behavioral Health Care Goal: There are children and youth in our area with Complex health needs, Trauma, A number of systems involved in their care. Our goal is to increase local treatment, stabilization and placement options so they can get the help they need close to home; Behavioral Health Care Goal: Expand School Based Health Services; Sense of Community Goal: Help teens feel that they are part of their community. Also, help them feel that they are supported in this important stage of life.

Current State	Future State
▪ Youth and parents identified mental/behavioral health challenges as the top health concern facing students in Wasco County schools. ▪ Youth identified the top three health concerns facing students in schools as: 1) Mental health: feeling sad, stressed, thinking about hurting yourself, 2) Alcohol or drug use, 3) Smoking, vaping.	▪ CGESD is a school district hub for the School Safety Prevention System (SSPS). ▪ A comprehensive school safety and prevention system that centers on equity, racial equity, and access to mental health services is adopted by CGESD schools. ▪ All students in grades 6-12 attending school districts in the seven-county region of the Gorge received behavioral health and/or suicide prevention trainings (i.e., Question,

▪ Due to COVID-19, over 50% of parents reported that they are concerned about their child's education, and that their child seems sad or lonely from being unable to see their friends or people they care about. ▪ Based on the 2019 Gorge Regional CHA: ○ 41% of 8th graders and 35% of 11th-12th graders reported that they were bullied going to, or at school. ○ 9% of 8th graders and 7% of 11th-12th graders reported they missed school due to feeling unsafe. ○ From 2016 to 2019, self-reported suicide attempts by 8th graders rose 4% to 13% who reported they attempted suicide in the past year.	Persuade, Refer (QPE), ASSIST or Youth Mental Health First Aid) by 2023. ▪ Fewer children and parents experience concern about student mental and behavioral health challenges.
Strategy(ies)	1. Hire School Safety Prevention Specialists (SSPS) across CGESD schools. 2. Train school-based staff on positive school culture, including equity and racial equity-centered bullying, cyberbullying, harassment, and intimidation prevention. 3. Train staff in all school districts and community partners (DHS, law enforcement, mental health) in restorative justice and trauma informed strategies to promote school safety. 4. Convene ESD behavioral safety assessment teams in all school districts with trained staff serving as members in place of School Resource Officers. 5. Design school suicide assessments and student suicide prevention plans in alignment with ODE's Integrated Model of Mental and Emotional Health for every school in the Columbia Gorge region. 6. School Safety Prevention Specialists support equity-centered implementation of Every Student Belongs Act, a legislative action that addresses school culture and climate and states that symbols of hate (Nazi symbol, Confederate flag, etc.) cannot be displayed in schools. 7. School district leaders and administrators, teachers, counselors and mental health professionals, SSPS Specialists, School Suicide Prevention and Wellness Coordinators (SSPWs), equity directors, and advisory groups use decision making tools provided by OHA and ODE to guide successful and equitable development, evaluation, and refinement of the SSPS system in schools. 8. Solicit input from school districts, student voices, affinity groups, service providing agencies, and community-based organizations to design School Safety Prevention Systems.
Key Stakeholder(s)	▪ Columbia Gorge Education Service District

	▪ Hood River Prevention Department ▪ Wasco County YouthThink Program ▪ Area School Districts

Early Childhood Development and Child Care:

- People can access cultural and language appropriate, high-quality, affordable childcare when and where they need it.
- People can access and afford early childhood development supports and opportunities, such as early intervention, home visiting, group socialization, preschool and activities.

Early Childhood Development and Child Care Goal # 1	
Early Childhood Development and Child Care Goal # 1	Increase childcare access in the schools where providers reflect the culture and language of the children they serve.
Background and/or new information related to COVID	We have seen programs close due to COVID, however many programs have stayed open or since re-opened and been unable to fill all available slots. These programs are still operating under "Emergency Child Care" licensing and regulations per Oregon Office of Child Care.
Connected goal(s)	Collaboration and Information Sharing Goal: Increase service navigation and coordination of between healthcare and social services to improve access to services and resources by addressing disparities in our systems experienced by members.

Current State	Future State
▪ OCDC is currently serving Migrant and Seasonal Head Start, Migrant and Seasonal Early Head Start, and soon to open Preschool Promise slots. Services are offered in Hood River & Wasco Counties. ▪ Play & Learn @ Home services and supports are being offered to all families of children ages 0-5 in Hood River, Wasco, Wheeler, Gilliam, and Sherman counties. ▪ Mid-Columbia Children's Council (MCCC) is currently serving children ages 0-5 through Head Start, Early Head Start, Oregon Prekindergarten, Oregon Prenatal to Three, and Preschool Promise. Services are offered throughout Hood River and Wasco County.	▪ All 17 elementary school zones offer options for high quality childcare programs that represent the demographics of each zone. ▪ Families can easily find and get access to early care and educational supports that align with their needs and goals

\Strategy(ies)	**1.** The 4 Rivers Early Learning Hub and OCDC offer Kaleidoscope/Play & Learn @ Home across five counties to support quality parent-child interactions. **2.** The Four Rivers Early Learning HUB collaborates with early childhood education partners in the region to create a phased coordinated enrollment process designed to fill current preschool slots and expand access. **3.** The Early Learning Hub aligns home visiting programs for ages prenatal to three with others and brings Family Connects International, a universally offered nurse home visiting program to the region. This work builds on the existing Home Visiting Connections model. **4.** Mid-Columbia Children's Council develops outdoor learning environments and activities to support learning using natural elements. **5.** Childcare entities collaborate alongside healthcare and other partners to support a unified service navigation and coordination system.
Key Stakeholder(s)	▪ Four Rivers Early Learning Hub, ▪ Mid-Columbia Children's Council ▪ Oregon Child Development Coalition ▪ The Next Door, Inc.

Appendix A: Voices from the Community about the 2017 CHIP Priorities

HOUSING

- "I think this is a critical need and must continue to be elevated in order to make sustained change. Housing affects the majority of people in the region and their ability to thrive or barely survive." - Hood River resident, Food Security Coalition
- "If you're unable to afford housing, you can't access services. Without an address you cannot focus on finding work, eating healthy foods, etc." - The Dalles resident, Oregon Health Plan member
- "It's really difficult for someone with a history [of drug use, prison time] to rent a place. Everything is run by property management. They have too many stipulations." - The Dalles resident, Bridges to Change
- "Working in a clinic, I know that several of my patients worry daily about where they live or if they'll have a place to live in the next month." - Provider, Klickitat County Health Department
- "It's not just a low-income issue. We've tried to recruit professionals to the hospital, and as soon as they learn about the cost of housing, and compare it with elsewhere, they say, 'no thank you.'" - Provider, Skyline Hospital
- "People need to know that there are a lot of different ways to live, different perspectives and different cultures. I lived on a reservation and didn't have electricity, but that's normal for where I come from." - Native American youth living in NORCOR
- "There's a Not In My Back Yard mentality - it's becoming difficult to site low income housing facilities in our communities." - Input from the Senior Advisory Council (SAC)
- "HUD does not respect pronouns, and is not respectful for non-cis-gender individuals." - Gorge Pride Alliance
- "People looking for housing [can't] go through all the HUD paperwork (40 pages long application). What about a housing advocate to help people navigate? Columbia Gorge Housing Authority is difficult to navigate. People lose their HUD vouchers because of lack of clarity in navigating." - Gorge Pride Alliance
- "It's hard to have a sense of community when you don't have a home." Bridges to Change participant in The Dalles
- "I'm shocked by the degree of homelessness over here. Klickitat County is worse than anywhere in the Gorge. It's a disaster and it's getting worse. We have a trailer park that's being sold, and it's resulting in 36 families getting evicted. There's literally nowhere for them to go." - Provider, White Salmon

FOOD

- "There are increasing health issues around eating healthy and this is due to how hard it is for families with low wages to be able to afford healthy foods." - Latinx resident of Hood River
- "Nutrition and your diet are crucial to your physical, emotional and mental health." - Input from Fit in the Gorge representative
- "The low income and homeless community we serve at Community Meal would benefit greatly if access to healthy food was easier and faster." - Social Service Provider, The Dalles
- "The poverty in this area is often invisible to the rest of the public because of the rural nature of our area. Demand at the food bank is growing." - Aging in the Gorge representative living in Hood River

- “People give a lot to food banks, but sometimes they don't give you good food. You get a bunch of stuff you don't need.” - Latinx youth living in NORCOR
- “You can buy beer and chips at the front [of a market] but have to go to the back for produce. The fact you can get drunk at a store before you can buy veggies is backward. Make people walk by veggies before they can buy booze. What about food stamps only for healthier food, or not including the worst food?” - Gorge Pride Alliance
- “Kids going hungry in school is a big problem in educational outcomes. Access to healthy foods is a basic building block to children's futures.” - Input from a Providence SAAC representative
- “We are currently involved with Frontier Veggie Rx Program and this is amazing and we feel like it is making such a big difference in our communities. People are able to be more secure in their food opportunities; become healthier and the whole community benefits from the stores carrying more and better fruits and vegetables.” – Condon resident

SENSE OF COMMUNITY

- “Giving back makes me feel a part of the community. I help the homeless, bring them food, act as a representative between them and other groups. I've been there, so they know me and listen to me.” - Person in recovery, The Dalles
- “If we are not together, what are we? You see people in the snow. It's hard to see that.” - Visitor to the Hood River Warming Shelter
- “Too many issues arise—physical and mental—that are related to feelings of isolation, a lack of inclusion and belonging. People are overwhelmed and can’t advocate for themselves. It leaves them feeling isolated. If they could connect, they could support each other.” - White Salmon resident
- “I feel that there are some groups (non-white, non-affluent, rural, etc.) who struggle to participate in many of the activities which make our community attractive and welcoming. This is probably due to access. Firewalls like financial ability, language barriers and lack of transportation from affordable, outlying areas have fairly segregated this community.” - WAGAP respondent
- “There is lots of prejudice in our communities. It's mostly racial, but I also experience agism. Younger people will call me 'honey' or 'dear'. I just let it go, but I do notice it.” - Older adult living in Hood River County
- “Strength and support for all within the community is vital!” - Cascade Locks resident
- “[We need] open and accepting community activities with an emphasis on ensuring safe, trauma supportive messaging.” - Youth service provider in Wasco County
- “People at some employers are not allowed to share their gender, or correct people when they get mis-gendered. They are told they cannot share their gender because it will be confusing to people, and that it will disrespect the company. We need to model policies and procedures for businesses to use to be gender inclusive and supportive.” - Gorge Pride Alliance
- “‘We are older and aging, and home alone, and really hard for us to take care of ourselves.’ Working age adults must leave elders at home so that they can keep their jobs.” - Input from Natives Along the Big River

BEHAVIORAL HEALTH

- "We need an in-patient substance use disorder treatment facility. [We have the] highest number of opioid prescriptions/frequent users cycling in and out of jail and not getting the rehab they really need." - The Dalles resident, Fit in the Gorge
- "Calls to police related to people who are mentally ill have significantly increased in recent years. It shows great and increasing unmet need." - The Dalles resident, Community Advisory Council
- "I should be able to get counseling if suicide is on my mind." - Latinx youth on the Oregon Health Plan
- "Parents need help for their children with special needs and it almost seems as if this service is hiding." - Latinx resident, Parkdale
- "Two of my children have been referred to local mental health counselors by our family's general practitioner. Unfortunately, the waitlist for pediatric mental health is currently closed to new patients or has a year-long wait list; our only recourse under our insurance policy is a drive into Vancouver or Portland. For regular weekly sessions for two growing children, this is an untenable situation. It is clear that our community faces many hurdles with mental health, but access to practitioners (especially pediatric providers covered by insurance) is at a crisis level." - Medicaid recipient
- "So many older adults who are dealing with isolation, depression, or other mental health issues turn to alcohol or drugs to cope. It becomes a downward spiral and can affect all aspects of life." - Input from the Aging in the Gorge Alliance
- "In Cascade Locks, there is a great need for substance abuse services - especially because we do not have 24/7police coverage." Resident of Cascade Locks
- "Current wait is 3 weeks to get into substance abuse clinic. I have a patient who cannot get clean without support, and I'm pretty certain that meth is going to kill him. He wants to get help and is willing to leave the Gorge and leaving his family to do it, if necessary, but there are no good options. The requirements for getting help at Lifeline in Vancouver are insurmountable for him." - Provider, Skyline Hospital

YOUTH SAFETY

- "Youth suicide attempts and bullying [affect] Sense of Community." - The Dalles resident
- "Having safe spaces for youth to hangout and learn new activities [is important]." Latinx resident of Hood River
- "The skate park is dangerous. It's a very unsavory situation. Drug dealers are all around. We need more after school programs; things kids can do." - Oregon Health Plan recipient living in The Dalles
- "The youth are our future. We need to make sure everyone is stable." - Native American resident of Hood River
- "As a parent, youth safety is important to me. I have a high school age child who sees vaping prolifically both in and out of school, including students vaping in bathrooms during class." - Parent in The Dalles
- "Bullying is on the rise - time to stop it now." - Resident of Home Valley, WA
- "Our children are our future. If they don't feel safe in their own community, this has a ripple effect on their health in the future." - Latinx resident of Hood River
- "I do not feel that our youth are a priority in our community. They are an afterthought - not nearly enough upstream efforts. Links into sense of community. Lots of "Adult" businesses (alcohol, vapes, marijuana) but where do we as a community support our youth? Lack positive adult role models." - Youth service provider in The Dalles

TRANSPORTATION

- "People need the ability to navigate the community and especially for needed appointments and activities - beyond healthy appointments. [Lack of access to cycling and walking is a] public health issue and equity issue." - The Dalles resident
- "There's no coverage to go shopping and they should provide more coverage on weekends. [There should be] more wait time available for disabled to get out to the bus or van." - Disabled resident in The Dalles
- "We need a system with routes and lots of useful stops, as opposed to buses that just go to destinations. You can get a bus up to the college, but the buses skip all the places I need to go." - Native American resident in The Dalles
- "Transportation can be a real safety issue - the train often stops on the only access road into the village - in an emergency, people cannot evacuate, and emergency vehicles cannot enter the village." - Input from Natives Along the Big River
- "Sidewalks are nonexistent in The Dalles." - Input from CAC representative
- "It's hard to get a job without transportation and without an income you can't find stable housing." - Latinx youth living in White Salmon
- "Housing Affordability & Transportation and Mobility: These are two faces of the same problem. As housing near the commercial hubs in the Gorge grows unaffordable to households with even median incomes, housing that IS attainable becomes pushed into more rural areas. Rising gas prices and cost of vehicle ownership means that having more than one personal vehicle per household becomes at best burdensome, and at worst impossible, greatly complicating commutes to work, school and basic necessities." - Input from WAGAP representative

DENTAL CARE

- "People should be aware of what all is available and the process to get a referral to dental. Dental issues can affect overall health." - Oregon Health Plan recipient living in The Dalles
- "Dental health is important and minority groups don't always know proper dental care." - Latinx youth living in Hood River
- "It's part of people's health and will give people more confidence and people need to be able to attend a dentist appointment." - Latinx resident of Hood River
- "We have only one dental provider in our community for one day a week for many years. They also have not accepted OHP until very recently. We will now have to see if he will have the capacity to take on more clients that are on OHP. We have also started a pilot project this last year in tele-dentistry. We have an expanded practice dental hygienist who has started seeing patients in Arlington. She can provide a full dental exam and transfer all of that information virtually, then a dentist will look at the information and determine if there is further work required for that client and they can then be referred to go and see the dentist to get those things fixed. This is a truly amazing program to have in our Frontier Rural county." - Condon resident
- "Address the reality and prevalence of Dental Trauma as a barrier to dental health; people are afraid of the dentist, need anti-anxiety meds, so they put it off. So, what can the dentists do to ask if that exists, take it seriously, and offer tools and options to address it, in order to help patients come and actually USE the dentist?" - Gorge Pride Alliance

PRIMARY CARE

- "Very important to have access to an advocate to help find a PCP and where to go for assistance." - Oregon Health Plan recipient living in The Dalles
- "I should be able to get a doctor and not die with medical bills." - Oregon Health Plan recipient living in Hood River
- "There is no School Based Health Center in Wasco County." - Medicare recipient living in The Dalles
- "Every practitioner should take an LGBTQ training. How to treat people, bathrooms you need, issues particular to trans people. Also, we need training on how to be 'present' with the actual human being that is there, instead of just entering data into a computer. Because trans folks are getting asked to do that training, to be on the advisory boards, to educate the providers. There should be a system-level support for this. And it should be mandatory." - Gorge Pride Alliance
- "[We need] cultural competency and discrimination reduction among medical providers." - Provider, Skyline Hospital
- "Some of us choose to live in rural areas and know that we will do without what larger areas have. Yet, people still grumble when they don't have the same services as the larger areas." - Fossil resident
- "In a small town, it would be nice to have a local provider!" - Cascade Locks resident
- "There is a reluctance among many older adults to seek out preventative care. People don't want to go see the doctor because of the money, fear that it might be something awful or fear of immigration issues, or because they're ashamed for some reason. Instead, they'll just wait until it becomes an emergency." - Aging in the Gorge Alliance representative
- "Older adults, especially those with early stage dementia, need to have the same provider each time, to build up that relationship. That's why the Community Health Workers are such a godsend. We need more of them." - Medicare recipient in Hood River County
- "Primary care, behavioral health, and dental care are basic needs and should be considered (and provided) together." - Hood River resident
- In The Dalles in particular we have seen high turnover of providers, a lack of affordable dental, and limited resources for mental health care outside of MCCFL. Our family left The Dalles to seek care in Hood River due to the constant turnover and lack of available appointments with providers in The Dalles. I recently had to book an appointment for physical therapy and availability was 3-4 weeks out. In my professional work with low-income families, we also see families struggling to get the appointments they need with either long waits or unavailability with their PCP." - Parent in The Dalles

HEALTH INSURANCE

- "Treatment options are limited if you don't have insurance." - Lyle resident
- "Without health insurance it's very difficult to be a part of the healthcare system." - Mosier resident
- "My insurance will no longer cover me once I turn 18. If I get sick or break something, I'll be screwed." - Latinx youth living in Hood River
- "People are more apt to seek care if they have insurance and understand it." - Lyle resident
- "Many people earn too much to qualify for Oregon insurance but still can't afford other insurance options." - Latinx resident of The Dalles
- "I really don't have anything bad to say. I've always been on OHP and it's really helped me. I had a back injury and it paid for x rays, everything. My sister has epilepsy and OHP has paid for her seizure meds for 9 years." - Latinx youth living in NORCOR
- "Just 'Medicare' doesn't suggest that a person has good coverage." - Medicare recipient in The Dalles
- "Need health insurance for undocumented." - Latinx youth living in Hood River

COLLABORATION & INFORMATION SHARING

- "When more people know what's going on there can be more help." – Y.E.S. House youth participant
- "Consensual, informed info exchange - patients need to be a part of this process and have readily available transparent decision-making power on what is shared and with whom." - Uninsured resident of Hood River
- "This is connected to Social Support and Effective Referrals. If we have a supportive group of doctors and specialists who can see our comprehensive care in its totality, it makes the patient feel listened to and helps them realize that perhaps one issue affects another." - Latinx resident of The Dalles
- "Collaboration and information sharing for me relate to efficiency and quality of service. As an example, I see layers of agencies performing developmental screening and a lack of information sharing so children and families are going through repeated screenings. This can be seen in other ways too. When resources are limited, collaboration and information sharing allow us to maximize service delivery and patient convenience." - Four Rivers Early Learning Hub representative
- "This can be good and bad - if you're talking to a counselor and they tell your doctor something without your permission, you won't want to talk to them anymore." - Youth living in NORCOR

PHYSICAL ACTIVITY

- "Proven, equitable health outcomes." - Mosier resident
- "Physical health is important. Folks need to feel empowered and educated on where to go." - Latinx resident of Hood River
- "There's no gym in town, or a pool." - Cascade Locks resident
- "We don't have enough economic earnings [to access] this." - Latinx resident of Hood River
- "Exercising can make you feel better - like endorphins or something. You can exercise any time, you don't need special access or money, you can make it happen if you need to." - Youth living in NORCOR

EFFECTIVE REFERRALS

- "I hear of providers not asking about food security because there isn't a referral process." - Odell resident

Appendix B: Voices from the Community on New Priorities

The following topics were mentioned by individuals and/or community groups*

New Topic	Unique Mentions
Health Education, Prevention & Promotion	13
Childcare	7
Services for Older Adults	6
Early Childhood Development	5
Living Wage Jobs	4
Access to Nature	2
Domestic Violence	2
Education	2
Leadership Development	2
Emergency Preparedness	1
Environmental Health	1
Support for Criminal Justice Involved	1
Workforce Development	1

Health Education, Prevention & Promotion

- "This allows people to stay well and have tools to work toward wellbeing." - CAC member
- "What about wellness services? To help you maintain when you feel ok, and to even help people thrive? What if we could move not just from illness to wellness, but from wellness into thriving? Such as fitness classes covered, discussion about lack of access or knowledge about preventive health. Preventive health is so much cheaper than treating conditions." - Gorge Pride Alliance

Childcare

- "If people can't work [because they can't access child care], they can't access health care, pay for food, housing and transportation." - Hood River resident
- "Too few, too expensive, really distressing for parents." - Youth Think representative
- "We need more affordable daycare for working parents." - Latinx resident of The Dalles

Services for Older Adults

- "Medically fragile older adults often fall through the cracks, aren't getting social support when needed, do poorly, and become unsafe, unhappy, and/or unhealthy." - Aging in the Gorge Alliance representative
- "Short term memory loss and dementia in older adults is growing rapidly as our population ages. It presents a huge burden on individuals experiencing dementia, and on their families and caregivers." - Senior Advisory Council representative
- "In Gilliam County, there are a lot of seniors who want to stay in their homes, no help even for cleaning or people to check in on them. No Meals on Wheels out there." - Senior Advisory Council representative

Early Childhood Development

- "[Need] more social emotional emphasis in care - schools & hospitals. Also pay attention to influence of screen/media." - Input from Youth Think representative

Living Wage Jobs
- "Money is a huge determinant of health & wellness. Housing, food, transportation all stem from income." - Hood River resident
- "Our area is expensive. Not all families can afford healthcare, childcare, social and recreational activities in this area." - WAGAP representative

Access to Nature
- "Lots of impact on both physical and mental health. Create equitable accessibility." - The Dalles resident
- "Proven health benefits." - Mosier resident

Domestic Violence
- "Family. Healthy relationships. Work with prevention." - Latinx resident of Odell
- "Families (and more importantly) kids will live with less stress." - Latinx resident of Hood River

Emergency Preparedness
- "Food, water, shelter may be extremely limited in a disaster." - CAC representative

Environmental Health
- "The Columbia River should be cleaner." - Latinx youth living in Hood River County

Support for Criminal Justice Involved
- "Need for rehabilitation services for people transitioning out of incarceration." - Input from Natives Along the Big River

Workforce Development
- "It's really hard to retain staff in the mental health field." - Wasco Youth Services representative

Appendix C: Sources

HOUSING

Center for Economic and Policy Research (2021). Housing Insecurity by Race and Place During the Pandemic. https://cepr.net/report/housing-insecurity-by-race-and-place-during-the-pandemic/

Nelson, R.E. et al. (2021). Temporary Financial Assistance Decreased Health Care Costs For Veterans Experiencing Housing Instability. Health Affairs: 40, 5. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01796

Syracuse University, Institute for Veterans and Military Families. Housing Instability and Mental Distress Among US Veterans. https://ivmf.syracuse.edu/article/housing-instability-and-mental-distress-among-us-veterans/

Tsai, J. & Rosenheck, R. (2015). Risk Factors for Homelessness Among US Veterans. Epidemiologic Reviews, 37(1): 177-195. https://academic.oup.com/epirev/article/37/1/177/412707

The U.S. Department of Housing and Urban Development; Office of Community Planning and Development (2021). The 2020 Annual Homeless Assessment Report (AHAR) to Congress. https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf.

Washington Gorge Action Programs Community Needs Assessment. (2021). https://static1.squarespace.com/static/5cc35153fbf657000196d348/t/606b684bdcc501192abe5546/1617651816861/WAGAP-2020+Community-Needs-Assessment-Report-4-4-2021.pdf

FOOD

Gary-Webb et al. (2018). Evaluation of a Mobile Farmer's Market Aimed at Increasing Fruit and Vegetable Consumption in Food Deserts: A Pilot Study to Determine Evaluation Feasibility. Health Equity, 2(1): 375–383. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6301430/

Porter C. M. (2018). What gardens grow: Outcomes from home and community gardens supported by community-based food justice organizations. Journal of agriculture, food systems, and community development, 8(Suppl 1), 187–205. https://doi.org/10.5304/jafscd.2018.08A.002

University at Buffalo (2021). Focus on mobile produce and farmers markets to encourage healthy eating. http://www.buffalo.edu/ubnow/stories/2019/10/mobile-farmers-markets.html

TRANSPORTATION AND MOBILITY

DelRio et al (2017). Transportation Matters: A Health Impact Assessment in Rural New Mexico. International Journal of Environmental Research & Public Health, 14(6): 629. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5486315/

Enterprise Community Partners. (2014). Impact of Affordable Housing on Families and Communities: A Review of the Evidence Base. Columbia, MD: Enterprise Community Partners. https://homeforallsmc.org/wp-content/uploads/2017/05/Impact-of-Affordable-Housing-on-Families-and-Communities.pdf

Sze, N., & Christensen, K. (2017). Access to urban transportation system for individuals with disabilities. https://reader.elsevier.com/reader/sd/pii/S0386111217300444?token=E67EA485A10CA38E9F176B0A14DEE3F92468EB3540A75C7AB30A4F520252DCB271C7F4543818F8B79DC7D6C7C4004D2D&originRegion=us-east-1&originCreation=20210513230546

World Economic Forum (2019). Want a more inclusive society? Start with mobility. https://www.weforum.org/agenda/2019/01/want-a-more-inclusive-society-start-with-mobility/

Victoria Transport Policy Institute (2020). Evaluating Public Transportation Health Benefits. https://vtpi.org/tran_health.pdf

DENTAL CARE

Brian Z., Weintraub, J. (2020). Oral Health and COVID-19: Increasing the Need for Prevention and Access. Preventing Chronic Disease. http://www.cdc.gov/pcd/issues/2020/20_0266e.htm.

Centers for Disease Control & Prevention. (2019) Pregnancy and Oral Health. https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html

Head Start Early Childhood Learning & Knowledge Center (2020). Pregnancy & Oral Health. https://eclkc.ohs.acf.hhs.gov/publication/pregnancy-oral-health

Healthy Children.org (2019). Brushing for Two: How Your Oral Health Affects Baby. https://www.healthychildren.org/English/ages-stages/prenatal/Pages/Brushing-for-Two-How-Your-Oral-Health-Effects-Baby.aspx

Missouri Department of Health & Senior Services (2021). Pregnancy & Dental Health. https://health.mo.gov/living/families/oralhealth/pregnancy.php

PRIMARY CARE

Gruber, K. J., Cupito, S. H., and Dobson, C. F. (2013). Impact of doulas on healthy birth outcomes. The Journal of perinatal education, 22(1), 49–58. https://doi.org/10.1891/1058-1243.22.1.49. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/

BEHAVIORAL HEALTH CARE

The Columbia Gorge Resolution Center Business Plan. (2020).

Diamond, R. M., Brown, K. S., & Miranda, J. (2020). Impact of COVID-19 on the Perinatal Period Through a Biopsychosocial Systemic Framework. *Contemporary family therapy*, 1–12. https://doi.org/10.1007/s10591-020-09544-8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7371792/

Handtke O, Schilgen B, Mösko M (2019) Culturally competent healthcare – A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. PLoS ONE 14(7): e0219971. https://doi.org/10.1371/journal.pone.0219971.

King N, Fraser V, Boikos C, et al. (2014). Determinants of increased opioid-related mortality in the United States and Canada, 1990- 2013: A systematic review. Am J Public Health; 104: e32-42. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2014.301966

National Association of School Psychologists. (2021). Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists.https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/comprehensive-school-based-mental-and-behavioral-health-services-and-school-psychologists

Oregon Healthy Teen Survey (2017, 2019), Oregon Health Authority Oregon Healthy Teens Survey, https://www.oregon.gov/oha/PH/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx

Sanchez et al (2018). The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. Journal of the American Academy of Child and Adolescent Psychiatry, 57(3): 153-165. https://www.jaacap.org/article/S0890-8567(17)31926-3/fulltext

Slade, E. (2002). Effects of school-based mental health programs on mental health service use by adolescents at school and in the community. Mental Health Services Research, 4(3): 151-166. https://pubmed.ncbi.nlm.nih.gov/12385568/

HEALTH COVERAGE

American Community Survey, 2019 5-Year Estimates Detailed Tables, Table ID: B27003. https://data.census.gov/cedsci/

Center on Budget and Policy Priorities (2018). Medicaid Works For Children. https://www.cbpp.org/research/health/medicaid-works-for-children

PROMOTION AND PREVENTION

Bethell, C. D., Davis, M. B., Gombojav, N., Stumbo, S., & Powers, K. (2017). Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health. https://www.greatcircle.org/images/pdfs/aces-brief-101717.pdf

PHYSICAL ACTIVITY AND THE OUTDOORS

Blake et al (2009). How effective are physical activity interventions for alleviating depressive symptoms in older people? A systematic review. Clinical Rehabilitation; 23: 873-887. https://journals.sagepub.com/doi/pdf/10.1177/0269215509337449

Gill, T. (2014). The Benefits of Children's Engagement with Nature: A Systematic Literature Review. Children, Youth and Environments 24(2): 10-34. https://www.jstor.org/stable/10.7721/chilyoutenvi.24.2.0010?seq=1

Improving Health and Wellness through Access to Nature (2013). American Public Health Association. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/09/18/improving-health-and-wellness-through-access-to-nature

Sallis, J., Floyd, M., Rodríguez, D., & Saelens, B. E. (2012). Role of built environments in physical activity, obesity, and cardiovascular disease. Circulation, 125(5), 729–737. https://doi.org/10.1161/CIRCULATIONAHA.110.969022

Yidirim et al (2017). The effect of outdoor learning activities on the development of preschool children.
South African Journal of Education, 37(2).
https://www.researchgate.net/publication/317364687_The_effect_of_outdoor_learning_activities_on_the_development_of_preschool_children

Zubala A, MacGillivray S, Frost H, Kroll T, Skelton DA, Gavine A, et al. (2017) Promotion of physical activity interventions for community dwelling older adults: A systematic review of reviews. PLoS ONE 12(7): e0180902. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5507305/pdf/pone.0180902.pdf

SENSE OF COMMUNITY

Loades et al (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. Journal of Academy of Child Adolescent Psychiatry. 59(11):1218-1239.e3. doi:10.1016/j.jaac.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267797/

Panchal et. al (2021). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/#:~:text=A%20broad%20body%20of%20research,both%20mental%20and%20physical%20illnesses.

COLLABORATION AND INFORMATION SHARING

Cartier, Y., Fichtenberg, C., Gottlieb, L. (2019). Community Resource Referral Platforms: A Guide for Health Care Organizations. Social Interventions Research and Evaluation Network.
https://sirenetwork.ucsf.edu/tools-resources/resources/community-resource-referral-platforms-guide-health-care-organizations

YOUTH SAFETY

Ahluwalia, I., Wilson, K., Gorzkowski, J. (2020). Protecting Youth From Tobacco Around the Globe: Evidence to Practice. Pediatrics, 146 (4), doi: https://doi.org/10.1542/peds.2020-1585.
https://pediatrics.aappublications.org/content/146/4/e20201585?casa_token=3woHyxvkZdIAAAAA%3AmcIu_aMMUks55YCn8nN2kCtDeg3FGPbeUtaL0mYqp1NQMehNAtJufJxWlj3ad_GmjHWHqofyhA

Centers for Disease Control and Prevention. (2009). School Connectedness: Strategies for Increasing Protective Factors Among Youth. U.S. Department of Health and Human Services.
https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf

Youth & Parent Survey Results. (2020). School Health Services Planning Grant.

EARLY CHILDHOOD DEVELOPMENT AND CHILDCARE

Culturally Responsive Care. (n.d.). U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/infant-toddler-resource-guide/culturally-responsive-care

Virmani, E. A., & Mangione, P. L., (Eds.). (2013). Infant/toddler caregiving: A guide to culturally sensitive care (2nd ed.). Sacramento, CA: California Department of Education. https://www.pitc.org/resources/infanttoddler-caregiving-guide-culturally-sensitive-care-second-edition

Appendix D: Partners in Developing and Implementing the CHIP

Cohort Partners:
Advantage Dental
Columbia Gorge Health Council
Eastern Oregon Coordinated Care Organization
Four Rivers Early Learning Hub
Hood River County Public Health Department
Klickitat County
Klickitat Valley Health
Mid-Columbia Center for Living
Mid-Columbia Medical Center
North Central Public Health District
One Community Health
PacificSource Community Solutions
Providence Hood River Memorial Hospital
Skamania County
Skyline Hospital
Southwest Washington Account Community of Health (SWACH)
United Way

Key Stakeholders:
Age+
Bridges to Change
Bridges to Health of the Columbia Gorge Health Council
Capitol Dental Coordinated Organization
City of Hood River
City of The Dalles
Columbia Area Transit (CAT)
Columbia Gorge Clinical Advisory Panel and workgroups
Columbia Gorge Community Advisory Council
Columbia Gorge Education Service District
Columbia Gorge Family Medicine
Columbia Gorge Food Bank
Columbia Gorge Food Security Coalition
Columbia Gorge Oral Health Coalition
Columbia Gorge Postpartum Support
Columbia Gorge System of Care Committees with Columbia Gorge CCO
Columbia River Inter-Tribal Fish Commission
Community Health Worker Collaborative
CultureSeed
Family Baby Association
FISH Food Bank

Gorge Ecology Outdoors
Gorge Grown Food Network
Gorge Impact
Gorge TransLink
Gorge Wellness Alliance
HAVEN Domestic and Sexual Violence
Hood River County Prevention Department
Hood River Parks and Recreation District
Hood River Valley Adult Center
Hood River Valley School Based Health Center
LINK in Wasco County
Mid-Columbia Children's Council
Mid-Columbia Community Action Council
Mid-Columbia Health Foundation
Mid-Columbia Housing Authority
Mid-Columbia Economic Development District
Mid-Columbia Senior Center
Natives Along the Big River
Nch'i Wana Housing
NORCOR
North Wasco County School District 21
Northern Wasco County Parks and Recreation District
Northwest Tribal Food Sovereignty Coalition
Oregon Child Development Coalition
Oregon Department of Human Services, District 9
Oregon Health Authority: Community Partner Outreach Program
Oregon Regional Solutions
OSU Extension: Hood River and Wasco Counties
Providence Volunteers in Action
Reliance Health Information Exchange
South Wasco Alliance
South Wasco County School District
The Next Door, Inc.
Veteran's Services in Wasco and Hood River Counties
Wasco County Sheriff's Office
Wasco County Youth Services
Washington Gorge Action Programs (WAGAP)
YouthThink

Appendix D: Memorandums of Understanding

Memorandum of Understanding to Conduct a Seven-County, Collaborative Community Health Assessment (CHA) in 2019 and Community Health Improvement Plan (CHIP) in 2020

Section 1: Collaboration

1a: Overview

This Memorandum of Understanding describes shared commitments, project timing, roles, and responsibilities between participating organizations in the seven-county region comprised of Hood River, Wasco, Sherman, Gilliam and Wheeler Counties in Oregon as well as Klickitat and Skamania Counties in Washington to develop a single Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), across hospitals, public health entities, a community health center, behavioral health, early learning and coordinated care organization stakeholders. The signatories of this agreement are purposefully collaborating to satisfy regulatory requirements and are making meaningful commitments to the process. A complete list of all collaborators is attached.

1b: Background

Prior to 2013, multiple needs assessments were conducted separately for various populations and geographies within this region. There was limited common framework or process to organize data in a way that was simultaneously accessible to all stakeholders in the region, and therefore opportunities to provide valuable and strategic services within our community were missed. Efforts to prioritize needs, to coordinate health improvement efforts, and to track outcomes were inconsistent, resulting in less impactful outcomes.

In 2016, the Community Advisory Council of the Columbia Gorge Health Council (CGHC) convened multiple stakeholders and facilitated coordination on a shared Community Health Assessment (CHA). This document was used by the partners to each satisfy regulatory requirements while arriving at a shared understanding of the health priorities in the region. In 2017, The CGHC adopted a corresponding Community Health Improvement Plan/Process (CHIP) which prioritized the needs and described a common agreement on the path forward to greater understanding, participation, action and measurement of results.

These two documents served as critical guidelines in the allocation of several million dollars of Coordinated Care Organization (CCO) transformation fund monies and hospital community benefit investments as well as supporting the successful procurement of substantial grant funding specifically directed at the CHIP priorities.

1c: Principles of Collaboration

The Community Advisory Council of the Columbia Gorge Health Council ("CGHC") and the signatories to this document have endorsed the following principles of collaboration:

- A collaborative approach to the CHA and the CHIP is better for our region, yielding more accurate and more actionable products, as community providers agree on the needs within our region and communities and as we align our abilities to address those needs together.
- A collaborative approach to the CHA and CHIP will maximize collective resources available for improving health in the region.
- A collaborative approach to the CHA and CHIP must be truly collaborative, requiring commitments of cash or in-kind resources from all participants who would use it to satisfy a regulatory requirement.
- Most importantly, we affirm that our common effort is grounded in commitments to excellence, equity and inclusivity as we develop strengths, address health disparities, and improve systems in our region, together. Our collaboration empowers us to better fulfill each of our respective missions, and thus to advance a culture of health in the Mid-Columbia.

1d: Definitions

- **Community Health Assessment (CHA):** A regulatory requirement or best practice expected of nonprofit hospitals; risk-bearing Medicaid carriers, such as coordinated care organizations; public health departments; federally qualified health centers; community mental health programs, private foundations and other entities, each with overlapping but distinct requirements, to study and measure the community health status and drivers contributing to good and poor health. In the Columbia Gorge, the above-named entities accomplish this in a collaborative manner. Also known as a Community Health Needs Assessment (CHNA).
- **Community Health Improvement Plan (CHIP):** A regulatory requirement or best practice expected of the above-named entities in which community health needs are prioritized for action, and specific, measurable actions, goals and timelines are defined. In the Columbia Gorge, the above-named entities accomplish the CHIP in a collaborative manner and agree to the common priorities.
- **Cohort Members:** Those agencies and their designated representatives who are signatories to this agreement. Cohort members have a current or anticipated regulatory requirement for a needs assessment or improvement plan and commit cash and or in-kind services for the Assessment and Improvement Plan, or design their community allocations to align with the CHIP.
- **Columbia Gorge Health Council:** The organization under the leadership of the Executive Director
- **CORE (Center for Outcomes Research and Education):** the vendor who produces the Community Health Survey, contracted by CGHC.
- **CHA/CHIP Workgroup:** The group of designated cohort representatives, plus up to 5 content experts from the Community Advisory Council and/or the Clinical Advisory Panel of the Columbia Gorge Health Council.
- **Community Advisory Council (CAC):** A body chartered by the Columbia Gorge Health Council (CGHC) Governance Board to identify needs, barriers, and opportunities and to advise and make recommendations on solutions that support health and well-being in the region
- **CAC Partners:** Agencies whose delegates regularly participate in the Community Advisory Council of the Columbia Gorge Health Council and who may have specific areas of interest or expertise relative to the CHA and the CHIP.
- **Collaborators:** Other organizations or individuals who have specific areas of interest or expertise that may be engaged at different parts of the CHA/CHIP process but not part of the CAC.

1e: Shared Understandings

- The cohort member organizations declare their shared intent to collaborate in the CHA and the CHIP, as evidenced by the meeting minutes of the cohort members, beginning (for this iteration) in September 2018. Further evidence of intent to collaborative is documented in CGHC's Community Advisory Council minutes and numerous collaborative CHA/CHIP planning activities and messages in advance of finalizing this document. A copy of this MOU will be included in the appendix of the collaborative CHA.

- This MOU's term begins January 1, 2019 and continues through April 30, 2020, or when the Community Health Improvement Plan (CHIP) is adopted by the CAC, whichever comes first.

- CGHC will serve as the convener of Cohort Members, the CHA/CHIP Workgroup and the Community Advisory Council for the elements of this process.

- The Community Advisory Council will serve as the final approval body for both the 2019 CHA and the 2020 CHIP, and will be the forum for refining consumer-facing elements, such as the community health survey.

- Each of the Cohort organizations agrees to contribute cash and/or in-in kind resources to develop this collaboration and to realize the CHA, according to the schedule below in section 3.

- Cohort Members (and other CAC partners) will evaluate opportunities to contribute cash and/or in-kind resources toward identified strategies in the CHIP, in keeping with their mission, available resources and regulatory requirements and in coordination with other participating agencies.

- Subject to applicable law and each organization's applicable policies, the Cohort organizations have agreed to share, both publicly and with each other, the findings of population demographic and health data; agency, service, provider, and community sessions; focus groups; listening sessions; community forums; interviews; and consumer surveys. Any facility-specific utilization data will be shared by further agreement of the individual parties and in the most consistent format possible.

- While efforts will be made to accommodate as many needs as possible, each of the participating organizations is responsible for amending the collaborative CHA and CHIP to satisfy the specific requirements of any regulatory bodies to whom they are accountable.

- Each of the Cohort Members recognizes that this is the third instance of an ongoing collaborative effort, that future iterations of a collaborative CHA and CHIP will continue to evolve, and that there is a shared intention to be inclusive of additional participating organizations, including participants from sectors outside of health care.

Section 2: Terms of MOU

- The Columbia Gorge Health Council shall serve as the Community Convener for the development of this collaborative community health assessment (CHA) and community health improvement plan (CHIP), according to the description, above.
- Each Cohort organization will provide, at the time of this agreement, the names and contact information for a representative to participate in a CHA/CHIP work group. The work group will be convened by the CGHC project lead. The work group will meet distinctly, as needed, and members are additionally encouraged to attend and participate in the Community Advisory Council of CGHC.
- The CHA/CHIP Workgroup and the Community Advisory Council shall govern decision-making for the CHA and CHIP process as described the following table:

DETERMINATION	DECISION BODY
Scope of consumer survey questions	Workgroup
Final wording of consumer survey questions	CAC
Number of consumer surveys, mailing specifics	Workgroup
Other data to be included	Workgroup
Perform hand-fielded surveys	CAC + Workgroup

Collaboration/Coordination Survey	Workgroup
Process and timeline details	Workgroup
Tables of Contents of CHA and CHIP	Workgroup
Final approval authority for collaborative CHA and CHIP	CAC

- On matters to be decided, each body will represent one vote and matters will be determined by simple majority vote. The CGHC Community Advisory Council will act as final authority should the participating organizations reach an impasse.
- The CGHC will continue to provide project management, process facilitation and central coordination of efforts.
- Criteria to select additional participants may be developed and include reevaluation of funding model.
- Any party may terminate its participation in this MOU by providing the other parties hereto with 30-days advance written notice.

Participating Organizations (in alphabetical order):

- Advantage Dental
- Columbia Gorge Health Council
- Eastern Oregon Coordinated Care Organization
- Four Rivers Early Learning Hub
- Hood River County Health Department
- Klickitat Valley Health
- Klickitat County Health Department
- Mid-Columbia Medical Center
- Mid-Columbia Center for Living
- North Central Public Health District
- One Community Health
- Pacific Source Community Solutions
- Providence Hood River Memorial Hospital
- Skamania County Health Department
- Skyline Hospital
- Southwest Washington Accountable Communities of Health
- United Way of the Columbia Gorge

Seven -County Region of Study:

Oregon Counties: Gilliam, Hood River, Sherman, Wasco, Wheeler
Washington Counties: Klickitat, Skamania

Common Assessment Process: The cohort organizations have selected a modified Mobilizing for Action through Planning and Partnerships (MAPP) process as a common assessment framework. Developed by NAACHO, the MAPP framework consists of 6 phases: Organizing, Visioning, Assessments, Strategic Issues, Formulate Goals and Strategies, and Action Cycle.

Common Framework: The cohort organizations have agreed to continue using the Robert Wood Johnson Foundation's Culture of Health Vision to Action Framework as a means to organize the CHA and to select drivers for prioritization of collaborative efforts in the CHIP.

Participant Commitment: Representative organizations will commit to participate in this project throughout the term of this Agreement. Each participant organization will contribute a designated organizational representative to work with the convening organization to implement and sustain the project. A reevaluation will occur at the end of term to determine ongoing needs.

Section 3: Financial Commitments:

Participating Organizations will each contribute cash and/or in-kind resources, proportionate to their overall revenue, staffing and regulatory requirements. Cash contributions are agreed to according to the table below:

	Organization	**Cash Contribution**	**Estimated In-Kind Cash Value**
1	Advantage Dental	$2,500	
2	Columbia Gorge Health Council	Balance of funds needed not to exceed $40,000	$15,000 in staff time
3	Eastern Oregon Coordinated Care Organization	$5,000	
4	Four Rivers Early Learning Hub	$1,000	
5	Hood River County Health Department	-	
6	Klickitat Valley Health	$3,500	
7	Klickitat County Health Department	-	
8	Mid-Columbia Medical Center	$7,500	
9	Mid-Columbia Center for Living	$3,000	
10	North Central Public Health District	-	
11	One Community Health	$5,000	

		+ $2,500 for Capital Dental	
12	Pacific Source Community Solutions	Funds provided to CGHC	$6,300 in staff time
13	Providence Hood River Memorial Hospital	-	$30,000
14	Skamania County Health Department	-	
15	Skyline Hospital	$3,500	
16	Southwest Washington Accountable Communities of Health	$5,000	
17	United Way of the Columbia Gorge	$1,000	

Section 4: Organizational Commitments

The mission of Advantage Dental Services, LLC (Advantage Dental) is to improve the oral health of all.

In order to better accomplish this mission, we have established a collaboration with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Advantage Dental takes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories, which data shall be fully de-identified in accordance with HIPAA standards:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- For the 2019-2020 year, contribute a minimum of $2,500, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments, to be used solely for the administration and achievement of the objectives of the CHA and development of the CHIP.

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: Advantage Dental Services, LLC Date: November 12, 2019

Name: Kevin Boie Title: Chief Operating Officer

Designated Organizational Representative: 

Section 4: Organizational Commitments

The mission of Columbia Gorge Health Council is to elevate the well-being of everyone living in the Columbia Gorge through Governing the CCO, Allocating spending, Operating collaborative programs and Convening partners for health improvement efforts.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Columbia Gorge Health Council makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify, gather and assemble qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019.
- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $60,000 in staff time and fees

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 12/3/2019

Name: Trey Rigert, MD

Title: Board Chair

Designated Organizational Representative: Coco Yackley

Section 4: Organizational Commitments

The mission of Eastern Oregon Coordinated Care Organization envisions an undivided attention to striving for a healthy community that praises the success and well-being of the individual and as a whole.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Eastern Oregon Coordinated Care Organization makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $5000.00, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: Sean Jessup Date: November 1, 2019

Name: Sean Jessup

Title: President, EOCCO

Designated Organizational Representative: Paul McGinnis

Section 4: Organizational Commitments

The mission of the Four Rivers Early Learning Hub (4RELH) is: Working together to give all children an equitable start – across Gilliam, Hood River, Sherman, Wasco and Wheeler Counties, where children thrive in stable and attached families, enter kindergarten ready to engage in meaningful learning, and live in communities where people work together with intention and purpose. We achieve this thru **Supporting** existing early care and education programs and their growth, **Expanding** early care and education program proficiency and/or capacity and **Aligning** efforts to improve planning, communication, and outcomes.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Four Rivers Early Learning Hub makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $1000, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: __ Christa A. Rude __*_____ Date: _____11/25/2019_____

Name: ____Christa A. Rude _____

Title: ____Director, Four Rivers Early Learning and Parenting Hub_____

Designated Organizational Representative: _____Same as above, _____

*per Governance Board Approval in 2018.

Section 4: Organizational Commitments

The mission of Hood River County is: A Small County with a Big Mission: Providing Quality of Life for All

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Hood River County makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $0.00, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: Jeff Hecksel Date: ____November 26, 2019_____

Name: _Jeff Hecksel_____

Title: __County Administrator _____

Designated Organizational Representative: ___Trish Elliott, Health Department Director_____

Section 4: Organizational Commitments

Klickitat Valley Health is dedicated to our mission of providing quality and compassionate healthcare and respectful personalized service.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Klickitat Valley Health makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $3,500, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: October 31, 2019

Name: Leslie Hiebert
Title: Chief Executive Officer
Designated Organizational Representative: Charis Weis, Director of Human Resources and Community Outreach

Section 4: Organizational Commitments

The mission of Klickitat County Health Department is to care for our community with compassion, respect, and integrity.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Klickitat County Health Department makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $0 payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 10/31/19

Name: **David Kavanagh**

Title: **Environmental Health Director – Interim Public Health Director**

Designated Organizational Representative: **David Kavanagh**

Section 4: Organizational Commitments

The mission of Mid-Columbia Medical Center is:

To lead and act as a catalyst in promoting health for all people. To recognize the individual as a whole human being with different needs that must be enthusiastically met.

To communicate a vision of health, art, education, technology and a center for healing which will continually upgrade the quality of life in the community environment in which we all live.

To empower people to become partners in their health care.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Mid-Columbia Medical Center makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $7,500, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By:  Date: 11/27/19

Name: Dennis Knox

Title: President and Chief Executive Officer

Designated Organizational Representative: Celeste Hill-Thomas

Section 4: Organizational Commitments

The mission of Mid-Columbia Center for Living is *to provide comprehensive and culturally appropriate behavioral health services in the least restrictive setting.*

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Mid-Columbia Center for Living makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $3000.00, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: _____11/25/19_____

Name: ____Al Barton_____

Title: _____Interim Executive Director_____

Designated Organizational Representative: ____Al Barton_____

Section 4: Organizational Commitments

The mission of North Central Public Health District is to promote health and protect against disease to ensure the optimal health and well-being of the communities we serve.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

North Central Public Health District makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $0.00, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 11/7/2019

Name: Eri L. Thalhofer, RN, BSN

Title: Director

Designated Organizational Representative: _____

Section 4: Organizational Commitments

The mission of One Community Health is to advance health and social justice for all members of our community.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

One Community Health makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, e.g. neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $7,500, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: November 26, 2019

Name: Max Janasik

Title: Chief Executive Officer

Designated Organizational Representative: Dr Elizabeth Aughney, DDS

Section 4: Organizational Commitments

The mission of PacificSource Community Solutions (PSCS) is to provide better health, better care, and better cost to the people and communities we serve.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

PSCS makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute funds to CGHC on a monthly basis through the Joint Management Agreement, as well as in-kind staff time.

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 12/1/2019

Name: Lindsey Hopper

Title: Vice President of Medicaid Programs

Designated Organizational Representative: Elke Towey

Section 4: Organizational Commitments

The mission of Providence Hood River Memorial Hospital is: As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Providence Hood River Memorial Hospital makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute in kind equivalent to over $30,000, according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 11/12/2019

Name: Jeanie Vieira

Title: Chief Executive Officer

Designated Organizational Representative: Mark Thomas

Section 4: Organizational Commitments

The mission of Skamania County Public Health is:
Skamania County Public Health's mission is to improve the health of individuals, families and communities through the promotion of health, **prevention of disease and protection from injury.**

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Skamania County Public Health makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $0, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: Skamania County Public Health Date: November 26, 2019

Name: Kristy Richards, LICSW

Title: Skamania County Community Health Director

Section 4: Organizational Commitments

The mission of Skyline Hospital is to provide an exceptional level of health and well-being in our community.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

Skyline Hospital makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $3,500, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 11/1/2019

Name: Robert Kimmes

Title: CEO

Designated Organizational Representative: Debi Budnick

Section 4: Organizational Commitments

The mission of Southwest Washington Accountable Community of Health (SWACH) is "We bring together community members and other experts to address our region's major health challenges. Through innovative patnerships and local resources, we work to create lasting changes and a healthier future – for everyone"

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

SWACH makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $5,000, payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: Barbara A. West Date: November 15, 2019

Name: Barbe West Title: Executive Director

Designated Organizational Representative: Barbe West

Section 4: Organizational Commitments

The mission of United Way of the Columbia Gorge is to benefit social service agencies and organizations that render local service in the field of health, welfare, group care or related areas.

In order to better accomplish this mission, we have established a partnership with numerous other organizations serving the Columbia Gorge, according to Sections 1, 2 and 3 of this document.

UWCG makes the Following Commitments:

Contribute the following as part of the Community Health Assessment (CHA):

- Assign an organizational representative to participate in CHA-CHIP workgroup meetings, as requested by CGHC
- Assign organizational staff or volunteers to facilitate completion and submission of hand-fielded surveys
- Provide response(s) to the Care Coordination Survey by staff who make and/or receive referrals to other health and human services organizations in the community as requested.
- Identify and provide to the Columbia Gorge Health Council appropriate qualitative and quantitative data relevant to the topics listed in the CHA outline by October 18, 2019. Provide quantitative data by % in the following categories:
    - Overall for your organization's service area
    - By county
    - By demographic groups experiencing disparities, indicating "yes" or "no" for each of the following:
        - Young families (~households with children <6 years old)
        - Low Income (Medicaid, SNAP, WIC, or <200% FLP all acceptable proxies)
        - Adults on Medicaid
        - Medicare (>64, acceptable as proxy)
        - Caregivers
        - Latino or Non-White
        - Non-Hispanic White
        - Geo-locations (a particular geographic subset, eg neighborhood)
        - Migrant/Seasonal Farmworkers

Exclude personally identifiable information in any category if n = <20.
Include data source and any recognition of individuals within your organization who contributed to this work.

- To the degree possible, endorsing the collaborative CHA and aligning your organizational strategy with it
- Contribute a minimum of $1,000 payable to Columbia Gorge Health Council according to the schedule under Section 3: Financial Commitments

Contribute the following as part of the Community Health Improvement Plan (CHIP):

- Assign an organizational representative to participate in CAC meetings where CHA and CHIP are discussed
- Participate in CHA-CHIP workgroup meetings, as requested by CGHC
- To the degree possible, endorse the collaborative CHIP and aligning your organizational strategy with it

By April 2020, declare your organization's specific responses to identified needs:

- Provide a list of any specific activities and/or investments your organization will make, in response to identified needs in a manner that can be aggregated and shared publically

By: _____ Date: 10/31/19

Name: Jarrod Holmes

Title: Executive Director UWCG

Designated Organizational Representative: Jarrod Holmes

Appendix E
Community Engagement Efforts

- 2020 Columbia Gorge Health Council Committee Meetings
- 2021 Columbia Gorge Health Council Committee Meetings
- Survey Monkey Results: English
- Survey Monkey Results: Spanish
- Participating Community Groups
- Summary of CHIP Priorities: English
- Summary of CHIP Priorities: Spanish

2020

Columbia Gorge Health Council Committee Meetings

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JAN

- 9: CAP 6-8p @ Providence Boardroom
- 9: Finance Committee 2-3p on Phone
- 22: Board 5:30-8p @ MCMC Conf Room 1
- 27: CAC 3-5p @ MCMC MOB A

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

FEB

- 6: CAP 6-8p @ MCMC Conf Room 1
- 6: Finance Committee 2-3p on Phone
- 24: CAC 3-5p @ FISH Food Bank
- 26: Board 5:30-8p @ Providence Boardroom

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

MAR

- 5: CAP 6-8p @ Providence Boardroom
- 5: Finance Committee 12-2p @ CCO East
- 16: CAC 3-5p @ MCMC MOB A
- 18: Board 5:30-8p @ MCMC Conf Room 1

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

APR

- 2: CAP 6-8p @ MCMC Conf Room 1
- 2: Finance Committee 2-3p on Phone
- 27: Joint CAC/Board 3-6pm @ FISH FoodBank

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

MAY

- 7: CAP 6-8p @ Providence Boardroom
- 7: Finance Committee 2-3p on Phone
- 18: CAC 3-5p @ MCMC MOB A
- 27: Board(Strat. Plan) 3-7p @ MCMC Conf Room 1

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JUN

- 4: CAP 6-8p @ MCMC Conf Room 1
- 4: Finance Committee 12-2p @ CCO East
- 15: CAC 3-5p @ FISH Food Bank
- 24: Board(Strat. Plan) 3-7p @ Providence Boardroom

Last Updated November 1, 2019

2020

Columbia Gorge Health Council Committee Meetings

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUL

9: CAP 6-8p @ Providence Boardroom

9: Finance Committee 2-3p on Phone

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUG

6: Finance Committee 2-3p on Phone

17: CAC 3-5p @ FISH Food Bank

26: Board 5:30-8p @ Providence Boardroom

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

SEP

3: CAP 6-8p @ Providence Boardroom

3: Finance Committee 2-3p on Phone

28: CAC 3-5p @ MCMC MOB A

28: Board 5-8p @ MCMC Conf Room 1

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

OCT

1: CAP 6-8p @ MCMC Conf Room 1

1: Finance Committee 12-2p @ CCO East

19: CAC 3-5p @ FISH Food Bank

28: Board 5:30-8p @ Providence Boardroom

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

NOV

5: CAP 6-8p @ Providence Boardroom

5: Finance Committee 2-3p on Phone

16: CAC 3-5p @ MCMC MOB A

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

DEC

9: Board 5:30-8p @ Providence Boardroom

10: CAP 6-8p @ MCMC Conf Room 1

10: Finance Committee 12-2p @ CCO East

21: CAC 3-5p @ FISH Food Bank

Last Updated November 1, 2019

2021

Columbia Gorge Health Council Committee Meetings

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JAN

7: CAP 6-8p, Virtual (Zoom)

7: Finance Committee 2-3:30p, Virtual (Zoom)

25: CAC 3-5p, Virtual (Zoom)- *voting members only*

27: Board 5:30-8p, Virtual (Zoom)

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

FEB

4: CAP 6-8p, Virtual (Zoom)

4: Finance Committee 2-3:30p, Virtual (Zoom)

15: CAC 3-5p, Virtual (Zoom)

24: Board 5:30-8p, Virtual (Zoom)

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

MAR

4: CAP 6-8p, Virtual (Zoom)

4: Finance Committee 12-2p, Virtual (Zoom)

15: CAC 3-5p, Virtual (Zoom) - *Voting members only*

17: Board 5:30-8p, Virtual (Zoom)

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

APR

1: CAP 6-8p, Virtual (Zoom)

1: Finance Committee 2-3:30p, Virtual (Zoom)

19: CAC 3-5p, Virtual (Zoom)

28: Board 5:30-8p, Virtual (Zoom)

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MAY

6: CAP 6-8p, Virtual (Zoom)

6: Finance Committee 2-3:30p, Virtual (Zoom)

17: CAC 3-5p, Virtual (Zoom)

26: Board 5:30-8p, Virtual (Zoom)

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JUN

3: CAP 6-8p, Virtual (Zoom)

3: Finance Committee 12-2p - Virtual (Zoom)

21: CAC 3-5p, Virtual (Zoom) - *Voting members only*

23: Board 5:30-8p, Virtual (Zoom)

Last Updated November 30, 2020

2021

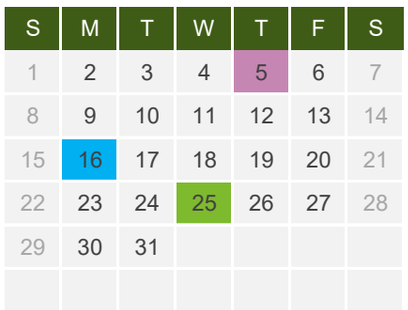
Columbia Gorge Health Council Committee Meetings

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUL

8: CAP 6-8p, TBD (Providence or Virtual)

8: Finance Committee 2-3:30p, Virtual (Zoom)



S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUG

5: Finance Committee 2-3:30p, Virtual (Zoom)

16: CAC 3-5p, TBD

25: Board 5:30-8p, TBD (Providence or Virtual)

S	M	T	W	T	F	S
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26	27	28	29	30		

SEP

2: CAP 6-8p, TBD (Providence or Virtual)

2: Finance Committee 2-3:30p, Virtual (Zoom)

20: Joint CAC/Board 3-5p, TBD

20: Board 5:15-6p, TBD

S	M	T	W	T	F	S
					1	2
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

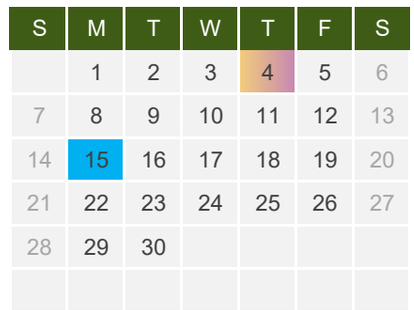
OCT

7: CAP 6-8p, TBD (MCMC or Virtual)

7: Finance Committee 12-2p, TBD

18: CAC 3-5p, TBD - *Voting members only*

27: Board 5:30-8p, TBD (Providence or Virtual)



S	M	T	W	T	F	S
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

NOV

4: CAP 6-8p, TBD (Providence or Virtual)

4: Finance Committee 2-3:30p, Virtual (Zoom)

15: CAC 3-5p, TBD

S	M	T	W	T	F	S
			1	2	3	4
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12	13	14	15	16	17	18
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26	27	28	29	30	31	

DEC

8: Board 5:30-8p, TBD (Providence or Virtual)

9: CAP 6-8p, TBD (MCMC or Virtual)

9: Finance Committee 12-2p, TBD

20: CAC 3-5p, TBD

Last Updated November 30, 2020

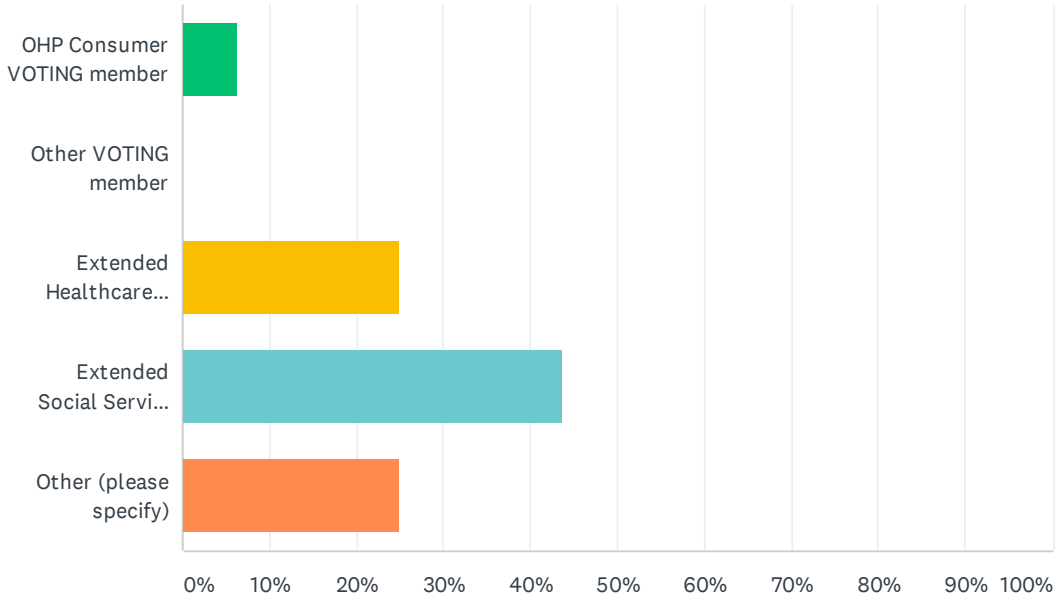
Q1 Name (Optional)

Answered: 9 Skipped: 23

#	RESPONSES	DATE
1	Susan Lowe	3/8/2020 6:13 PM
2	Coco Yackley	3/8/2020 1:06 PM
3	Janet Hamada	3/6/2020 4:48 PM
4	Kristen Slatt	3/6/2020 10:50 AM
5	Kathy Fitzpatrick	3/5/2020 4:21 PM
6	Joel Pelayo	3/5/2020 3:47 PM
7	Lindy McCasland	3/5/2020 12:07 PM
8	Tara Koch	3/4/2020 5:47 PM
9	Katy Williams	3/4/2020 4:37 PM

Q2 Are you a:

Answered: 32 Skipped: 0

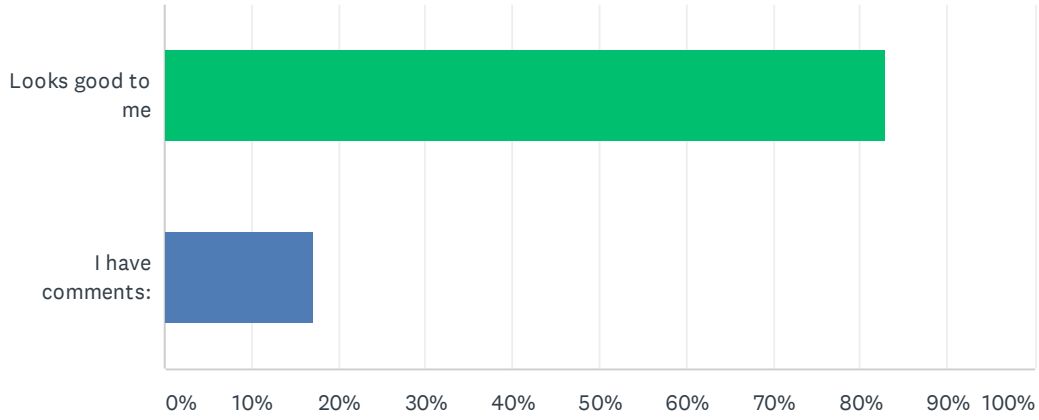


ANSWER CHOICES	RESPONSES	
OHP Consumer VOTING member	6.25%	2
Other VOTING member	0.00%	0
Extended Healthcare Member	25.00%	8
Extended Social Service Member	43.75%	14
Other (please specify)	25.00%	8
TOTAL		32

#	OTHER (PLEASE SPECIFY)	DATE
1	community member	3/9/2020 10:53 AM
2	community member	3/9/2020 10:46 AM
3	CGHC Staff	3/8/2020 1:06 PM
4	Food security coalition member	3/8/2020 1:06 PM
5	Extended member: Mid-Columbia Economic Devel District	3/5/2020 4:21 PM
6	community member	3/5/2020 11:53 AM
7	OHP Consumer non-voting	3/5/2020 7:55 AM
8	kjl	3/4/2020 10:19 PM

Q3 Do you have any comments on the above Foundational Goal?

Answered: 29 Skipped: 3

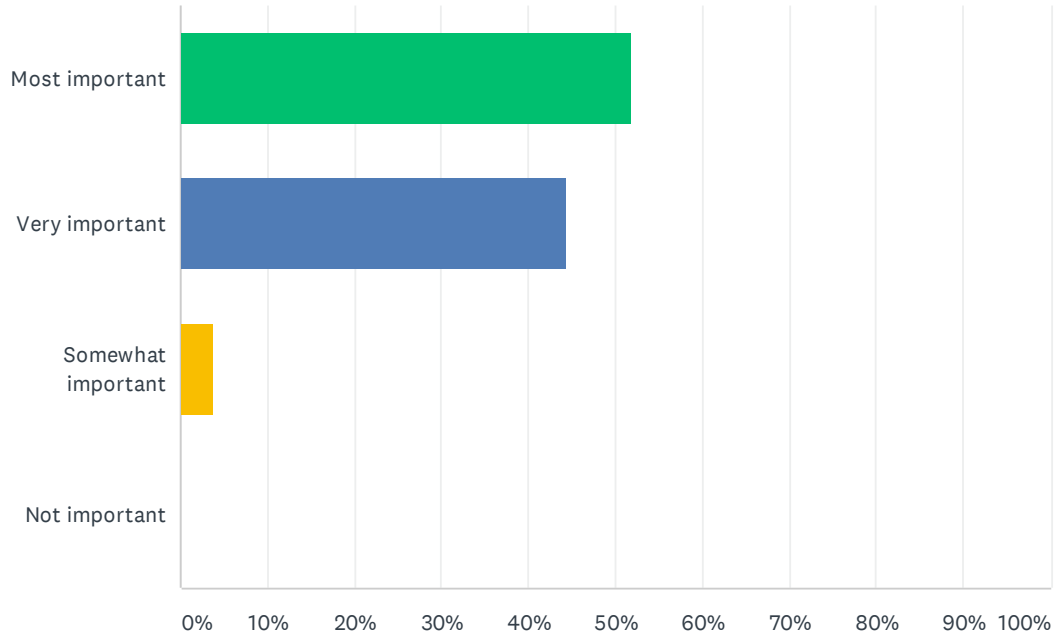


ANSWER CHOICES	RESPONSES	
Looks good to me	82.76%	24
I have comments:	17.24%	5
TOTAL		29

#	I HAVE COMMENTS:	DATE
1	When the CAC shifts its focus to developing the CCO specific CHIP, the scope of 'ALL' community members is at the expense of ensuring OHP members have equitable access.	3/8/2020 1:08 PM
2	This may be a personal read on the use of an equity lens; I see an equity lens as a development tool (before we take this action, asking is this equitable?) rather than a measurement (retroactive, was that done equitably?) tool.	3/6/2020 10:37 AM
3	I'd like to see more specific attention paid to older adults and family or other unpaid caregivers	3/6/2020 7:34 AM
4	"We are committed to ensuring we measure our improvement through an equity lens and that services are provided in ~~an equitable and~~ trauma-informed way."	3/5/2020 12:46 PM
5	I support the verbiage, however this goal does not identify 'how' this will be done. Paragraph 1 is good. Paragraph 2, after the first sentence and/or to complete the goal, it should state how this will be done. For example: We are committed to ensuring we measure our improvement through an equity lens and that services are provided in an equitable and trauma informed way. Outcome measures will identify that 70% (or higher) of individuals (or members???) who received services were trauma informed and equitable. OR We are committed to ensuring we measure our improvement through an equity lens and that services are provided in an equitable and trauma informed way. Improvement is measured by: xoxoxoxoxoxoxoxoxoxo..... End with last sentence. It is already wordy, however, without the 'how', it reads more as a statement.	3/4/2020 6:10 PM

Q4 How important is this topic to you? HOUSING:• Safe housing that is available, affordable and accessible • People don't worry about losing their housing• People spend less than 30% of their income on housing

Answered: 27 Skipped: 5

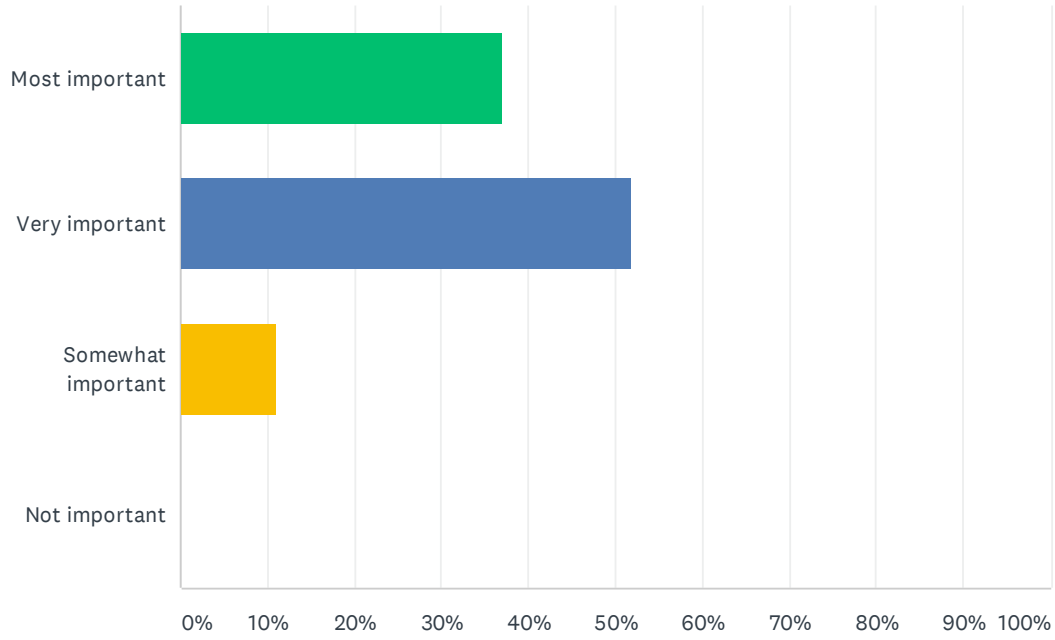


ANSWER CHOICES	RESPONSES	
Most important	51.85%	14
Very important	44.44%	12
Somewhat important	3.70%	1
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Housing is important but I don't recommend the CAC work on this topic as several groups are already working on it.	3/8/2020 6:17 PM
2	This area of the Gorge life is not cheap, consequently this brings the housing affordability not easy	3/5/2020 3:51 PM
3	Consider adding an overall definition of available, affordable, and accessible to the priorities as a whole	3/5/2020 12:51 PM
4	There is not adequate affordable year round housing.	3/5/2020 10:00 AM
5	HUD guidelines actually say "no more than 30%."	3/4/2020 5:34 PM

Q5 How important is this topic to you? FOOD:• Affordable and healthy food is available to all• People do not worry about running out of food for themselves and/or their household

Answered: 27 Skipped: 5

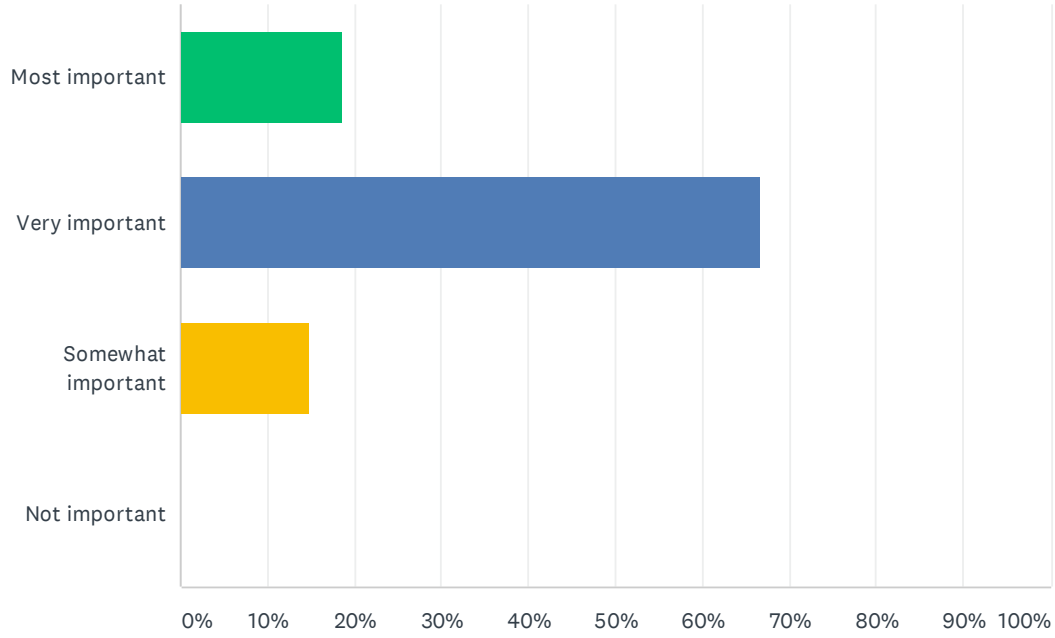


ANSWER CHOICES	RESPONSES	
Most important	37.04%	10
Very important	51.85%	14
Somewhat important	11.11%	3
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Recommend adding: Healthy school-based meals are available to all children.	3/8/2020 1:11 PM
2	Most important because of its impact on health and also the relatively low cost of implementing change in this area compared to affordable housing or improving transportation networks.	3/8/2020 1:10 PM
3	I would strongly suggest adding culturally important or culturally relevant to the availability statement.	3/6/2020 10:39 AM
4	Healthy food is expensive, specially for low income families who live in our area and in the loop of the counties we serve	3/5/2020 3:51 PM
5	Culturally specific food is available and affordable	3/5/2020 12:51 PM
6	Continue to promote community gardens and food preservation.	3/5/2020 10:00 AM
7	People that need it are encouraged to access food resources.	3/4/2020 4:40 PM

Q6 How important is this topic to you? TRANSPORTATION AND MOBILITY:• Transportation is available and convenient for all activities that support health, daily living, physical activity and wellbeing• Transportation is safe and meets individualized needs• Communities have safe transportation and infrastructure that supports walking, biking and rolling

Answered: 27 Skipped: 5

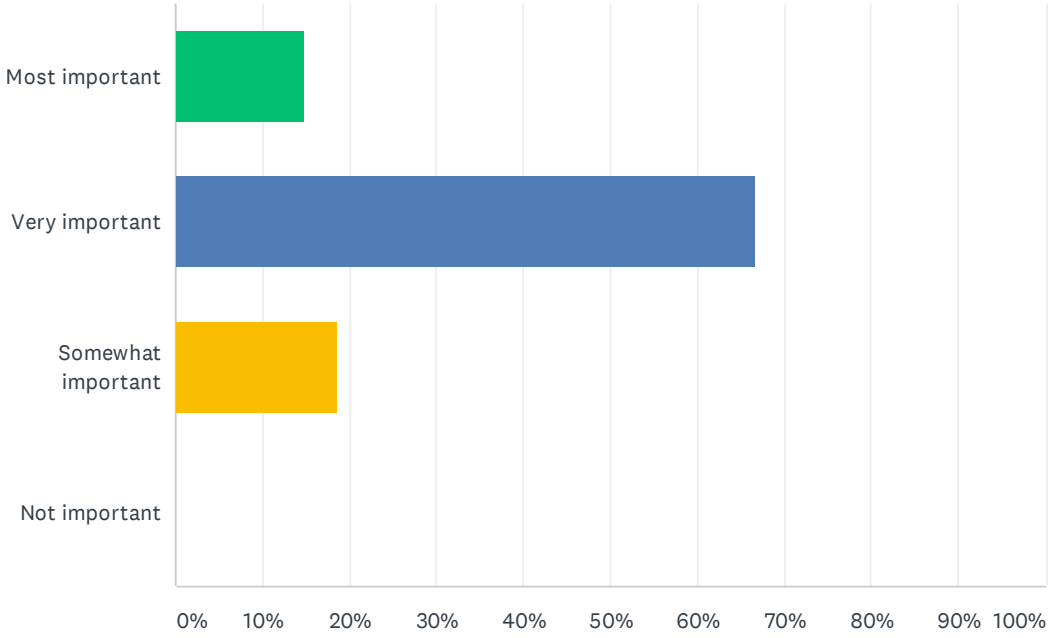


ANSWER CHOICES	RESPONSES	
Most important	18.52%	5
Very important	66.67%	18
Somewhat important	14.81%	4
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	I don’t recommend the CAC work on this topic due to a number of entities already working on it.	3/8/2020 6:17 PM
2	What is meant by 'rolling'?	3/8/2020 1:11 PM
3	Transportation for those who do not qualify for NEMT but cannot transport themselves and cannot afford to pay for transportation	3/6/2020 7:35 AM
4	I like the word "supports" for walking, biking, rolling, but might be important to add "supports and encourages". For all the top health reasons to mitigate lifestyle diseases, our public infrastructure should be built to encourage people to walk and bike and roll. Transportation professionals are also recognizing that "Safety" on public transit and in the public ROW means safety and the perception of safety from verbal and physical attacks and safety from agency attacks (ICE), not just safe from vehicle crashes. Would be good to recognize that the Public ROW (sidewalks, streets, trails) supports and encourages not just physical health but social and civic health and connectivity. The public ROW is where we connect with our community and where we meet our neighbors. It's where we live our lives outside of home and work.	3/5/2020 5:17 PM
5	Improvement had been made in this area. We need to maintain and promote services.	3/5/2020 10:00 AM
6	Preferred wording: Transportation is available and convenient for support of health, daily living, physical activity and wellbeing. (for ALL activities... is impractical)	3/4/2020 5:34 PM

Q7 How important is this topic to you? DENTAL CARE:• Equitable and inclusive dental care delivered in a trauma informed manner• People get the dental services they need when they need it

Answered: 27 Skipped: 5

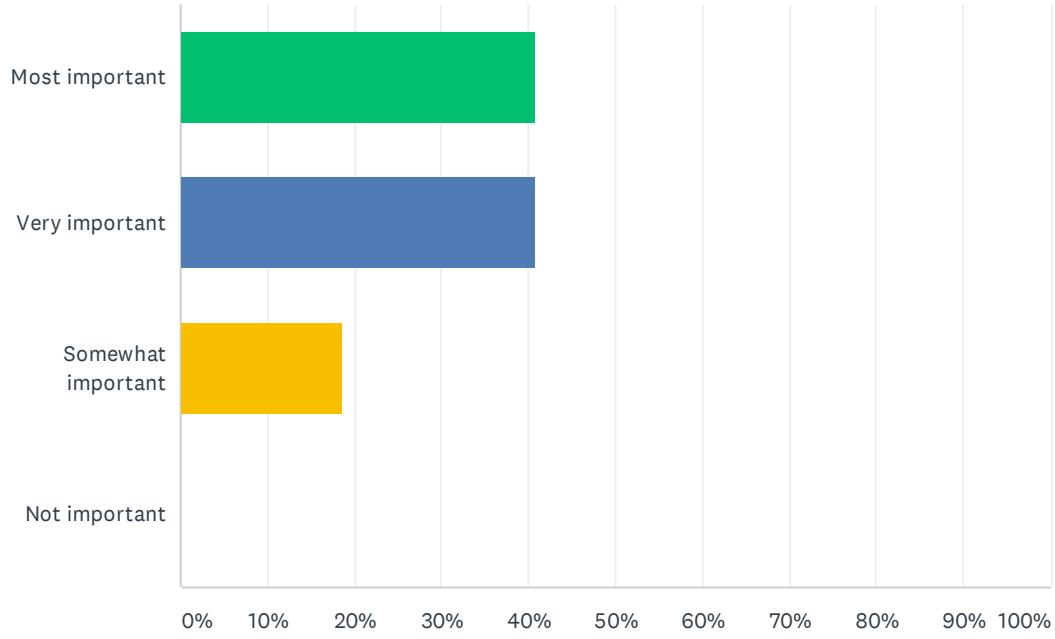


ANSWER CHOICES	RESPONSES	
Most important	14.81%	4
Very important	66.67%	18
Somewhat important	18.52%	5
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Adults without funds or insurance are at greatest risk.	3/5/2020 10:07 AM

Q8 How important is this topic to you? PRIMARY CARE:• Equitable and inclusive comprehensive primary care delivered in a trauma informed manner• People get the comprehensive primary care they need when they need it• Health care is provided in a variety of settings, supporting health and wellness at every stage of life

Answered: 27 Skipped: 5

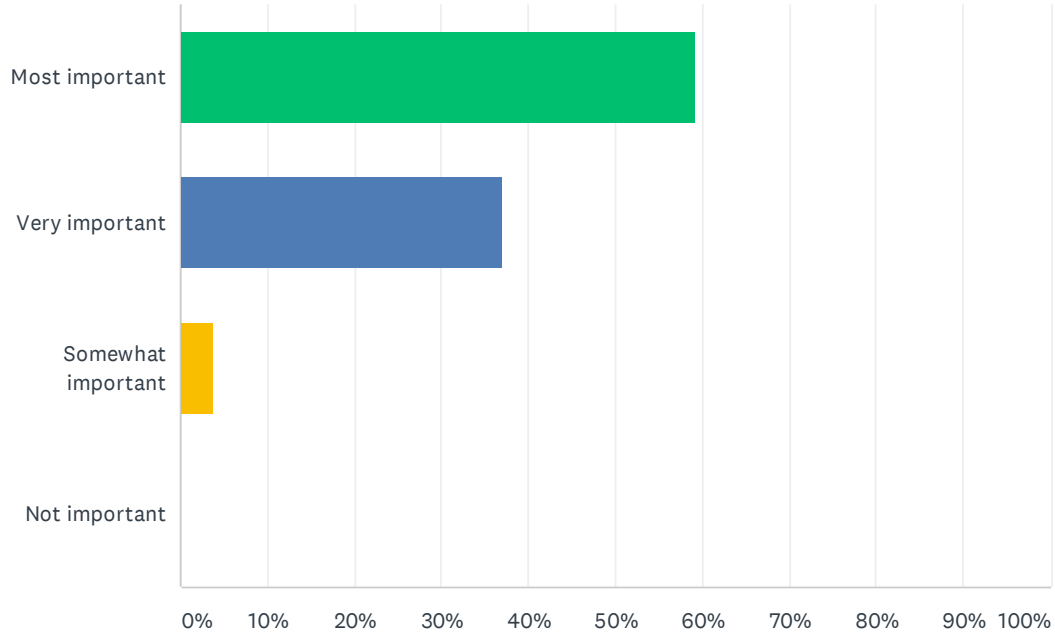


ANSWER CHOICES	RESPONSES	
Most important	40.74%	11
Very important	40.74%	11
Somewhat important	18.52%	5
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	More training on geriatric care	3/6/2020 7:36 AM
2	Consider coordination with other health services?	3/5/2020 1:02 PM
3	We do have greater access now and health systems that will work to develop a payment plan.	3/5/2020 10:07 AM
4	Preferred wording: Comprehensive primary care is available to people when they need it. (Some people will choose not to get it even if available.)	3/4/2020 5:40 PM

Q9 How important is this topic to you? BEHAVIORAL HEALTH:• Equitable and inclusive behavioral care delivered in a trauma informed manner• People get the behavioral services/ supports they need when they need it (including mental health, substance abuse services, crisis intervention and inpatient treatment)

Answered: 27 Skipped: 5

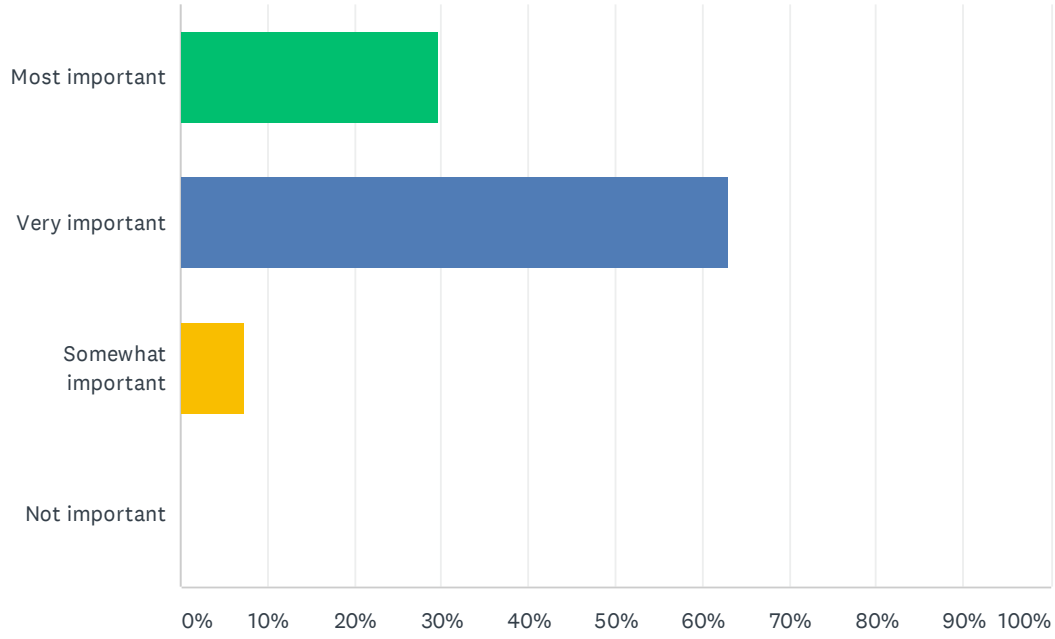


ANSWER CHOICES	RESPONSES	
Most important	59.26%	16
Very important	37.04%	10
Somewhat important	3.70%	1
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	More training on geriatric care	3/6/2020 7:36 AM
2	When we move into talking about specific goals, I would love to see ethnic/racial/cultural representation as part of this goal. Patients of behavioral health as well as primary care have the ability to see a professional that looks like them, speaks like them, understands them, or makes them comfortable. This would involve putting time, energy, money into prioritizing training and opportunities for underserved populations to become qualified for these provider roles.	3/5/2020 1:02 PM
3	We need in patient services.	3/5/2020 10:07 AM
4	same as above (BH services available when people need it.)	3/4/2020 5:40 PM

Q10 How important is this topic to you? HEALTH INSURANCE:• People have stable, affordable health insurance that covers the services (including dental and mental health) they need and does not cause financial distress • Health insurance is available for undocumented residents (including dental)

Answered: 27 Skipped: 5

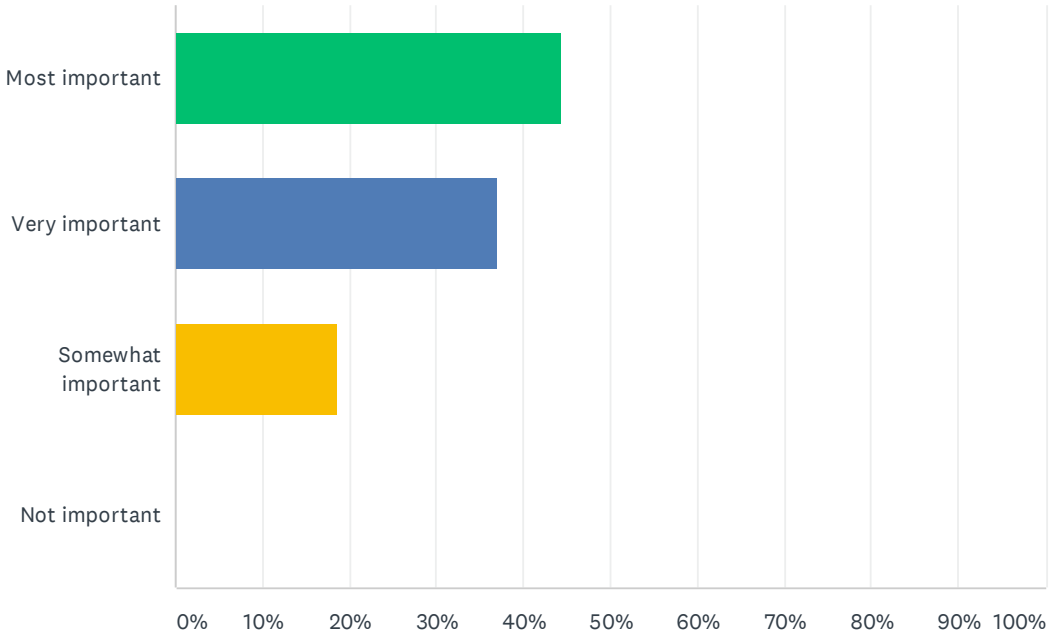


ANSWER CHOICES	RESPONSES	
Most important	29.63%	8
Very important	62.96%	17
Somewhat important	7.41%	2
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Consider including an aspect of understandability. People have a basic understanding of insurance and how it can support them	3/5/2020 1:02 PM
2	Undocumented people need help becoming documented.	3/5/2020 10:07 AM
3	Omit "does not cause financial distress." (redundant - "affordable")	3/4/2020 5:40 PM

Q11 How important is this topic to you? PREVENTION AND PROMOTION:• People have information they need to support healthy choices• Wellness, health promotion and disease prevention information and education is available and offered in an equitable and trauma informed way• Prevention and control of current and emerging health care issues are addressed in the community• Prevention of interpersonal violence is addressed through the promotion of health, safety, communication, equity, and respect.

Answered: 27 Skipped: 5

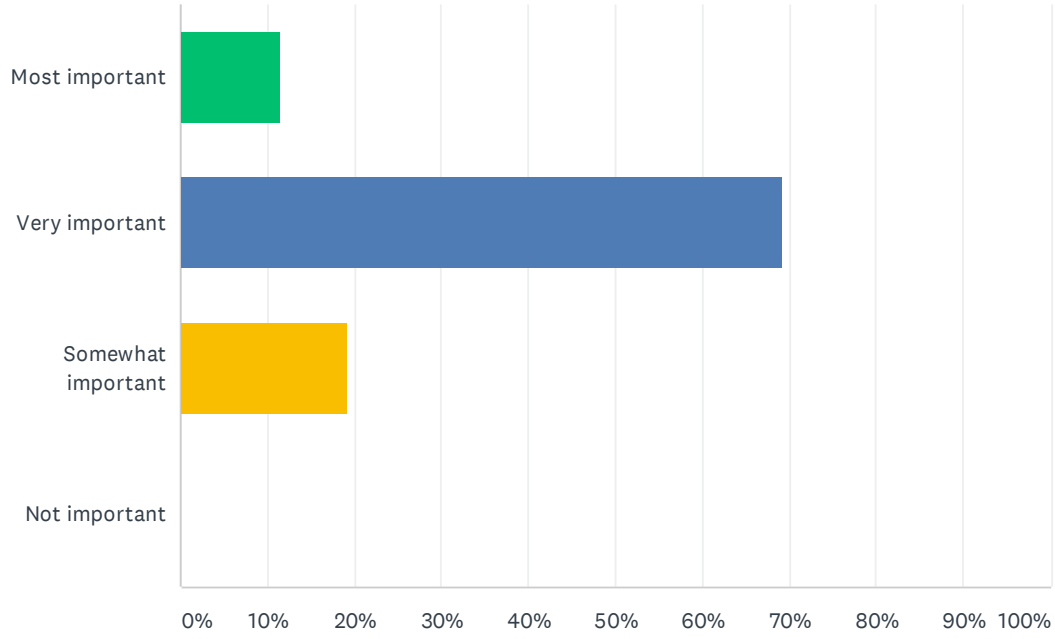


ANSWER CHOICES	RESPONSES	
Most important	44.44%	12
Very important	37.04%	10
Somewhat important	18.52%	5
Not important	0.00%	0
TOTAL		27

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	As presented, this strikes me as a very passive approach to prevention and promotion which is why I scored it lower. Goals that made the healthy choice the only choice would have gotten higher marks.	3/8/2020 1:15 PM
2	I like the focus on education and public awareness of services available. I like the focus on respect.	3/5/2020 5:17 PM
3	Yay!	3/5/2020 1:02 PM
4	An ounce of prevention is worth a pound of cure. It pays in the long run.	3/5/2020 10:07 AM
5	Just supportive comments. Prevention Education is critical! HAVEN believes that relationship and sexual violence is preventable! Opportunities to share information and provide education to prevent violence is MOST IMPORTANT! We build our messaging around CERTS; Consent, Equity, Respect, Trust and Safety.	3/4/2020 6:19 PM

Q12 How important is this topic to you? PHYSICAL ACTIVITY:• All people, regardless of their race, ethnicity, or location have opportunities for physical activity that supports their health and well-being• People are readily able to access parks, trails and natural areas for both exercise and social activities

Answered: 26 Skipped: 6

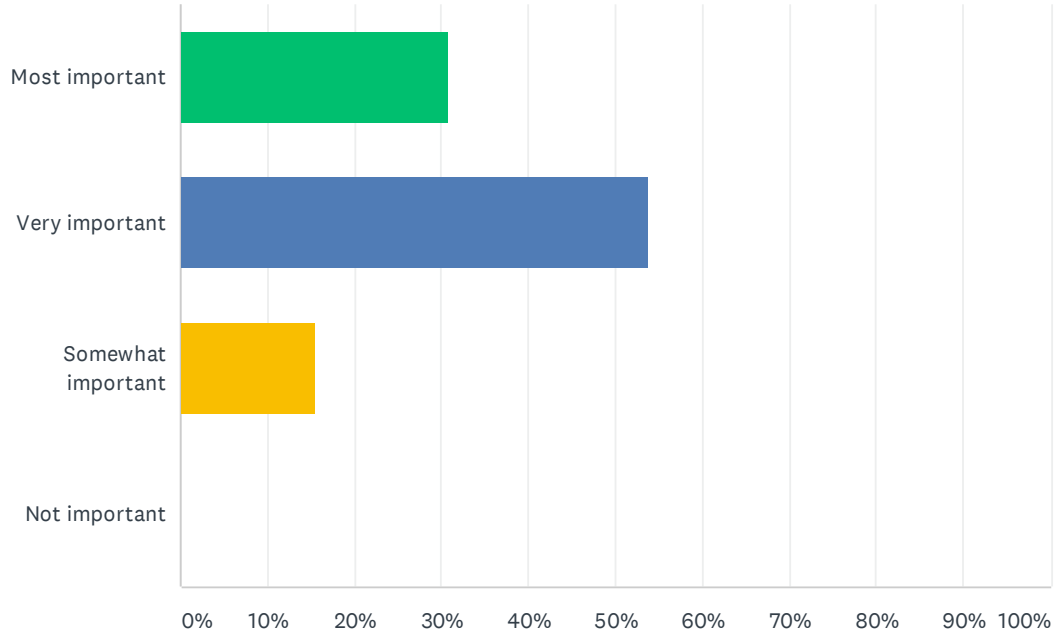


ANSWER CHOICES	RESPONSES	
Most important	11.54%	3
Very important	69.23%	18
Somewhat important	19.23%	5
Not important	0.00%	0
TOTAL		26

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Accessibility for people with disabilities important in this area as well	3/5/2020 5:33 PM
2	Not sure this topic should be titled physical activity. Physical activity is much more than this topic, which is focused on recreation and access to nature. Physical Activity is also an integral part of Transportation and the public ROW. (See my comments on that topic). I don't think we should regard physical activity as only happening in parks and natural areas. Physical activity shouldn't be separated from normal daily movement and active mobility, which is walking to work, walking to school, walking to the store. This puts a box on physical activity like it only happens during a special part of the day. Physical activity should be integrated throughout our daily lives.	3/5/2020 5:29 PM
3	This is available throughout the gorge. The issue is people getting up and taking advantage.	3/5/2020 10:12 AM

Q13 How important is this topic to you? SENSE OF COMMUNITY:• People feel a sense of connection, security, belonging, and trust in their community• People receive social support from family, friends, and/or other community members• People feel a sense of community through access to parks, nature and recreation• Individuals and groups are supported in developing leadership. They feel they have a voice and can contribute to their community

Answered: 26 Skipped: 6

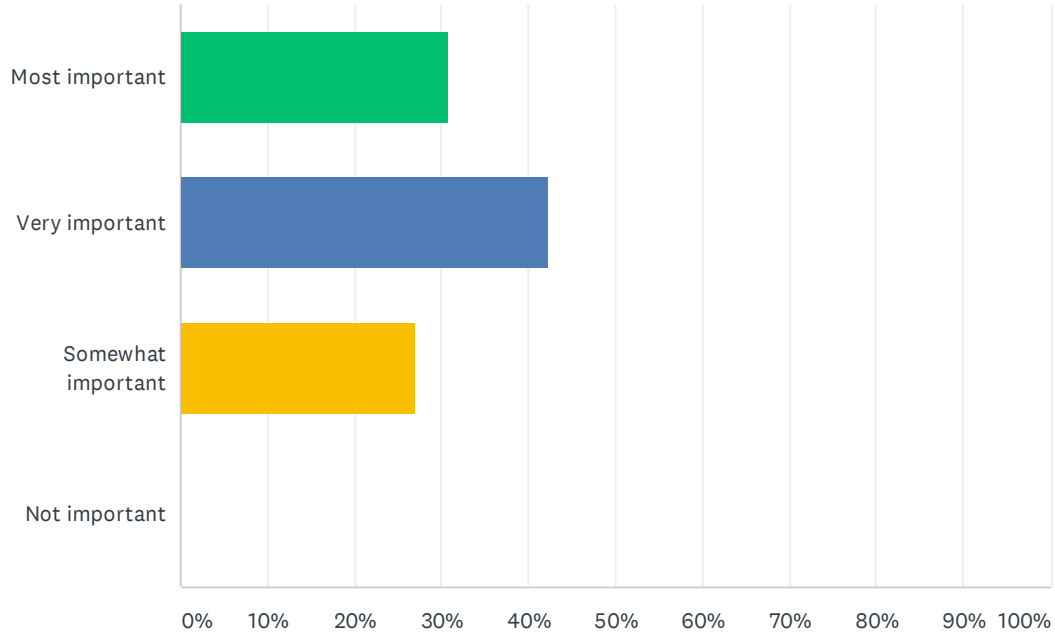


ANSWER CHOICES	RESPONSES	
Most important	30.77%	8
Very important	53.85%	14
Somewhat important	15.38%	4
Not important	0.00%	0
TOTAL		26

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	I'm not sure that leadership development fits in this category	3/8/2020 10:16 PM
2	Difficult and spongy to define/measure	3/8/2020 1:12 PM
3	People feel a sense of community when they feel safe and welcome in the public space. The largest % of public space in a community IS the public ROW.	3/5/2020 5:29 PM
4	Again there are opportunities for social connections if taken advantage of.	3/5/2020 10:12 AM

Q14 How important is this topic to you? COLLABORATION AND INFORMATION SHARING:• Information is provided in the form people need/want it (written, online, language specific) to be able to access services they need• Organizations coordinate intake and information exchange for shared patients or clients• Referrals are coordinated and people get their needs met in a timely manner

Answered: 26 Skipped: 6

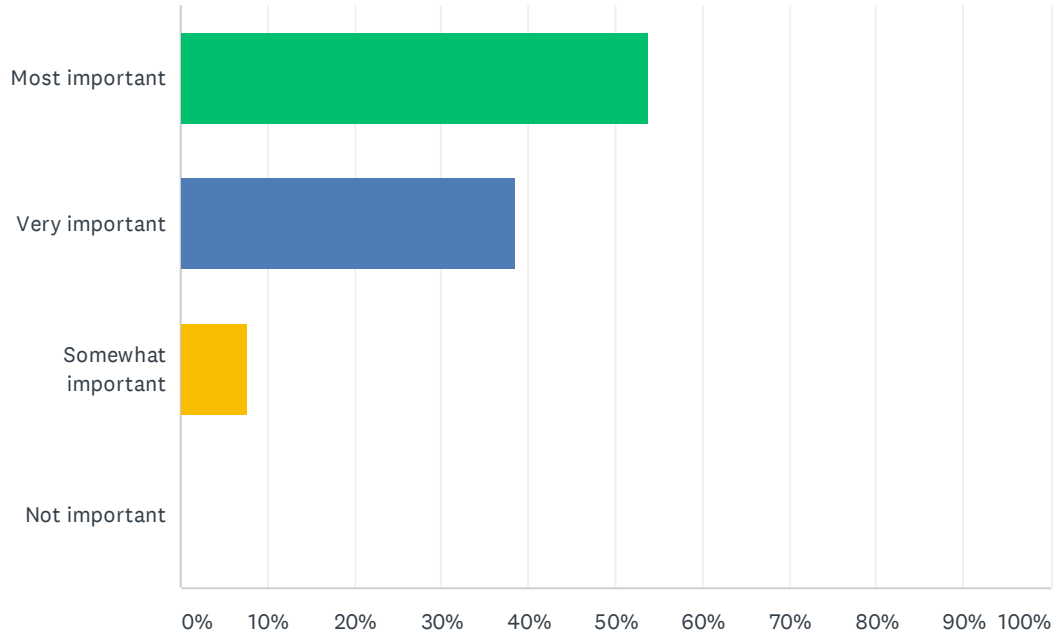


ANSWER CHOICES	RESPONSES	
Most important	30.77%	8
Very important	42.31%	11
Somewhat important	26.92%	7
Not important	0.00%	0
TOTAL		26

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Transparency and empowerment are CRITICAL in this. Patients/clients need to be informed of who has their information and how and who it's being shared with. They should able to use this information to have some element of control and ownership over the flow of their own personal information. Patient empowerment is essential in the balance of ease of information and patient rights.	3/5/2020 1:17 PM
2	Agreed - with the caveat that Informed Consent is critical and with the additional understanding that consent is fluid. Shared information is only helpful with the understanding that each individual understand fully what they are consenting to (Informed Consent) and can change their mind with sharing of their information at any time (recind consent).	3/4/2020 6:30 PM

Q15 How important is this topic to you? YOUTH SAFETY:• Youth (ages 0-18) feel safe and supported: • in their homes, commuting to and from school, in school and, in community activities• Youth have equitable access to affordable activities to play learn and grow during non-school hours• Infrastructure and opportunities are available and provided in an equitable way to support physical activity options for youth of all ages, abilities and interests• Youth do not experience bullying or interpersonal violence, whether in person or online

Answered: 26 Skipped: 6

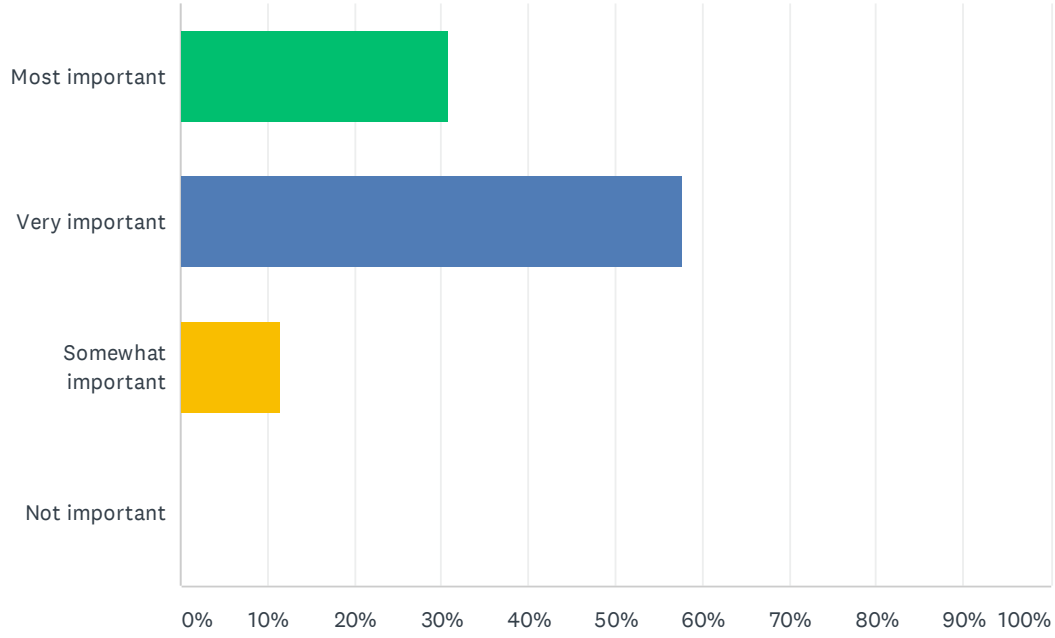


ANSWER CHOICES	RESPONSES	
Most important	53.85%	14
Very important	38.46%	10
Somewhat important	7.69%	2
Not important	0.00%	0
TOTAL		26

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	• Youth (ages 0-18) feel safe and supported in their homes, commuting to and from school, in school and, in community activities • Youth have equitable access to affordable activities to play learn and grow during non-school hours • Infrastructure and opportunities are available and provided in an equitable way to support physical activity options for youth of all ages, abilities and interests • Youth do not experience bullying or interpersonal violence, whether in person or online	3/8/2020 10:16 PM
2	Critical	3/5/2020 10:12 AM
3	Last bullet: Incorporate sexual violence into the sentence. We can't assume all individuals know what 'Interpersonal Violence' means or represents. In our field there are varying opinions on lumping multiple or different perpetration's of violence together. Sexual violence and harassment is often a higher perpetration among youth than bullying or intimate personal violence/interpersonal violence and has to be named seperately.	3/4/2020 6:30 PM

Q16 How important is this topic to you? EARLY CHILDHOOD DEVELOPMENT AND CHILDCARE:• High-quality childcare can be accessed for all who need it• Available, affordable, accessible early childhood development opportunities

Answered: 26 Skipped: 6

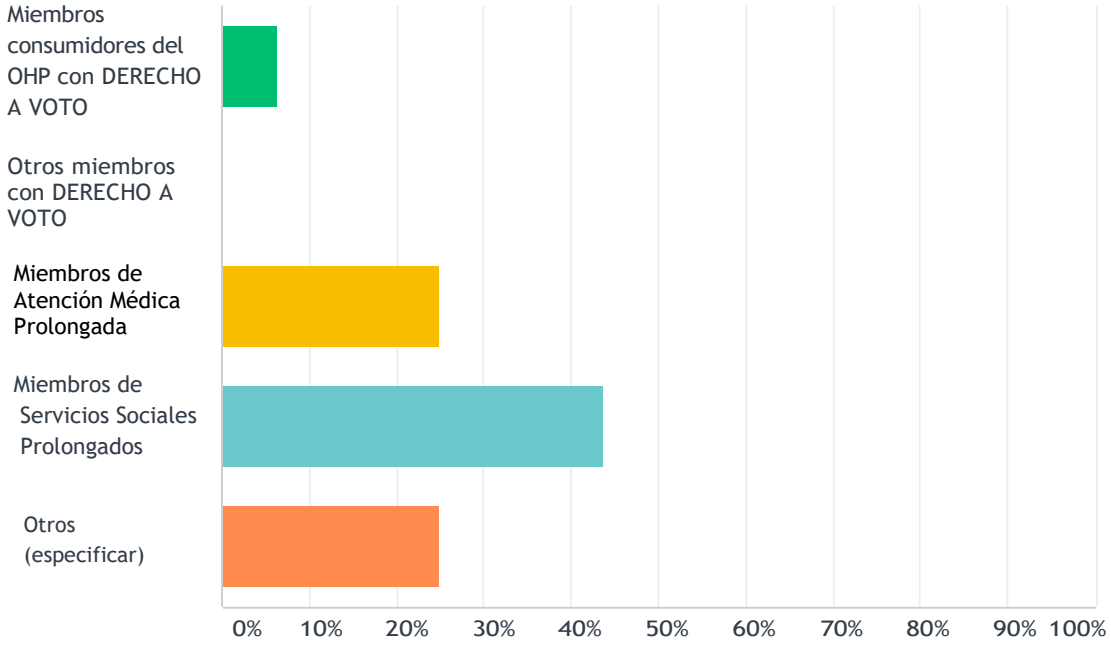


ANSWER CHOICES	RESPONSES	
Most important	30.77%	8
Very important	57.69%	15
Somewhat important	11.54%	3
Not important	0.00%	0
TOTAL		26

#	ANY COMMENTS ON THE DEFINITION?:	DATE
1	Available, affordable, accessible early childhood development opportunities exist in our communities	3/8/2020 10:16 PM
2	We do not have adequate quality affordable care. It's a huge barrier for families.	3/5/2020 10:12 AM

Es usted:

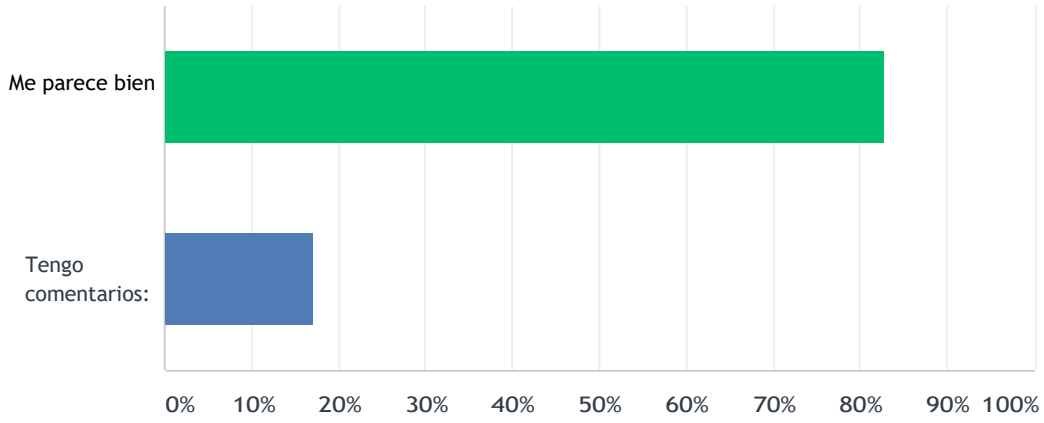
Respuestas: 32 Sin responder: 0



#	OTROS (ESPECIFICAR)	FECHA
1	miembro de la comunidad	9/marzo/2020 10:53 AM
2	miembro de la comunidad	9/marzo/2020 10:46 AM
3	personal del CGHC	8/marzo/2020 1:06 PM
4	miembro de la coalición para la seguridad de alimentos	8/marzo/2020 1:06 PM
5	miembro prolongado: Distrito de Mid-Columbia sobre el Nivel Económico	5/marzo/2020 4:21 PM
6	miembro de la comunidad	5/marzo/2020 11:53 AM
7	consumidor del OHP sin derecho a voto	5/marzo/2020 7:55 AM
8	kjl	4/marzo/2020 10:19 PM

P3 ¿Tiene usted comentarios sobre la Meta Esencial que mencionamos arriba?

Respuestas: 29 Sin responder: 3

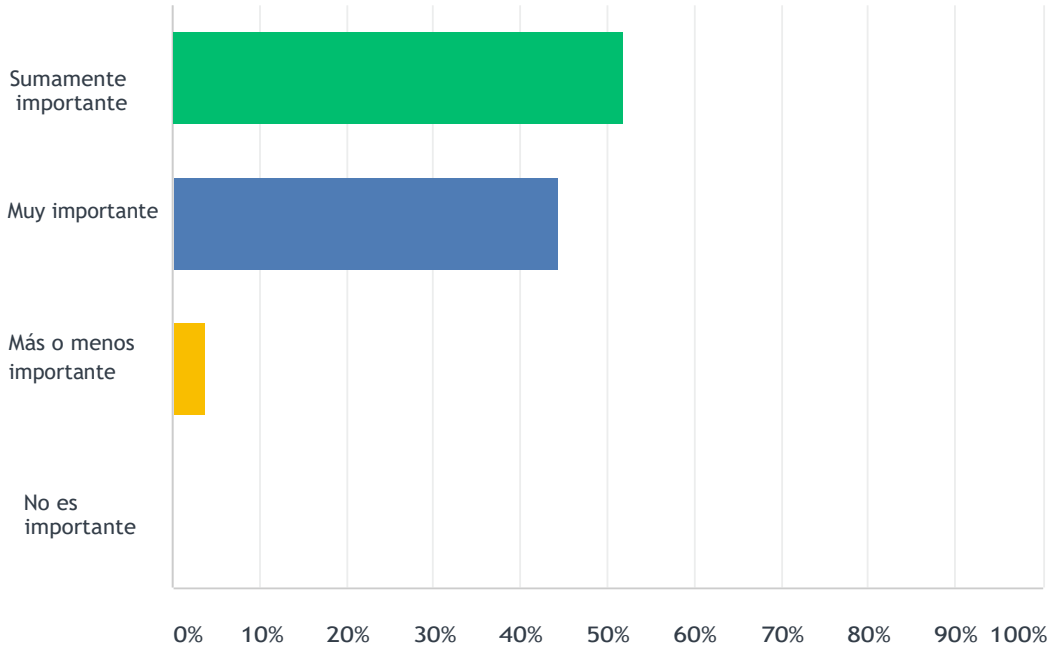


:

#	TENGO COMENTARIOS:	FECHA
1	Cuando el CAC cambia su enfoque para desarrollar un CHIP específico para la CCO, el alcance a 'TODOS' los miembros de la comunidad es a costa de asegurar que los miembros del OHP tengan acceso equitativo.	8/marzo/2020 1:08 PM
2	Esta puede ser mi visión personal del uso de un enfoque de equidad; yo considero que un enfoque de equidad es una herramienta de desarrollo (antes de llevar a cabo esta acción, ¿preguntar si es equitativa?) más que una herramienta para medir (retroactivamente, ¿se hizo de manera equitativa?).	6/marzo/2020 10:37 AM
3	Me gustaría ver que se prestara más atención específica a los adultos mayores, la familia u otros cuidadores sin sueldo.	6/marzo/2020 7:34 AM
4	"Nos comprometemos a asegurarnos de medir nuestro avance enfocándonos en la equidad y asegurándonos de que los servicios se proporcionen de forma ~~equitativa~~ que incluya TRAUMA INFORMED PRACTICE (es decir….)".	5/marzo/2020 12:46 PM
5	Estoy de acuerdo con la palabrería; sin embargo, esta meta no identifica 'cómo' se llevará a cabo. El primer párrafo está bien. En el segundo párrafo, después de la primera oración, y/o para completar la meta, debe decirse cómo se llevará a cabo. Por ejemplo: Nos comprometemos a asegurarnos de medir nuestro avance enfocándonos en la equidad y asegurándonos de que los servicios se propocionen de forma equitativa que incluya TRAUMA INFORMED PRACTICE (es decir, …). La medida de los resultados identificará que al 70% (o más) de los individuos (¿¿¿o miembros???) que recibieron servicios se les informó de forma equitativa que incluía TRAUMA INFORMED PRACTICE (es decir…). O bien: Nos comprometemos a asegurarnos de medir nuestro avance enfocándonos en la equidad y asegurándonos de que los servicios se propocionen de forma equitativa que incluya TRAUMA INFORMED PRACTICE (es decir, …). El avance se midió a través de: xoxoxoxoxoxoxoxo..... Hay que terminar con esa oración al final. Ya tiene muchas palabras, pero sin el 'cómo', parece más una afirmación ya establecida.	4/marzo/2020 6:10 PM

P4 ¿Qué tan importante es este tema para usted? VIVIENDA: • Vivienda segura, que esté disponible y sea asequible económicamente y de otras formas • Que las personas no se preocupen por perder su vivienda • Que las personas gasten menos del 30% de sus ingresos en vivienda

Respuestas: 27 Sin responder: 5

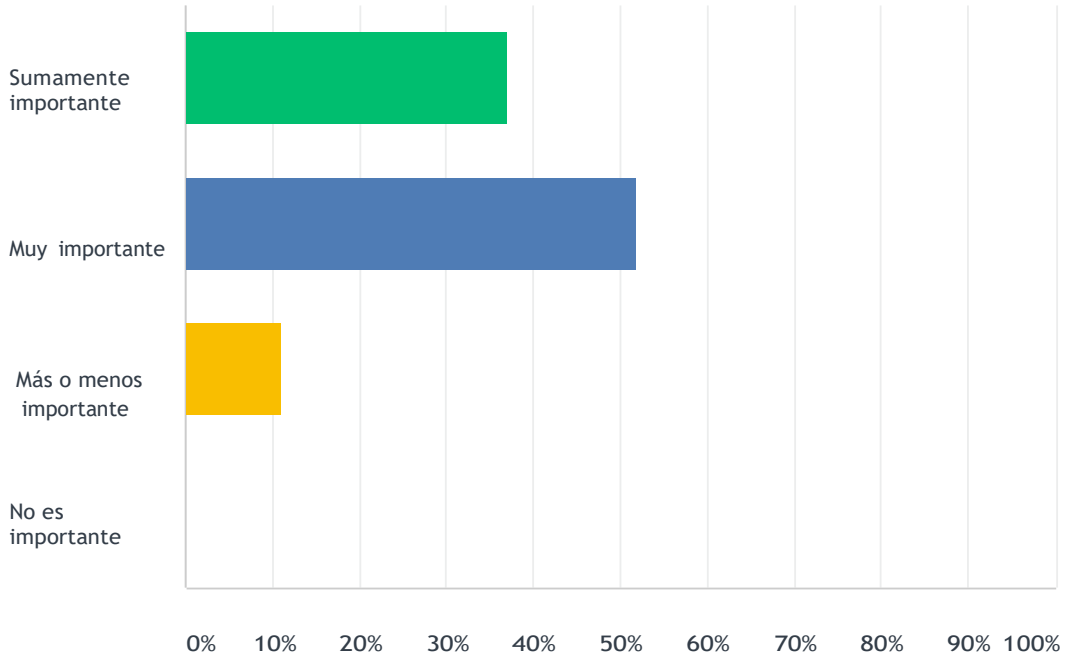


#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	La vivienda es importante, pero no recomiendo que el CAC trabaje en este tema, ya que hay varios grupos que ya trabajan en él.	8/marzo/2020 6:17 PM
2	En esta área de Columbia Gorge, la vida no es barata; en consecuencia, no es fácil encontrar vivienda asequible económicamente.	5/marzo/2020 3:51 PM
3	Tomar en consideración añadir una definición general de lo que significa ‘disponible, asequible económicamente y de otras formas’, en la totalidad de las prioridades.	5/marzo/2020 12:51 PM
4	No hay vivienda adecuada y asequible para todo el año.	5/marzo/2020 10:00 AM
5	Los lineamientos de HUD (Oficina de Vivienda y Desarrollo Urbano) dicen en realidad "no más del 30%".	4/marzo/2020 5:34 PM

P5 ¿Qué tan importante es este tema para usted? ALIMENTOS:

- Alimentos disponibles para todos, que sean saludables y asequibles económicamente • Que las personas no se preocupen de que se les acaben los alimentos para ellas y/o las personas que viven en su casa

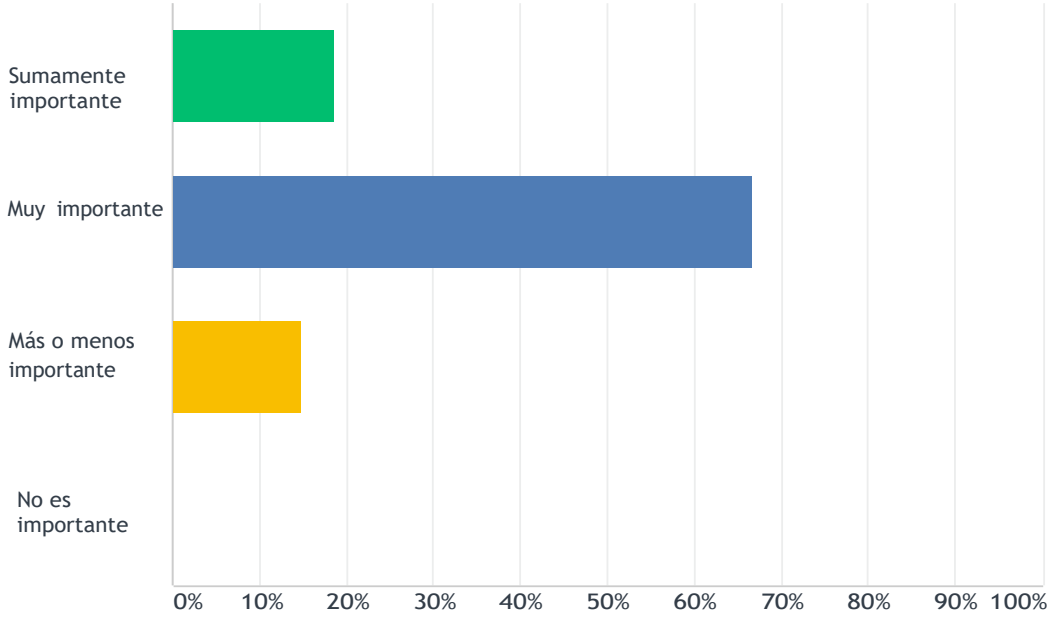
Respuestas: 27 Sin responder: 5



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	Recomiendo añadir: Comidas saludables disponibles en la escuela para todos los niños.	8/marzo/2020 1:11 PM
2	Sumamente importante por el impacto en la salud y también el costo relativamente bajo de implementar cambios en esta área en comparación con vivienda asequible económicamente o las mejoras de las redes de transporte.	8/marzo/2020 1:10 PM
3	Sugiero enfáticamente añadir a la frase sobre alimentos disponibles, que también sean importantes culturalmente o relevantes culturalmente.	6/marzo/2020 10:39 AM
4	Los alimentos saludables son caros, especialmente para familias de bajos ingresos que viven en nuestra zona y dentro del área de condados a los que servimos	5/marzo/2020 3:51 PM
5	Alimentos culturalmente específicos, disponibles y asequibles económicamente	5/marzo/2020 12:51 PM
6	Seguir fomentando los jardines comunitarios y la conservación de alimentos	5/marzo/2020 10:00 AM
7	Las personas que los necesiten, deben ser estimuladas para acceder a recursos alimentarios.	4/marzo/2020 4:40 PM

P6 ¿Qué tan importante es este tema para usted? TRANSPORTE Y DESPLAZAMIENTO: • Transporte disponible y conveniente para todas las actividades que apoyen la salud, la vida diaria, la actividad física y el bienestar •Transporte que sea seguro y satisfaga las necesidades de cada individuo • Que las comunidades tengan transporte seguro y una infraestructura que fomenten caminar, andar en bicicleta y desplazarse sobre ruedas

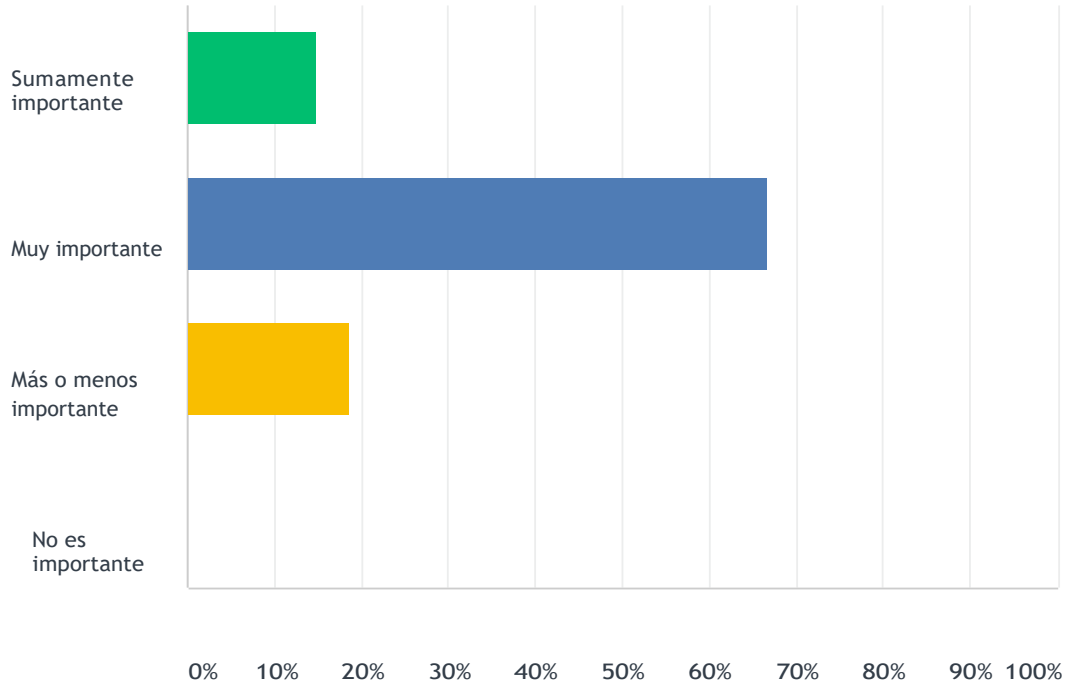
Respuestas: 27 Sin respuesta: 5



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:
1	No recomiendo que el CAC trabaje en este tema, ya que hay un número de entidades que ya trabajan en él.
2	¿Qué se quiere decir con 'desplazarse sobre ruedas'?
3	El transporte para aquellos que no cumplen con los requisitos de NEMT (Transporte Médico sin ser de Emergencia), pero que no tienen la manera de desplazarse ellos mismos y no pueden pagar transporte
4	Me gusta la palabra "fomenten" para caminar, andar en bicicleta, o desplazarse sobre ruedas, pero sería importante añadir “apoyan y alientan”. Todas las razones médicas primordiales para mitigar las enfermedades que afectan el estilo de vida, exigen que la infraestructura pública se construya para alentar a las personas a caminar, andar en bicicleta y desplazarse sobre ruedas. Los expertos en transporte también están conscientes de que la “Seguridad” en el tránsito público y en el derecho público al paso (ROW) quiere decir seguridad y la percepción de seguridad contra ataques verbales y físicos, y seguridad contra ataques de organismos como el Servicio de Inmigración y Control de Aduanas de los EE.UU. (ICE), y no solo para evitar choques de vehículos. Sería bueno estar conscientes de que el derecho público al paso (ROW) se refiere a banquetas, calles y senderos que apoyan y alientan no solamente la salud física, sino la salud y comunicación sociales y cívicas. El derecho público al paso (ROW) es el que nos conecta con nuestra comunidad y donde nos encontramos con nuestros vecinos. Es donde vivimos nuestra vida fuera del hogar y del trabajo.
5	Se han hecho avances en esta área. Necesitamos mantener y fomentar los servicios.
6	Prefiero con estas palabras: Transporte disponible y conveniente para fomentar la salud, la vida diaria, la actividad física y el bienestar (ya que decir TODAS las actividades… no es práctico).

P7 ¿Qué tan importante es este tema para usted? ATENCIÓN DENTAL: • Atención dental equitativa e inclusiva, proporcionada de manera que incluya TRAUMA INFORMED PRACTICE (es decir, de manera que se pueda comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales) • Que las personas obtengan los servicios dentales que necesiten cuando los necesiten

Respuestas: 27 Sin responder: 5

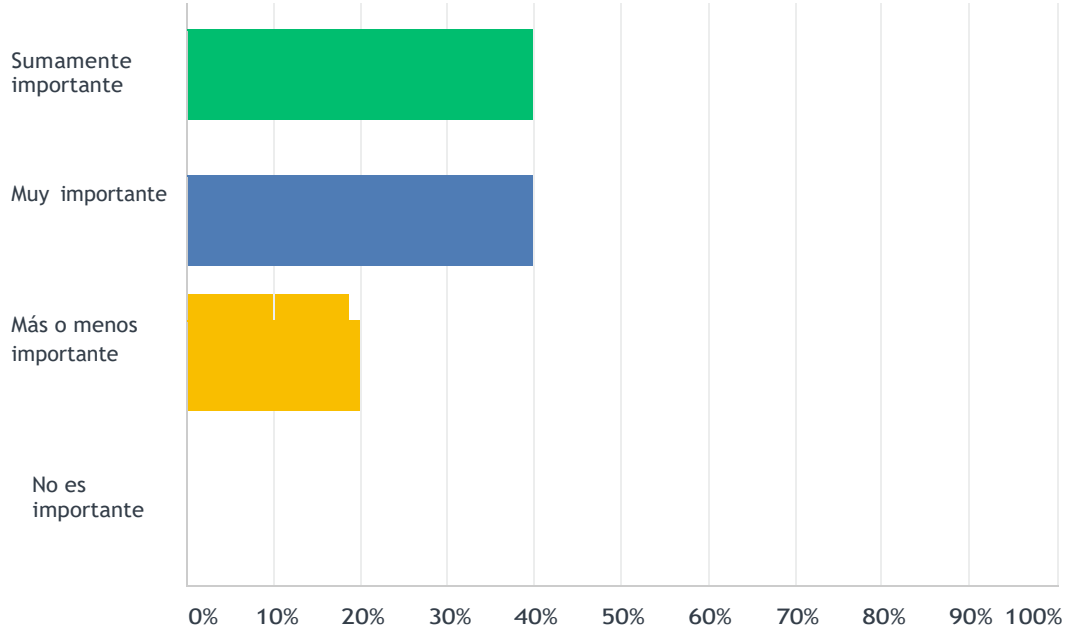


#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	Los adultos sin fondos ni seguro están en mayor riesgo.	5/marzo/2020 10:07 AM

P8 ¿Qué tan importante es este tema para usted? ATENCIÓN PRIMARIA:

- Atención primaria exhaustiva, equitativa e inclusiva, proporcionada de manera que incluya TRAUMA INFORMED PRACTICE (es decir, de manera que se pueda comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales) • Que las personas obtengan la atención primaria exhaustiva que necesiten cuando la necesiten • Que la atención médica se proporcione en una variedad de entornos que ayuden a la salud y el bienestar en todas las etapas de la vida

Respuestas: 27 Sin responder: 5

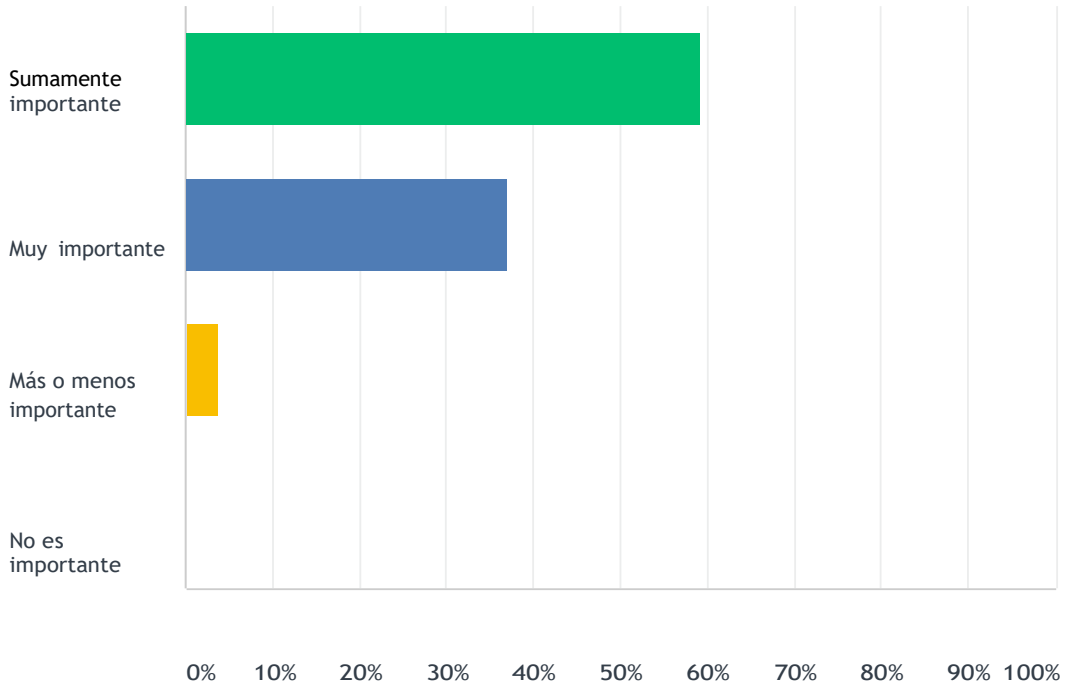


#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	Más capacitación en atención geriátrica	6/marzo/2020 7:36 AM
2	¿Considerar la coordinación con otros servicios médicos?	5/marzo/2020 1:02 PM
3	Tenemos ahora mejor acceso y los sistemas de salud que funcionarán para generar un plan de pago.	5/marzo/2020 10:07 AM
4	Prefiero con estas palabras: Atención primaria exhaustiva disponible a las personas cuando la necesiten (algunas personas elegirán no obtenerla aunque esté disponible).	4/marzo/2020 5:40 PM

P9 ¿Qué tan importante es este tema para usted? SALUD CONDUCTUAL:

- Atención conductual equitativa e inclusiva, proporcionada de manera que incluya TRAUMA INFORMED PRACTICE (es decir, de manera que se pueda comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales) • Que las personas obtengan los servicios y/o apoyos conductuales que necesiten cuando los necesiten (incluidos salud mental, servicios de alcoholismo y/o drogadicción, intervención en momentos de crisis, y tratamiento de pacientes hospitalizados)

Respuestas: 27 Sin respuesta: 5

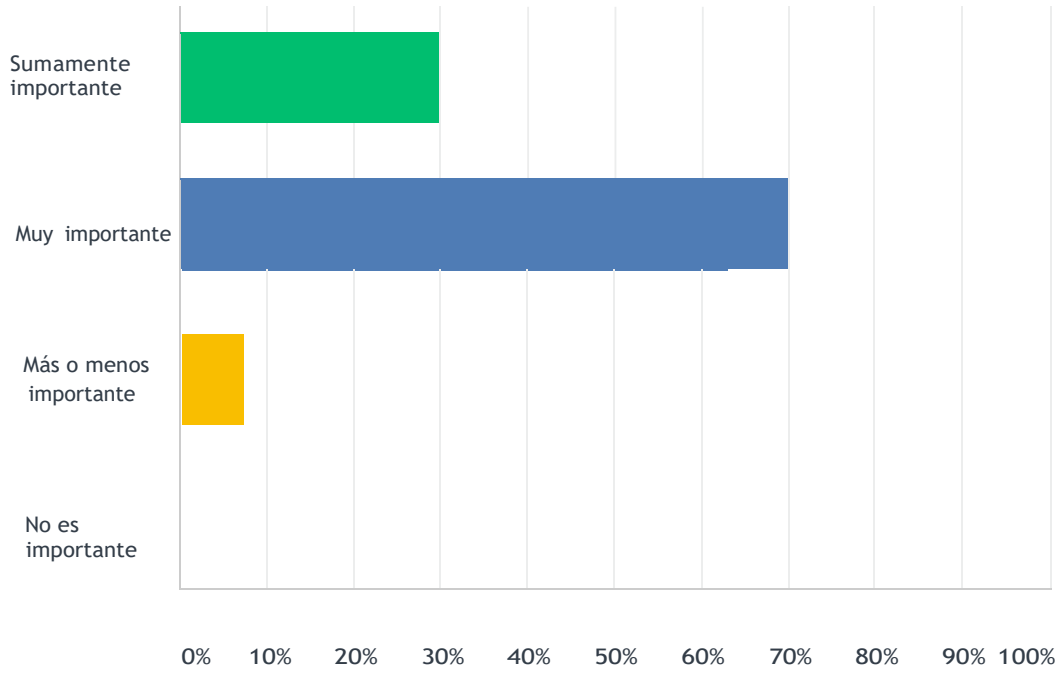


#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	Más capacitación en atención geriátrica	6/marzo/2020 7:36 AM
2	Cuando cambiamos el tema y hablamos de metas específicas, me encantaría ver una representación étnica / racial / cultural como parte de esta meta. Los pacientes de salud conductual, así como los de atención primaria, pueden ver a un profesional que se vea como ellos, hable como ellos, los entienda o los haga sentirse cómodos. Esto incluye dedicarle tiempo, energía, y dinero a darle prioridad a la capacitación y a oportunidades para las poblaciones marginadas a estar calificadas para desempeñarse como proveedores.	5/marzo/2020 1:02 PM
3	Necesitamos servicios para pacientes hospitalizados.	5/marzo/2020 10:07 AM
4	Igual que en la pregunta anterior (servicios de salud conductual disponibles cuando las personas los necesiten).	4/marzo/2020 5:40 PM

P10 ¿Qué tan importante es este tema para usted? SEGURO MÉDICO:

- Que las personas tengan seguro médico estable y asequible económicamente, que cubra los servicios (incluidas la salud dental y mental) que necesiten cuando los necesiten, sin causar angustias económicas • Seguro médico disponible para residentes indocumentados (incluido el seguro dental)

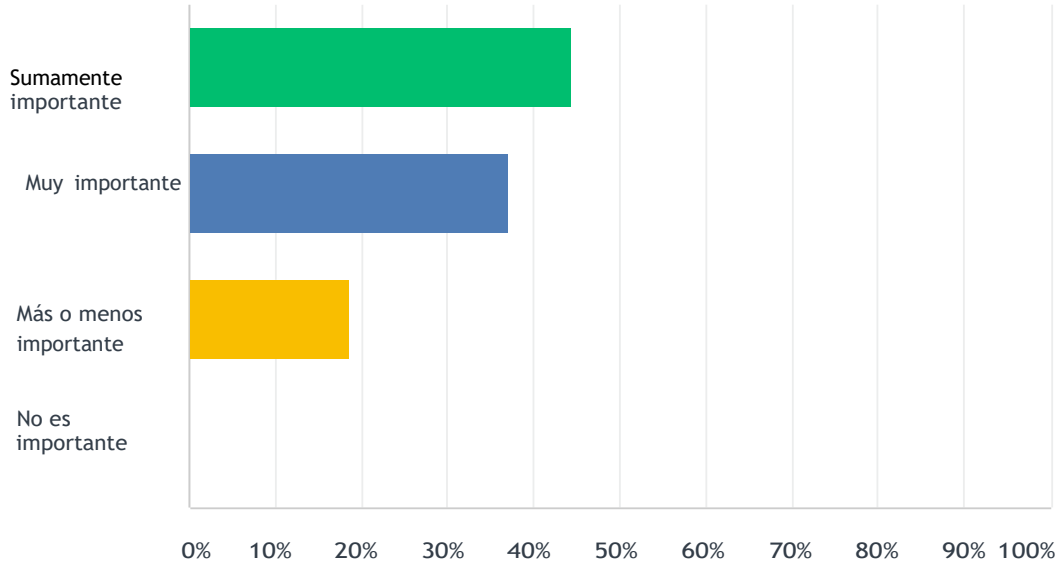
Respuestas: 27 Sin respuesta: 5



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	Considerar incluir un aspecto de comprensibilidad. Las personas tienen una comprensión básica del seguro y de cómo puede apoyarlas.	5/marzo/2020 1:02 PM
2	Las personas indocumentadas necesitan ayuda para obtener sus documentos.	5/marzo/2020 10:07 AM
3	Omitir "sin causar angustias económicas" (es redundante con "asequibles económicamente").	4/marzo/2020 5:40 PM

P11 ¿Qué tan importante es este tema para usted? PREVENCIÓN Y FOMENTO: • Que las personas tengan la información que necesiten para apoyar decisiones saludables • Que haya información y educación disponibles sobre el bienestar, el fomento a la salud y la prevención de enfermedades, proporcionadas de forma equitativa que incluya TRAUMA INFORMED PRACTICE (es decir, de manera que se pueda comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales) • Que se traten en la comunidad los temas de prevención y control de problemas existentes y emergentes de atención médica • Que se trate en la comunidad la prevención de violencia interpersonal a través del fomento a la salud, la seguridad, la equidad y el respeto.

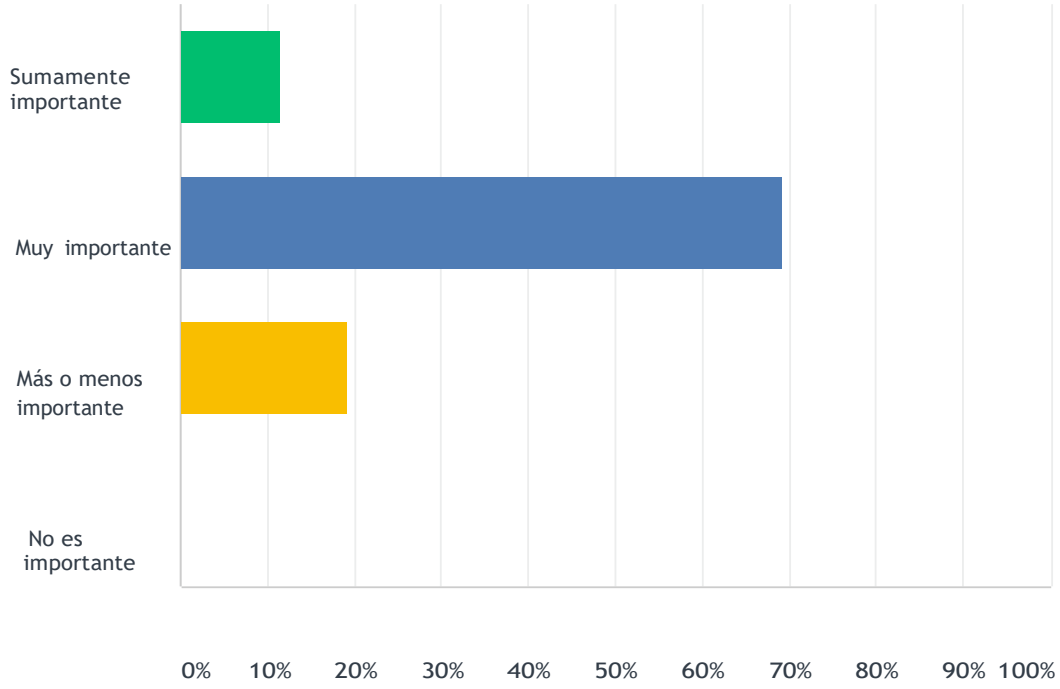
Respuestas: 27 Sin responder: 5



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	De la forma en que se presenta, me parece un enfoque muy pasivo en la prevención y fomento, y por ello le di un puntaje más bajo. Aquellas metas que establecieran la decisión saludable como la única decisión, tendrían un puntaje más alto.	8/marzo/2020 1:15 PM
2	Me gusta el enfoque en la educación y la toma pública de conciencia sobre los servicios disponibles. Me gusta el enfoque en el respeto.	5/marzo/2020 5:17 PM
3	¡Muy bien!	5/marzo/2020 1:02 PM
4	Una onza de prevención vale más que una libra de cura. Vale la pena a largo plazo.	5/marzo/2020 10:07 AM
5	Únicamente comentarios de apoyo. ¡La educación sobre prevención es sumamente importante! HAVEN (organización sin fines de lucro que proporciona albergue temporal de 24 horas y servicios contra la violencia intrafamiliar y sexual) sostiene que ¡la violencia de pareja y la violencia sexual se pueden prevenir! ¡Las oportunidades de compartir información y brindar educación para prevenir la violencia son SUMAMENTE IMPORTANTES! Centramos nuestro mensaje en CERTS; Consentimiento, Equidad, Respeto, Confianza y Seguridad.	4/marzo/2020 6:19 PM

P12 ¿Qué tan importante es este tema para usted? ACTIVIDADES FÍSICAS: • Que todas las personas, independientemente de su raza, grupo étnico o ubicación, tengan la oportunidad de llevar a cabo actividades físicas que ayuden a su salud y bienestar • Que las personas tengan fácilmente la posibilidad de acceder a parques, senderos y áreas naturales, tanto para ejercicio como para actividades sociales

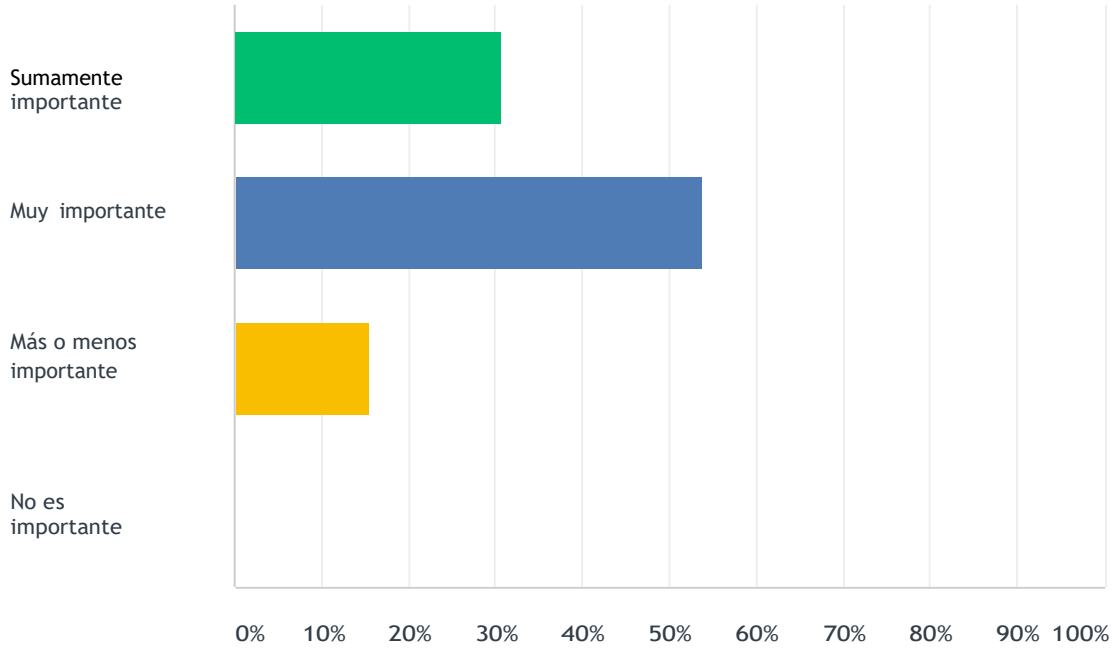
Respuestas: 26 Sin respuesta: 6



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	También es importante en esta área la accesibilidad para personas con discapacidades	5/marzo/2020 5:33 PM
2	No estoy seguro(a) de que este tema deba tener como título “actividades físicas”. La actividad física es mucho más que este tema, que se enfoca en actividades recreativas y en el acceso a la naturaleza. La actividad física también es una parte integral del Transporte y del derecho público al paso (ROW), (ver mis comentarios sobre ese tema). Creo que no debemos considerar la actividad física como algo que únicamente sucede en parques y áreas naturales. La actividad física no debe estar separada del movimiento normal diario y la movilidad activa, que es caminar al trabajo, caminar a la escuela, caminar a la tienda. Esto limita las actividades físicas como si solamente sucedieran durante una parte específica del día. La actividad física debe estar integrada en mucho momentos de nuestra vida diaria.	5/marzo/2020 5:29 PM
3	El Gorge ya hace accesible esto. El problema es hacer que las personas se levanten y lo aprovechen.	5/marzo/2020 10:12 AM

P13 ¿Qué tan importante es este tema para usted? SENTIDO DE COMUNIDAD: • Que las personas tengan un sentido de conexión, seguridad, pertenencia y confianza en su comunidad • Que las personas reciban el apoyo social de sus familiares, amigos y/u otros miembros de la comunidad • Que las personas tengan un sentido de comunidad a través del acceso a parques, a la naturaleza y a sitios de recreación • Que los individuos y grupos tengan el apoyo para desarrollarse como líderes; que sientan que tienen una voz y que puedan contribuir a mejorar su comunidad

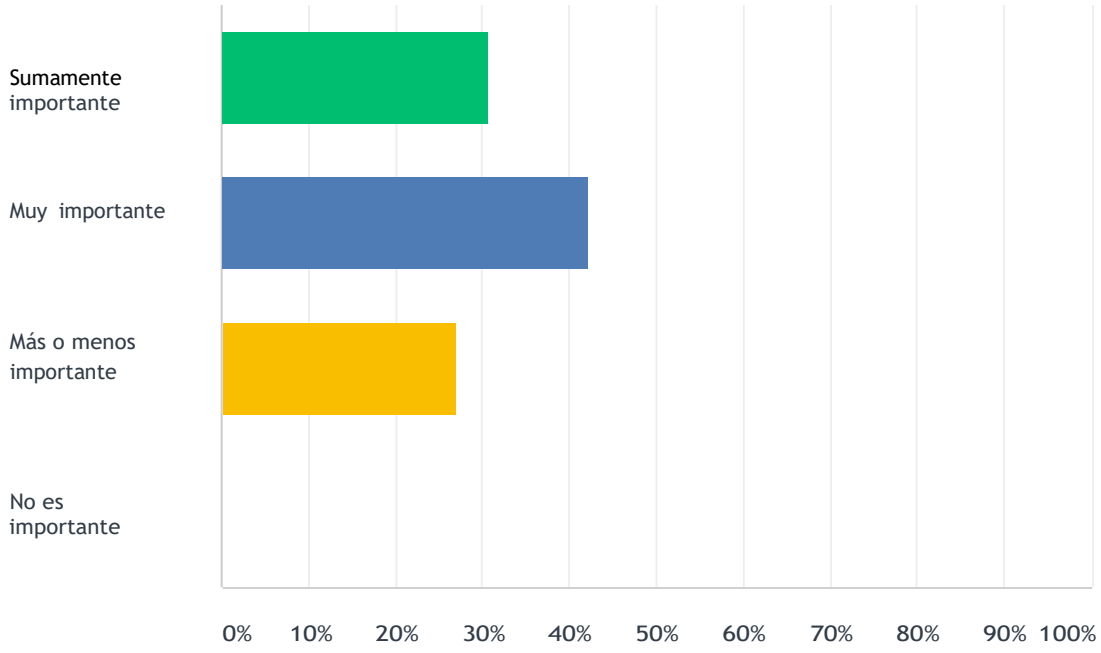
Respuestas: 26 Sin responder: 6



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	No estoy seguro(a) de que el lugar del liderazgo se integre a esta categoría	8/marzo/2020 10:16 PM
2	Es difícil y muy flexible definir / medir	8/marzo/2020 1:12 PM
3	Las personas tienen un sentido de comunidad cuando se sienten seguras y bienvenidas en los espacios públicos. El mayor porcentaje de espacio público en la comunidad ES el derecho público al paso (ROW).	5/marzo/2020 5:29 PM
4	Una vez más, hay oportunidades para conectarse socialmente si las aprovechamos.	5/marzo/2020 10:12 AM

P14 ¿Qué tan importante es este tema para usted? COLABORACIÓN Y DIVULGACIÓN DE INFORMACIÓN: •Que la información se proporcione de la forma en que la gente la necesite y/o desee (escrita, en línea, en un idioma específico) para poder acceder a los servicios que necesite • Que haya organizaciones que coordinen la recepción y el intercambio de información para pacientes o clientes que compartan entre ellas • Que las remisiones a terceros estén coordinadas para que la gente satisfaga sus necesidades de manera oportuna

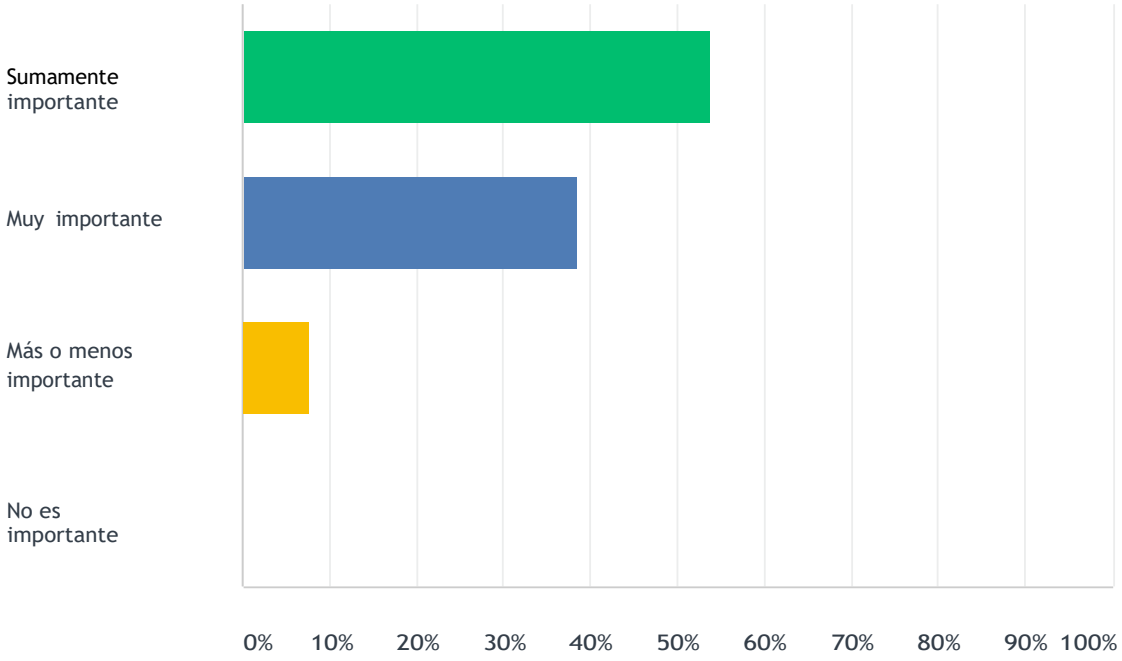
Respuestas: 26 Sin responder: 6



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	La transparencia y el empoderamiento son FUNDAMENTALES en esto. Los pacientes / clientes necesitan estar informados de quién tiene su información y cómo y con quién se comparte. Deben poder usar esta información para tener un elemento de control y de propiedad sobre el flujo de su información personal. El empoderamiento del paciente es esencial para equilibrar la tranquilidad sobre la divulgación de su información y sus derechos como paciente.	5/marzo/2020 1:17 PM
2	De acuerdo: con la advertencia de que la Autorización con Conocimiento es fundamental, y con el entendimiento adicional de que la autorización es flexible. Divulgar información a otros solamente es útil si se entiende que cada individuo comprende totalmente lo que está autorizando (Autorización con Conocimiento, o *Informed Consent*) y que puede cambiar de opinión sobre la divulgación de su información en cualquier momento (anular la autorización).	4/marzo/2020 6:30 PM

P15 ¿Qué tan importante es este tema para usted? SEGURIDAD DE NIÑOS Y JÓVENES: • Que los niños y jóvenes (de 0 a 18 años) se sientan seguros y apoyados: • en su hogar, en los viajes de ida y vuelta a la escuela, en la escuela y en actividades comunitarias • Que los niños y jóvenes tengan acceso equitativo a actividades asequibles económicamente, fuera del horario escolar para jugar, aprender y crecer • Que haya infraestructura y oportunidades disponibles, proporcionadas de manera equitativa para fomentar las opciones de actividad física para los niños y jóvenes de todas las edades, habilidades e intereses • Que los niños y jóvenes no sean víctimas de intimidación ni violencia interpersonal, ya sea en persona o en línea

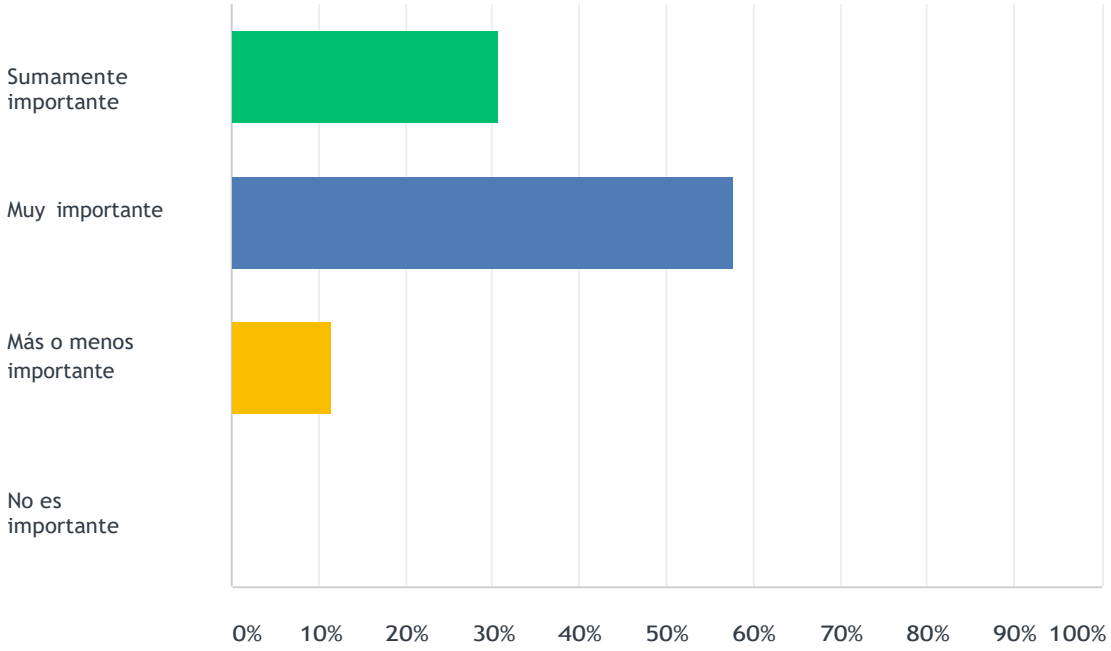
Respuestas: 26 Sin responder: 6



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	• Los niños y jóvenes (de 0 a 18 años) se sienten seguros y apoyados en su hogar, en los viajes de ida y vuelta a la escuela, en la escuela y en actividades comunitarias. • Los niños y jóvenes tienen acceso equitativo a actividades asequibles económicamente, fuera del horario escolar para jugar, aprender y crecer • La infraestructura y oportunidades están disponibles, y se proporcionan de manera equitativa para fomentar las opciones de actividad física para los niños y jóvenes de todas las edades, habilidades e intereses • Los niños y jóvenes no son víctimas de intimidación, ya sea en persona o en línea	8/marzo/2020 10:16 PM
2	Fundamental	5/marzo/2020 10:12 AM
3	En la última viñeta: Añadir violencia sexual a la oración. No podemos suponer que todos los individuos saben lo quiere decir o representa la 'Violencia interpersonal'. En nuestro campo, hay diversas opiniones sobre agrupar juntos múltiples o distintos delitos de violencia. A menudo, la violencia y el acoso sexual es un delito mayor entre los jóvenes que la intimidación o la violencia íntima personal / interpersonal y no deben agruparse juntos.	4/marzo/2020 6:30 PM

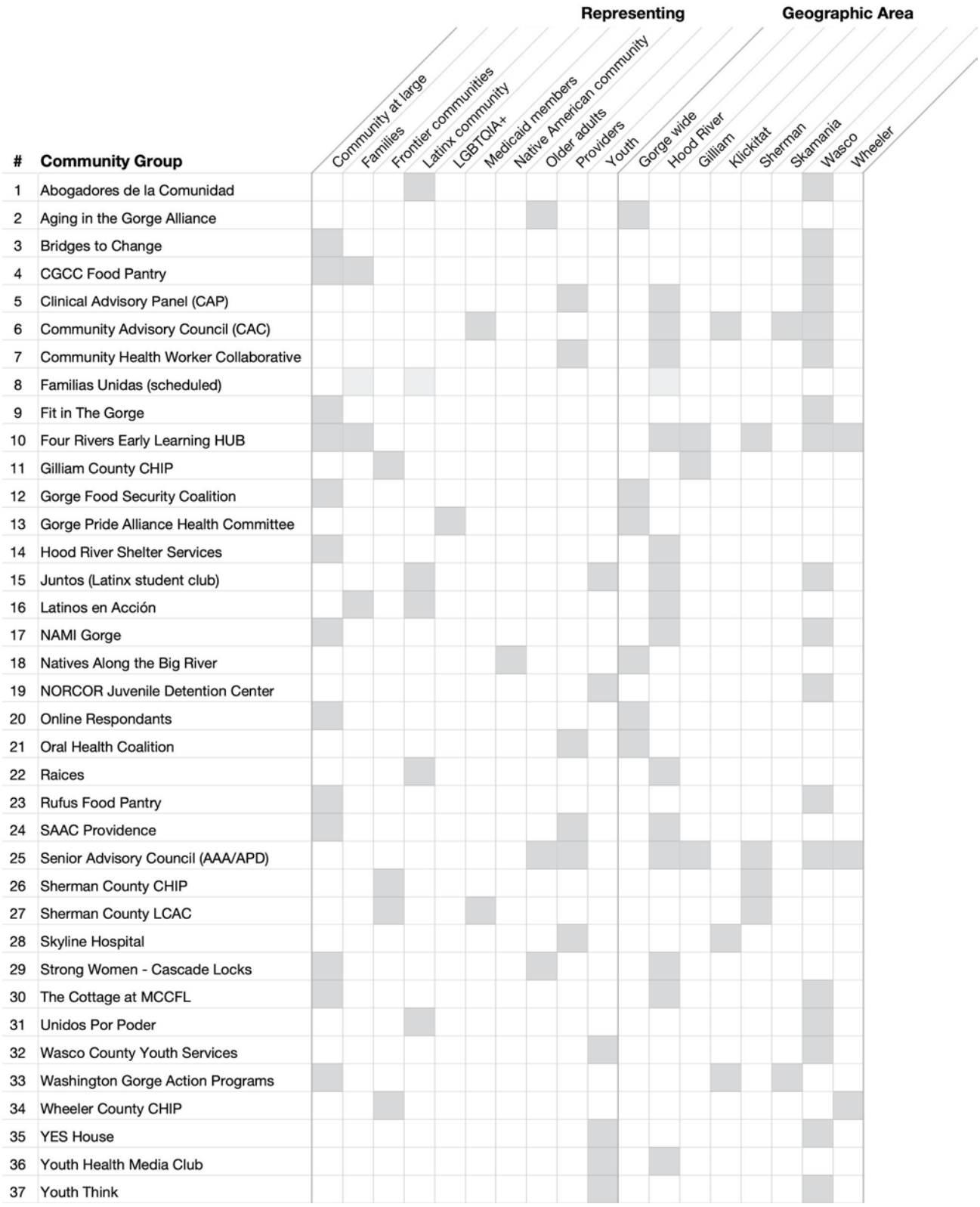
P16 ¿Qué tan importante es este tema para usted? DESARROLLO DE LA PRIMERA INFANCIA Y ATENCIÓN INFANTIL: • Que haya guarderías de alta calidad accesibles para todos aquellos que las necesiten • Que haya oportunidades de desarrollo en la primera infancia disponibles, y asequibles económicamente y de otras formas

Respuestas: 26 Sin responder: 6



#	¿TIENE COMENTARIOS SOBRE LA DEFINICIÓN?:	FECHA
1	En nuestra comunidad existen oportunidades de desarrollo en la primera infancia disponibles, asequibles económicamente y de otras formas.	8/marzo/2020 10:16 PM
2	No tenemos atención asequible económicamente de la calidad adecuada. Es un enorme obstáculo para las familias.	5/marzo/2020 10:12 AM

Appendix: Participating Community Groups



#	Community Group
1	Abogadores de la Comunidad
2	Aging in the Gorge Alliance
3	Bridges to Change
4	CGCC Food Pantry
5	Clinical Advisory Panel (CAP)
6	Community Advisory Council (CAC)
7	Community Health Worker Collaborative
8	Familias Unidas (scheduled)
9	Fit in The Gorge
10	Four Rivers Early Learning HUB
11	Gilliam County CHIP
12	Gorge Food Security Coalition
13	Gorge Pride Alliance Health Committee
14	Hood River Shelter Services
15	Juntos (Latinx student club)
16	Latinos en Acción
17	NAMI Gorge
18	Natives Along the Big River
19	NORCOR Juvenile Detention Center
20	Online Respondants
21	Oral Health Coalition
22	Raices
23	Rufus Food Pantry
24	SAAC Providence
25	Senior Advisory Council (AAA/APD)
26	Sherman County CHIP
27	Sherman County LCAC
28	Skyline Hospital
29	Strong Women - Cascade Locks
30	The Cottage at MCCFL
31	Unidos Por Poder
32	Wasco County Youth Services
33	Washington Gorge Action Programs
34	Wheeler County CHIP
35	YES House
36	Youth Health Media Club
37	Youth Think

Appendix: Summary of CHIP Priorities in English

2020 COLUMBIA GORGE REGIONAL CHIP PRIORITIES

Community Health Improvement Plan (CHIP) Main Vision:

We will work together to make sure that ALL members of our community have equitable access to supports that address the priority needs listed below. This is regardless of race, ethnicity, religious affiliation, sexual orientation, gender identity, age, location, ability, or income level.

We commit to making sure we measure our improvement through an equity lens. We also commit to making sure that services are provided in a way that is equitable and trauma informed.

We recognize the work ahead will include program and systems level change. This can include policy recommendations and support of living wages that would help create a more equitable and just community where all people can thrive.

Priorities:

- **HOUSING**
- **FOOD**
- **TRANSPORTATION AND MOBILITY**
- **IMPROVED ACCESS TO EQUITABLE HEALTH CARE SERVICES**
  - **Dental Care**
  - **Primary Care**
  - **Behavioral Health**
  - **Health Coverage**
  - **Promotion and Prevention**
- **IMPROVED ACCESS TO EQUITABLE PHYSICAL ACTIVITY AND THE OUTDOORS**
- **IMPROVED SOCIAL CONNECTION AND COMMUNICATION**
  - **Sense of Community**
  - **Collaboration and Information Sharing**
- **CHILDREN AND YOUTH**
  - **Youth Safety**
  - **Early Childhood Development and Childcare**

PRIORITY: Housing

- People can gain access and afford safe housing.
- People do not worry about losing their housing.
- People spend less than 30% of their income on housing.

PRIORITY: Food

- All people can access and afford healthy food.
- People do not worry about running out of food for themselves or the people they live with.

PRIORITY: Transportation and Mobility

- Public and private transportation is available and convenient for all activities that support and encourage health, daily living, physical activity and wellbeing.
- Public and private transportation is safe and meets the needs of each person.
- Communities have safe transportation and infrastructure that supports walking, biking and wheelchair or walker rolling.

PRIORITY: Improved access to equitable health care services

Dental Care:

- People get the dental services they need when they need them.
- Dental care is equitable, affordable and inclusive and is offered in a respectful and trauma informed manner.

Primary Care:

- People get the primary care they need when they need it.
- Primary care is equitable and inclusive and is offered in a respectful and trauma informed manner.
- Health care is offered in diverse settings which supports health and wellness at every stage of life

Behavioral Health Care:

- People get the behavioral services and supports they need when they need them, including:
  - Mental health
  - Substance abuse services
  - Crisis intervention
  - Inpatient treatment
  - Outpatient treatment
- Behavioral health care is equitable and inclusive. It is offered in a respectful and trauma informed manner.
- Behavioral health is offered in diverse settings which supports mental health and wellness at every stage of life.

Health Coverage:

- People have stable medical coverage they can afford and when they use it, it does not cause financial distress.
- Insurance covers the services people need, which include physical, dental, mental and behavioral health.
- Regardless of immigration status, we work to create ways to ensure the healthcare needs are met.

Promotion and Prevention:

- The information that people need to support healthy choices is available to all.
- Information and education on wellness, health promotion and disease prevention are available and offered in an equitable and trauma informed way.
- Prevention and control of current and emerging health care issues are addressed in the community.
- Prevention of interpersonal violence is addressed through the promoting health, safety, communication, equity, and respect.

PRIORITY: Improved Access to Equitable Physical Activity and the Outdoors

- All people have opportunities for physical activity that supports their health and well-being. This is regardless of their race, ethnicity, physical limitation or where they live.
- It is easy for people to access parks, trails and natural areas for both exercise and social activities.

PRIORITY: Improved Social Connection and Communication

Sense of Community:

- People feel a sense of connection, security, belonging, and trust in their community.

- People receive social support from family, friends, and other community members.
- People feel a sense of community through access to parks, nature and recreation.
- People and groups get support in growing as leaders. They feel they have a voice and can contribute to their community.

Collaboration and Information Sharing:

- People get the language appropriate information they need or want on paper, online, or video to be able to access the services they need.
- Organizations coordinate intake and exchange information for shared patients or clients.
- Referrals are coordinated and people get their needs met in a timely manner.

PRIORITY: Children and Youth

Youth Safety:

- Youth (ages 0 to 18) feel respected, safe and supported:
  - In their homes
  - Getting to and from school
  - In school
  - In community activities
- Youth have equitable access to activities to play, learn and grow outside of school that their families can afford.
- There is infrastructure and there are opportunities so that youth of all ages, abilities and interests have a variety of physical and other activity options that are offered in an equitable way.
- Youth who experience bullying or suffer violence, whether in person or online, are supported and have access to the help they need.

Early Childhood Development and Child Care:

- People can access cultural and language appropriate, high-quality, affordable childcare when and where they need it.
- People can access and afford early childhood development supports and opportunities, such as early intervention, home visiting, group socialization, preschool and activities.

Appendix: Summary of CHIP Priorities in Spanish

PRIORIDADES DEL CHIP
EN LA REGIÓN DE COLUMBIA GORGE PARA 2020

Visión principal del Plan de Mejoras a la Salud Comunitaria (CHIP):

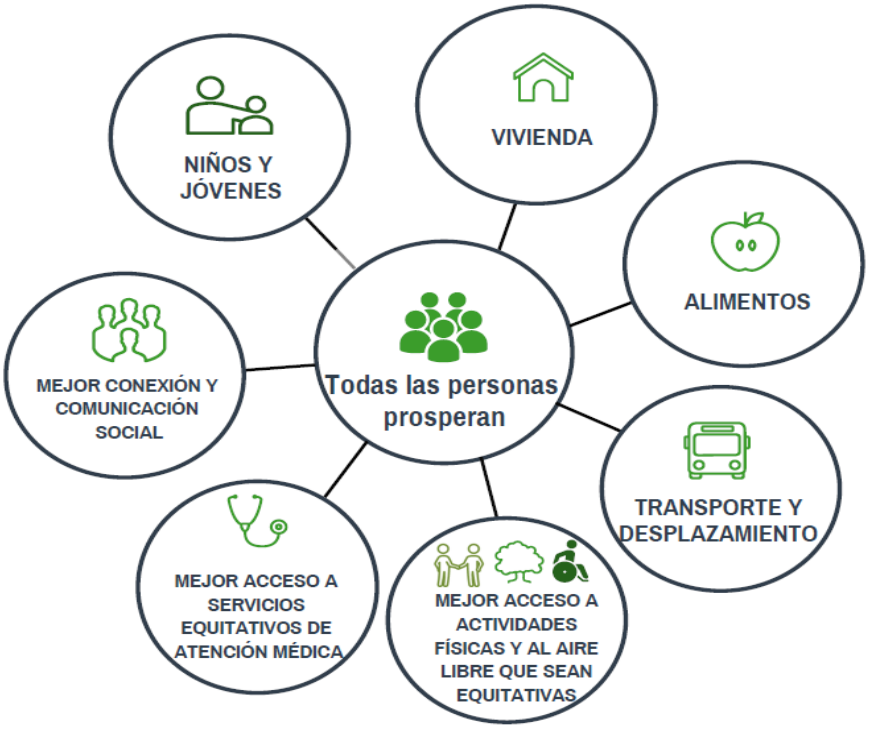
Trabajaremos juntos para asegurar que TODOS los miembros de nuestra comunidad tengan acceso equitativo a los apoyos que ayudan a satisfacer las necesidades prioritarias enumeradas a continuación. Esto es independientemente de su raza, grupo étnico, afiliación religiosa, orientación sexual, identificación de género, edad, ubicación, capacidad o nivel de ingresos.

Nos comprometemos a asegurarnos de medir nuestro avance a través de un enfoque en la equidad. También nos comprometemos a asegurar que los servicios se proporcionen de forma equitativa que incluya TRAUMA INFORMED PRACTICE (es decir, de manera que se pueda comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales).

Estamos conscientes de que, de aquí en adelante, el trabajo incluirá cambios en el programa y en el nivel de sistemas. Esto puede incluir las recomendaciones de las normas y el apoyo a salarios que satisfagan las necesidades básicas de la vida, que ayudarían a crear una comunidad más justa y equitativa en la que puedan prosperar todas las personas.

Prioridades:

- VIVIENDA
- ALIMENTOS
- TRANSPORTE Y DESPLAZAMIENTO
- MEJOR ACCESO A SERVICIOS EQUITATIVOS DE ATENCIÓN MÉDICA
- MEJOR ACCESO A ACTIVIDADES FÍSICAS Y AL AIRE LIBRE QUE SEAN EQUITATIVAS
- MEJOR CONEXIÓN Y COMUNICACIÓN SOCIAL
- NIÑOS Y JÓVENES



PRIORIDAD: Vivienda

- Las personas pueden lograr el acceso a vivienda segura y tener para pagarla.
- Las personas no se preocupan por perder su vivienda.
- Las personas se gastan menos del 30% de sus ingresos en vivienda.

PRIORIDAD: Alimentos

- Todas las personas pueden acceder a alimentos saludables y tener para pagarlos.
- Las personas no se preocupan de que se les acaben los alimentos para ellas o las otras personas que viven en su casa.

PRIORIDAD: Transporte y desplazamiento

- Existe transporte público y privado disponible y conveniente para todas las actividades que apoyen y alienten la salud, la vida diaria, la actividad física y el bienestar.
- Existe transporte público y privado que es seguro y satisface las necesidades de cada individuo.
- Las comunidades tienen transporte seguro y una infraestructura que ayuda a caminar, andar en bicicleta, en silla de ruedas o a caminar con una andadera de ruedas.

PRIORIDAD: Mejor acceso a servicios equitativos de atención médica

Atención dental:

- Las personas reciben los servicios dentales que necesitan cuando los necesitan.
- La atención dental es equitativa, asequible económicamente e inclusiva, y se ofrece de manera que incluya TRAUMA INFORMED PRACTICE (es decir, de manera que se puede comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales).

Atención primaria:

- Las personas reciben la atención primaria que necesitan cuando la necesitan.
- La atención primaria es equitativa e inclusiva, y se ofrece de manera respetuosa que incluye TRAUMA INFORMED PRACTICE (es decir, de manera que se puede comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales).
- La atención médica se proporciona en una variedad de entornos que apoyan la salud y el bienestar en todas las etapas de la vida.

Atención de salud conductual:

- Las personas reciben los servicios y apoyos conductuales que necesitan cuando los necesitan, incluidos:
  - Salud mental
  - Servicios para alcoholismo y/o drogadicción
  - Intervención en momentos de crisis
  - Tratamiento como paciente hospitalizado
  - Tratamiento como paciente externo (ambulatorio)
- La atención de salud conductual es equitativa e inclusiva. Se ofrece de manera respetuosa, que incluye TRAUMA INFORMED PRACTICE (es decir, de manera que se puede comprender,

reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales).
- La atención de salud conductual se proporciona en una variedad de entornos que apoyan la salud mental y el bienestar en todas las etapas de la vida.

Seguro médico:

- Las personas tienen seguro estable y asequible económicamente, y cuando lo usan no causa angustias económicas.
- El seguro cubre los servicios que las personas necesitan, y estos incluyen salud física, dental y conductual.
- Independientemente del estatus migratorio, trabajamos para crear maneras de que las personas tienen los servicios médicos que necesitan.

Fomento y Prevención:

- La información que las personas necesitan para respaldar decisiones saludables está disponible para todas.
- La información y educación sobre el bienestar, el fomento a la salud y la prevención de enfermedades están disponibles y se ofrecen de manera equitativa que incluye TRAUMA INFORMED PRACTICE (es decir, de manera que se puede comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales).
- La prevención y el control de problemas existentes y emergentes de atención médica se dan a conocer en la comunidad.
- La prevención de violencia interpersonal se da a conocer a través del fomento a la salud, la seguridad, la comunicación, la equidad y el respeto.

PRIORIDAD: Mejor acceso a actividades físicas y al aire libre que sean equitativas

- Todas las personas tienen oportunidades para hacer actividades físicas que apoyan su salud y bienestar. Esto es independientemente de su raza, grupo étnico, limitación física, o lugar donde viven.
- Es fácil para las personas acceder a parques, senderos y áreas naturales tanto para ejercicio como para actividades sociales.

PRIORIDAD: Mejor conexión y comunicación social

Sentido de comunidad:

- Las personas tienen una sensación de conexión, seguridad, pertenencia y confianza en su comunidad.
- Las personas reciben apoyo social de sus familiares, amigos y otros miembros de la comunidad.
- Las personas tienen un sentido de comunidad mediante el acceso a parques, a la naturaleza y a sitios de recreación.
- Los individuos y los grupos reciben apoyo para desarrollarse como líderes. Sienten que tienen una voz y que pueden contribuir a mejorar su comunidad.

Colaboración y divulgación de información:

- Las personas reciben la información que necesitan o desean en una lengua apropiada, impresa, en línea o video para poder accedes a los servicios que necesitan.
- Las organizaciones coordinan la recepción e intercambio de información para pacientes o clientes que comparten entre ellas.
- Las remisiones están coordinadas para que las personas satisfagan sus necesidades de manera oportuna.

PRIORIDAD: Niños y jóvenes

Seguridad de niños y jóvenes:

- Los niños y jóvenes (de 0 a 18 años de edad) se sienten respetados, seguros y apoyados:
  - en su hogar
  - en los viajes de ida y vuelta a la escuela
  - en la escuela, y
  - en actividades comunitarias
- Los niños y jóvenes tienen el acceso equitativo a actividades para jugar, aprender y crecer fuera del horario escolar que sus familias pueden pagar.
- Existen la infraestructura y las oportunidades para que los niños y jóvenes de todas las edades, habilidades e intereses tengan una variedad de actividades físicas y otras opciones de actividades que se ofrecen de manera equitativa.
- Se apoya a los niños y jóvenes que son víctimas de intimidación o violencia, ya sea en persona o en línea, y tienen acceso a la ayuda que necesitan.

Desarrollo de la primera infancia y atención infantil:

- Las personas pueden acceder a una guardería o atención infantil apropiada cultural y lingüísticamente, de alta calidad, asequible económicamente, cuando y donde la necesiten.
- Las personas pueden acceder, a precios razonables, a apoyos y oportunidades para el desarrollo de la primera infancia, por ejemplo, intervención temprana, visitas al hogar, socialización en grupo, preescolar y actividades.

COLUMBIA GORGE REGIONAL COMMUNITY HEALTH IMPROVEMENT PLAN

2020 2023

Children and Youth

- Youth Safety
- Early Childhood Development and Childcare

Housing

Transportation

Food

Health Care Services

- Dental Care
- Primary Care
- Health Coverage
- Behavioral Health
- Promotion and Prevention

Social Connection and Communication

- Sense of Community
- Collaboration and Information Sharing

Physical Activity and The Outdoors

2020 CHIP Planning Vision and Values

We work together to make sure that all people in our community have equitable access to supports that address the CHIP priorities.

We commit to measure our improvement through an equity and trauma informed lens.

We recognize the work ahead will include program and systems level change. This can include policy recommendations and support of living wages. Our hope is to create a more equitable and just community where all people can thrive.

Our Region:
7 counties along the Columbia River in Oregon and Washington: Wasco, Hood River, Sherman, Gilliam, Wheeler in OR, and Klickitat, Skamania in WA.

5 Principles informed strategy design

- Elevate community voices
- Create authentic opportunities for engagement
- Prioritize equity
- Apply trauma-informed lens
- Focus on program and system changes

CHIP Development

Who Developed

Columbia Gorge Community Advisory Council (CAC)

+

17 cohort organizations participating in the 2019 Gorge Regional Community Health Assessment

+

180 individuals representing 37 community groups

+

60+ organizations helped define the goals and strategies

Columbia Gorge Health Council convenes and supports the collective process

Our Process

1. Gather data to complete the Community Health Assessment
2. Gather input from diverse community groups to identify CHIP priorities
3. Define and approve CHIP priorities
4. Define goals and strategies
5. Implement strategies
6. Measure progress for goals

CHIP Implementation

35 Collaborative GOALS designed by 75+ key stakeholders

Measurement towards Goals

Columbia Gorge Health Council will lead a collective process of tracking and reporting on progress towards goals

For more information: Visit www.cghealthcouncil.org to read the full Community Health Assessment and Community Health Improvement Plan or learn more about the Columbia Gorge Health Council

PLAN DE MEJORAS A LA SALUD COMUNITARIA (CHIP) PARA LA REGIÓN DE COLUMBIA GORGE

2020 2023

Niños y jóvenes

- Seguridad para niños y jóvenes
- Desarrollo de la primera infancia y atención infantil

Vivienda

Transporte

Alimentos

Servicios de atención médica

- Atención dental
- Atención primaria
- Cobertura médica
- Salud conductual
- Promoción y prevención

Conexión y Comunicación Social

- Sentido de comunidad
- Colaboración y divulgación de información

Actividades físicas y al aire libre

Visión y valores de la planeación del CHIP 2020

Trabajamos juntos para asegurar que todas las personas en nuestra comunidad tengan acceso equitativo a apoyos dirigidos a las prioridades del CHIP.

Nos comprometemos a medir las mejoras a través de un lente de equidad que sea *trauma informed* (que se pueda comprender, reconocer y responder a los efectos de todo tipo de traumas, o sea, de lesiones físicas o emocionales).

Reconocemos que el trabajo por delante incluye cambios en el nivel de programas y sistemas. Esto puede incluir recomendaciones normativas y apoyo a salarios dignos. Esperamos crear una comunidad más justa y equitativa en la que todos prosperen.

Nuestra región:
7 condados a lo largo del Río Columbia en Oregon y Washington: Wasco, Hood River, Sherman, Gilliam y Wheeler en OR, y Klickitat y Skamania en WA.

5 Principios para un correcto diseño de estrategias

- Alzar las voces de la comunidad
- Crear auténticas oportunidades para la participación
- Dar prioridad a la equidad
- Utilizar un lente que sea *trauma-informed*
- Enfocarse en cambios de programas y sistemas

Desarrollo del CHIP

Quiénes lo desarrollaron

Columbia Gorge Community Advisory Council (CAC)

+

17 organizaciones conjuntas que participaron en la Evaluación Regional de Salud Comunitaria 2019 en el Gorge

+

180 individuos que representaban a 37 grupos comunitarios

+

Más de 60 organizaciones ayudaron a determinar las metas y estrategias

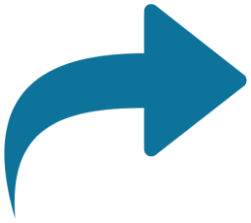
Columbia Gorge Health Council convoca y apoya el proceso colectivo

Nuestro proceso

1. Recopilar información para completar la Evaluación de Salud Comunitaria
2. Recopilar comentarios de distintos grupos comunitarios para identificar las prioridades del CHIP
3. Determinar y aprobar las prioridades del CHIP
4. Definir metas y estrategias
5. Implementar estrategias
6. Medir el avance para alcanzar las metas

Implementación del CHIP

35 METAS en colaboración diseñadas por más de 75 participantes principales



Medición en vista de las Metas

Columbia Gorge Health Council encabezará un proceso colectivo para dar seguimiento e informar sobre el avance hacia las metas.

Para ver más información: Ir al sitio Web www.cghealthcouncil.org para leer por completo la Evaluación de Salud Comunitaria y el Plan de Mejoras a la Salud Comunitaria, o para saber más del Consejo de Salud de Columbia Gorge (CGHC)