

Example VISTA Assignment Descriptions (VADs)

Objective and Member Activity by Focus Area

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Contents

Coordinated Care Organization Projects	2
Accreditation.....	4
Quality Improvement in LHD	5
CHIP Implementation.....	7
Develop Partnerships.....	9
WIC.....	12
Communications Plan	14
Healthy Communities.....	18
Tobacco.....	180
Emergency Preparedness	21
Health Equity.....	23
Coalition Building	268
Program Development.....	30
Special Topics.....	31

(Ctrl + Click to follow link in Contents)

Coordinated Care Organization Projects

Objective of the Assignment (*Period of Performance: 10/2020 - 3/2021*)

Develop a variety of outreach methods that will be used to gather information from EOCCO members and other people living in poverty about how COVID-19 has impacted their lives, as well as their suggestions about how Lake County, Lake Health District, and other entities can better support them in future crises. The VISTA will work with local and regional partners to determine the most effective outreach methods and ensure each method is implemented.

Member Activity:

1. Identify barriers to EOCCO member involvement with EOCCO outreach coordinator and Lake County Local Community Advisory Council (LCAC) members.
 2. With the outreach coordinator and LCAC, brainstorm creative methods to overcome these hurdles.
 3. With the outreach coordinator and LCAC, incorporate ideas from brainstorming sessions to determine outreach methods that will most effectively reach EOCCO members and convince them that answering the questions will provide valuable information that will be used in preparedness planning.
 4. Implement the various outreach methods (e.g. post surveys online, develop script for phone interviews, mail surveys, etc.)
 5. Recruit LCAC volunteers to assist with outreach efforts.
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Objective of the Assignment (*Period of Performance: August 2014-2015*)

Objective of the Assignment (*Period of Performance: April 2020 – March 2021*)

The VISTA will strengthen data collection, management, and reporting by using Ombuds complaints and concerns case data to document and understand trends in members' issues with their Coordinated Care Organization.

Member Activity:

1. Provide project management to Ombuds team members to ensure timely data collection including reminder of reporting deadlines, supporting data template compilation, and data analysis.
 2. Complete data analysis and software training needed.
 3. Support case management data tracking design including basis Microsoft Access programming and report running.
 4. Create and maintain an updated data dictionary of all reporting templates.
 5. Pull quarterly data and input into Ombuds quarterly reports.
 6. Draft data and narrative section of quarterly Ombuds report.
 7. Create data charts and graphic visuals to inform reporting.
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Objective of the Assignment (*Period of Performance: September 2019- April 2020*)

Provide support to CCOs in identifying community-based providers that can serve children in poverty that are insured by Medicaid and provide supports that build health and resilience and that target the health risk factors identified through the health complexity data. The VISTA Member will be part of the OPIP team that is supporting the CCOs and will lead a number of important key activities.

Member Activity:

1. Develop an interview protocol that obtains necessary information and that also gathers insight into how the summary information from the interviews can be displayed in a way that is helpful to the community-level stakeholder.
 2. Conduct interviews of community-level stakeholders who provide various levels of care coordination and complex care management to children with various levels health complexity.
 3. Using OPIP example templates, develop a summary of community-level resources, available to publicly insured children with health complexity risk factors that identifies specific services and the location of these services. The map will identify which children assets serve, how they serve the children, and the degree to which they are able to serve children with high social complexity.
 4. Develop a summary describing the areas for which there is a lack of capacity within existing resources (based on the health complexity needs identified in the data), and those areas for which there are not available community-level programs and support services to address the poverty and health risk factors identified (e.g. this may be infant and early childhood mental health supports for young children with social-emotional delays).
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Objective of the Assignment (*Period of Performance: September 2019-April 2020*)

Assist in the facilitation of a statewide learning community of CCOs on how they are using the health complexity data. The VISTA Member will be part of the OPIP team that is supporting the CCOs and will lead a number of important key activities.

Member Activity:

1. Conduct literature reviews on guidance and models for how to develop care coordination programs for children on Medicaid that have both medical and social complexity.
 2. Conduct interviews with leaders in the field identified through the literature or project review. Summarize the interviews and implications for the CCOs in Oregon addressing children in poverty,
 3. Develop materials for group-level calls of CCOs designed to help them understand specific uses of the health complexity data that are meant to address and improve the health and resiliency of young children. This will include summaries of how CCOs are using the information that can provide helpful tools and tips for others and examples of tools identified in the literature review below.
 4. Conduct interviews with CCO representatives to understand specific details around how they are using the information. Summarize the learnings from the CCO representatives of ways that the information was used to better serve children in poverty with health complexity and barriers identified to addressing the health complexity factors.
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Objective of the Assignment (*Period of Performance: May 2019- December 2019*)

A Coordinated Care Organization (CCO) is a network of all types of health care providers who work together to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). Health complexity combines information about a child’s medical complexity (having a chronic condition and social complexity (having experienced Adverse Childhood Events, accessing and use of Temporary Assistance for Needy Families (TANF), parent incarceration, foster care), that can be derived from system-level data. The VISTA will develop communication materials and engagement materials that can be used by CCOs and /or Early Learning Hubs in sharing community-specific data about their pediatric population’s health complexity. This information will be used by CCOs to identify ways that these children’s needs can be better addressed. The VISTA Member will be part of the Oregon Pediatric Improvement Partnership (OPIP) team that is supporting the CCOs and will lead a number of important key activities.

Member Activity:

1. Research, familiarize and understand the Oregon Health Plan and Coordinated Care Organizations in Oregon.
 2. Research, familiarize and understand OPIP’s model for identifying children in poverty (as indicated by covered by Medicaid insurance) and their level of health complexity.
 3. Participate in stakeholder interviews with CCOs and Early Learning Hubs about the partners they hope to engage, and key message they hope to convey by sharing the data.
 4. Develop a summary of the interviews and implications for how data can be shared or used.
 5. Develop clear, thoughtful, and engaging ways of presenting data that resonate with the audience and identify unmet health care needs of children.
 6. Develop a summary of the key findings from community-level meetings attended.
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Accreditation

Objective of the Assignment (*Period of Performance: April 2020-October 2020*)

The VISTA member will review 2019 Reaccreditation processes and establish a sustainable department-wide process to prepare for continuous Reaccreditation efforts. The VISTA will build efforts to establish a sustainable reaccreditation team at CCHD and will coordinate this application process in order to continue advancing the quality and accessibility of CCHD services to economically disadvantaged community members. Accreditation will ensure that low-income residents of Crook County will have access to equitable and high-quality public health services.

Member Activity:

1. Research and review Public Health Reaccreditation requirements, timeline, and forms – including the Reaccreditation Toolkit developed by Year 1 VISTA.
2. Complete Public Health Accreditation Board (PHAB) online orientation and pursue other learning opportunities focused on reaccreditation.
3. Select and adapt or create department-wide reaccreditation plan that aligns with public health reaccreditation standards and measurements supporting health equity therein.

4. Work with Director to assemble a sustainable reaccreditation team ensuring membership reflects experience and motivation to advance quality and accessibility of CCHD's services to economically disadvantaged community members.
 5. Develop a toolkit to compile methods and best practices for the Reaccreditation process that can be used internally and by other health departments.
 6. Work with Reaccreditation Coordinator to align electronic data collection system (VMSG) with all department programs in order to capture ongoing reaccreditation data which enhances the knowledge and understanding of the population CCHD serves.
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Objective of the Assignment (*Period of Performance: August 2019- August 2020*)

Lead the agency accreditation committee that will focus on quality improvement in order to build agency capacity and allow for continuous quality improvement in services provided. The accreditation committee will seek to address services provided to low income clients with limited access to primary healthcare providers and medical literacy. This focus will assist to alleviate health and economic burden of preventable and treatable health conditions.

Member Activity:

1. Coordinate with Public Health Director and accreditation committee to determine next steps in seeking accreditation.
 2. Coordinate and facilitate regular accreditation committee meetings to achieve desired accreditation timeline through identification of objectives, priorities, and activities.
 3. Follow up with committee members between meetings to support group progress and understanding of assignments.
 4. Conduct research and outreach to partners to identify best practices for completing projects and processes undertaken by the accreditation committee.
 5. Document all processes, outcomes, and follow up requirements.
 6. Develop manual for Jefferson County Public Health accreditation process for future reaccreditation efforts.
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Objective of the Assignment (*Period of Performance: August 2019- August 2020*)

Coordinate the department's application for national public health accreditation. Accreditation will identify sustainable, internal capacity to address health inequities which disproportionately affect persons living in poverty.

Member Activity:

1. Develop and implement method to coordinate public health staff and the Regional Health Improvement Plan (RHIP) to utilize healthcare data, Quality Improvement Measures (QIMs), to identify local health concerns, areas of health disparities, and limitations in access to care. Determine local public health interventions.
2. Complete Public Health Accreditation Board (PHAB) online orientation, study available accreditation & QI resources, and review completed accreditation tasks.

3. Prepare and submit PHAB pre-application utilizing the e-PHAB portal.
 4. Implement the Public Health Strategic Plan, track progress, and align priorities with partners
 5. Connect with other VISTA members and accreditation workgroups to share best practices
 6. Integrate public health department program policies and procedures (i.e. immunizations, Women, Infant, and Children (WIC), communicable disease, emergency preparedness, and environmental health) to align with accreditation standards.
 7. Assist in updating quality improvement initiatives, planning, and documentation.
 8. Develop and implement document formatting in accreditation readiness style.
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Objective of the Assignment (*Period of Performance: August 2019-August 2020*)

Support the coordination of Public Health Accreditation efforts to ensure the health department continues to provide accessible, equitable, and culturally appropriate services to low-income community members.

Member Activity:

1. Become familiar with Public Health Accreditation Standards and Measures, resources and materials.
 2. Review Public Health's accreditation plan, timeline, and priorities as well as guiding department documents (CHIP, QI, Performance Management, Strategic Plan).
 3. Participate in QI Committee and Accreditation team meetings.
 4. Educate and train staff on accreditation and build accreditation knowledge.
 5. Develop and implement a plan for sustaining accreditation knowledge and work throughout the department.
 6. Develop plan for communicating accreditation updates to staff.
 7. Support the implementation of accreditation standards to ensure public health programs are effectively meeting the needs of low-income community members.
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Quality Improvement in LPHA

Objective of the Assignment (*Period of Performance: January 2021 - April 2021*)

Create a more equitable healthcare experience for patients at Clackamas Volunteers in Medicine by working to ensure the quality of the medical interpretation services provided to clients with limited English proficiency. This objective will focus on the assessment and improvement of volunteer medical interpreters. They will work to create sustainability in this effort by assisting in the implementation of a permanent Head Interpreter staff position at Clackamas Volunteers in Medicine.

Member Activity:

1. Connect with Salem Free Clinic and Volunteers in Medicine in Bend to gain insight into how the medical interpreter function works at other clinics with a similar model.
2. Create assessment and training protocol for all volunteer interpreters with a focus on cultural responsiveness and improving equity and access for economically vulnerable clients.

3. Connect Clackamas Volunteers in Medicine with local medical interpretation certification programs for the recruitment of interpreters and continuing education opportunities for medical interpreters.
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Objective of the Assignment (*Period of Performance: March 2018-March 2019*)

Work with Oregon Pediatric Society (OPS) Executive Director to develop and launch a health education and quality improvement program to address child hunger and obesity in Oregon’s pediatric primary care clinics.

1. Understand the 2018 Oregon Coordinated Care Organization incentive metric around childhood obesity screening and nutrition counseling in primary care.
 2. Coordinate OPS’ members, staff, key partners, and statewide stakeholders in developing primary care and clinical curricula about the social determinants of health that affect childhood obesity, nutrition, and hunger.
 3. Assess American Academy of Pediatrics’ current poverty and obesity screening tools and other evidence-based practices appropriate for Oregon pediatric medical providers, and incorporate into OPS clinical training module.
 4. Research and document resources serving medically underserved families by Oregon county
 5. Coordinate integration of behavioral health services, trauma-informed care, and the patient-centered primary care home model with pediatric providers at OPS trainings and member outreach events.
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CHIP Implementation

Objective of the Assignment (*Period of Performance: August 2017 – August 2018*)

Based on implementation strategies from the 2016-2017 Community Health Improvement Plan (CHIP), assist local Healthy Community committees with implementation in order to drive local area service and outreach efforts to better meet the needs of the low-income residents of Umatilla County.

Member Activity:

1. Attend various community health partner meetings to become familiar with current health initiatives and key stakeholders in addressing health disparities.
2. Present CHIP priority areas and strategies to the three local Healthy Community Coalitions and Local Community Advisor Council.
3. Facilitate conversations with Healthy Community Coalitions and key stakeholders about implementation of CHIP strategies.
4. Work with Umatilla County Health leadership to align strategic plan and goals with CHIP priorities.

5. Support the long-term sustainability of Community Health Improvement Plan strategies by supporting the creation of a vision, mission and core values statement, as well as development of an annual calendar of key activities and discussion topics for meetings needed to maintain long term effectiveness, sustainability and accountability of the Community Health Improvement Plan committees.
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Objective of the Assignment (*Period of Performance: August 2017 – August 2018*)

Utilize various forms of marketing and community outreach to develop public health messages that promote healthy living and encourage behaviors that are aligned with the local Community Health Improvement Plan (CHIP) for low-income residents of Umatilla County (UCo) in order to prevent and reduce health and economic impact of disease.

Member Activity:

1. Manage marketing campaign for CHIP priorities through social media. Identify process to train staff and transfer responsibilities.
 2. Develop a communication/social media plan that will include creating and posting social media content and sharing partner posts
 3. Create infographics, presentations, and newsletter on CHIP progress and how UCo Health and partner community health agencies are implementing strategies to address CHIP.
 4. Develop a toolkit and training plan for training staff to manage social media and newsletters.
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Objective of the Assignment (*Period of Performance: August 2017 – August 2018*)

Based on goals and metrics established in the 2016-2017 Community Health Improvement Plan (CHIP), create an evaluation process and tools to assist partner organizations with collecting data to guide future CHIP implementation work and development to address the top health priority areas (obesity, tobacco use, violence and safety, mental health, and chronic disease) of low-income residents of Umatilla County. These priority areas were selected based off of the most recent Community Health Assessment data of Umatilla County.

Member Activity:

1. Meet with key partner agencies to learn about the work they are doing to implement CHIP strategies.
2. Facilitate conversations regarding how each priority area will collect data and be evaluated. Evaluation includes meeting selected outcomes and identifying how each strategy will address the health inequities and disparities in low-income residents of Umatilla County.
3. Design data collection tools for community agencies to use to track and monitor their goals that relate to the CHIP.
4. Create a data evaluation spreadsheet that aligns with the data collection tools created for community agencies.

5. Develop a toolkit and training plan for ongoing data collection and evaluation of CHIP priority areas.
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Objective of the Assignment (*Period of Performance: September 2019-February 2020*)

Implementation of the 2018 Community Health Assessment initiatives to increase health equity for our low-income patient population through the 2019-20 Community Health Improvement Plan (CHIP) Committees. Community Health Assessments (CHA) are a systemic examination of the health status indicators for a given population which are used to identify key problems and assets in a community.

Member Activity:

7. Participate in CHIP and partner agency committees. The CHIP initiatives are in process of determination and will involve improving health equity in Coos County through collaborative community effort.
 8. Identify which CHIP initiatives compliment services at Waterfall Clinic and find ways to tie in CHIP committee work to current operations. Waterfall is providing social determinants lens to CHIP.
 9. Collaborate and build additional relationships with local agencies and healthcare partners around the CHIP initiatives and incorporate information into our Local Resources Database.
 10. Assess and recommend strategies to implement community health assessment initiatives into Waterfall Community Health Center's current services regarding the low-income and homeless population.
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Develop Partnerships

Objective of the Assignment (*Period of Performance: April 2020 - April 2021*)

The VISTA will establish and continue to build partnerships, bridge EMS agency gaps through the provision of resources and promising practices and address rural disparities in health at the county and regional-level by providing tools with the intent of increasing access to the right care at the right time for vulnerable populations. The VISTA and assigned OHA EMS staff will continue to work with the Oregon Community Paramedicine/Mobile Integrated Healthcare Coalition and support the expanded role of EMS providers and their ability to administer non-emergency care. In rural areas of Oregon, there is a higher frequency of persons with minor illnesses and injuries utilizing 9-1-1 ambulance services, which is due to the lack of healthcare coverage and expensive medical fees for traditional healthcare visits to an emergency department or an urgent care clinic. The overutilization of the 9-1-1 system further taxes EMS agencies that are already struggling to recruit and retain EMS providers. Community Paramedicine/Mobile Integrated Healthcare (CP/MIH) in Oregon is a capacity-building effort to ensure that rural Emergency Medical Services agencies can maintain operations and provide timely care to

areas of the state experiencing the effects of poverty. The CP/MIH model enables Emergency Medical Services (EMS) providers to assist in the management of patients post hospital discharge, as well as participate in the general care management of patients, which reduces costs for families while supporting a sustainable model for EMS healthcare services.

Member Activity:

1. Continue partnership with Oregon Office of Rural Health. Document contacts and partnership info for staff to continue this partnership.
 2. Utilize VISTA project data to support targeted funding and assistance for rural EMS.
 3. Share VISTA project data analysis with stakeholders to drive modernization of the EMS system. Stakeholders include: State EMS Committee, Oregon State Ambulance Association, EMS Section of Fire Chiefs, National Association of State EMS Official West Region, CP/MIH Consortium and others as needed.
 4. Collect evidence-based materials, protocols, and education resources that can be shared directly with the counties and through the OHA EMS online EMS Resource Guide. Document location of resources for future use.
 5. Connect with community health leaders that advocate for the right care at the right time for patients and promote EMS as a valued participant within an integrated healthcare system.
 6. Connect with associations, workgroups and other professionals who are available to assist but have been unable to build relationships with communities or populations in need, to work together to improve EMS services and county health status.
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Objective of the Assignment (*Period of Performance: March 2020-January 2021*)

The VISTA member will build partnerships, recruit, and organize volunteers to participate in community activities that creatively communicate about fish advisories to relevant low-income community members.

Member Activity:

1. Identify partners who work with affected populations.
 2. Compile list of partners with contact information.
 3. Create a schedule of community events where targeted populations will be in attendance.
 4. Research and understand volunteer recruitment best practices.
 5. Develop a volunteer recruitment program.
 6. Research funding mechanisms for community activities.
 7. Share development of activities with local community based organizations in order to sustain outreach for duration of clean-up of the Portland Harbor.
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Objective Two (*Time Period: March 2018 –February 2019*)

Build relationships with key stakeholder organizations, develop new partnerships, and strengthen existing partnerships, resulting in improved knowledge, behaviors and systems of care for low income women, teens, children and families in Douglas County.

Member Activity:

1. Attend Douglas County Perinatal Task Force, Early Learning Hub, Home Visiting Network and other community meetings to become familiar with community organizations and key community leaders.
 2. Develop understanding of the services available for low income population in Douglas County, and share updates with community partners and collect information about events and resources happening in the County.
 3. Outreach to the Cow Creek Tribe, and invite participation in the Douglas County Perinatal Task Force and a Health Equity Leadership Team.
 4. Outreach to Umpqua Health Coordinated Care Organization (CCO) and invite participation in the Douglas County Perinatal Task Force and a Health Equity Leadership Team.
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Objective of the Assignment (*Period of Performance: March 2018-March 2019*)

Engage community partners and local stakeholders in the creation of a prescription drug abuse and overdose prevention task force in Umatilla County.

Member Activity:

1. Identify local stakeholders and community partners that desire to participate in the prescription drug abuse and overdose prevention task force.
 2. Engage local stakeholders and community partners in the prescription drug abuse and overdose prevention task force.
 3. Facilitate task force conversations to identify existing community strengths, resources and community needs in prescription drug abuse prevention.
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Objective of the Assignment (*Period of Performance: November 2018-November 2019*)

While helping to ensure communities understand the correlation between poverty and opioid use, the VISTA project will build capacity and leverage resources to benefit low-income communities building coalitions to address the Warm Springs opioid epidemic. The first objective is to build partnerships and to assist in expanding and strengthening partnerships and networks by identifying potential collaborators, planning informational meetings, and developing commitments among collaborators.

Member Activity:

1. Help create new or enhance existing local, regional, or statewide opioid work advisory team
 2. Help create new or expand existing partnerships addressing opioids
 3. Establish or expand volunteer management systems for opioid programs
 4. Recruit and train community volunteers to serve at programs focusing on opioids
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Objective of the Assignment (*Period of Performance: August 2018 – August 2019*)

Cultivate and nurture partnerships with community based organizations, local schools, and community leaders to build community capacity to increase nutrition education and exercise opportunities for children and families that are experiencing poverty.

Member Activity:

1. Become familiarized with the Student Nutrition and Activity Clinic for Kids (SNACK) program mission and services by reading the strategic plan, program descriptions, curriculum materials, promotional materials, and press.
 2. Become familiarized with delivery and approach to SNACK services by participating in SNACK internship training in late August / early September, observing family-centered nutrition education sessions, group cooking classes, and group physical activity sessions.
 3. Attend meetings, resource fairs, and events offered by local organizations or schools that promote increasing healthy lifestyle opportunities for children in Yamhill County.
 4. Adapt and deliver oral and/or poster presentations about SNACK program services, updates, and events to existing community partners.
 5. Update a comprehensive contact list of community and school-based partners including contact person, contact information, partner organization's services and mission, and relationship to SNACK.
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Women, Infants, and Children (WIC) programming

Objective of the Assignment (*Period of Performance: August 2018-2019*)

The VISTA member will support efforts to evaluate housing instability and its impact on health and food insecurity among low-income clients through connecting the Oregon Health Authority WIC program and the Community Action Partnership of Oregon (CAPO) and strengthen local partnerships between Community Action Agency (CAA) programs and WIC. This also includes exploring opportunities for WIC collaboration with the following CAPO/CAA-associated programs: Food, Head Start, family shelters, child care, housing, information and referral services and life skills/parent training and self-sufficiency programs.

Member Activity:

1. Identify all CAPO/CAA programs that provide services addressing the common needs of WIC families.
 - a. What services are offered under each category (listed above) and how does the delivery of those services vary by agency?
 - b. What are the gaps and overlaps between/within the services delivered on a regional and statewide basis?
2. Research and understand the Coordinated Care Organization 2.0 (CCO 2.0) model.

3. Create a matrix connecting Community Action Agency program activities with the CCO 2.0 initiatives addressing the social determinants of health (SDH).
 4. Draft an action plan to support WIC agencies in coordinating county/regional activities linking CAA services to WIC services and the CCO 2.0 initiatives related to SDH.
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Objective of the Assignment (*Period of Performance: August 2018-2019*)

Improve WIC service delivery to better meet the needs of current and eligible but not participating families. Options for both urban and rural clinics would be included.

Member Activity:

1. Research options for non-traditional service delivery (i.e., mobile clinics, clinics located in business settings, etc.).
 2. Identify best WIC service delivery options for urban and rural areas.
 3. Complete a feasibility study for the top options, include a cost analysis and start-up and implementation timeline and steps.
 4. Prepare templates for standard USDA infrastructure documentation that can be used by local agencies in the future.
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Objective of the Assignment (*Period of Performance: August 2018-December 2018*)

Update WIC outreach system and transition to staff for ongoing partnerships with local organizations serving low-income women and children.

Member Activity:

5. Update and finalize the outreach management system.
 6. Compile marketing materials, event calendars, checklists, and procedures into a toolkit.
 7. Implement internship recruitment program.
 8. Train WIC staff and interns on outreach activities, presentations, website maintenance, and partnership development.
 9. Connect community partners with WIC Coordinator to integrate outreach into operations.
 10. Accompany WIC staff to networking events and meetings to transition outreach functions.
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Objective of the Assignment (*Period of Performance: September 2018- November 2018*)

Align community resources for low-income women and children with Public Health priorities related to equity, diversity, and inclusion.

Member Activity:

1. Condense diverse community resources into a reference guide.

2. Organize community resource brochures into new WIC waiting room displays.
 3. Arrange for ongoing community partner presentations at WIC team meetings.
 4. Formalize partnership with Oregon Health Plan (OHP)/Medicaid and Department of Human Services (ODHS) to target enrolled individuals who are not receiving WIC services but would qualify for the program.
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Objective of the Assignment (*Period of Performance:* May 2019- July 2019)

Streamline social media communications to improve the reach of nutrition-related messages, increase access to WIC services, and foster community engagement among low-income families.

Member Activity:

1. Assemble communication materials into a social media handbook.
 2. Provide feedback to staff maintaining social media accounts for Washington County WIC.
 3. Refine social media strategies using an equity lens.
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Communications Plan

Objective of the Assignment (*Period of Performance:* August 2020-July 2021)

Collaborate with Oregon Immunization Program staff to work with Local Public Health Authority (LPHAs), tribes and other partner entities to assist with social media influenza awareness campaign to provide information regarding vaccine to low-income populations. Use existing materials to support expanded knowledge and acceptance of flu vaccinations in advance of COVID surge during respiratory season.

Member Activity:

1. Identify partner agencies who need assistance with social media campaigns
 2. Research best practices in social media campaigns related to influenza awareness
 3. Understand how to engage and connect with diverse audiences on social media platforms
 4. Create social media templates, posts and FAQs to share with identified partners
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Objective of the Assignment (*Period of Performance:* September 2020 - May 2021)

Administer, develop and enhance strategies for marketing communications to target populations (Hispanic/Latino/Latinx communities and the homeless population) to promote healthy lifestyle change, community engagement in events to low-income community members, and create information pathways for emergency responses.

Member Activity:

1. Create a Spanish website for Tillamook County Community Health Centers in order to provide information in a way that is equitable.

2. Assist Tillamook County Community Health Centers' (TCCHC) health promotion with specific resources to Hispanic/Latino/Latinx communities and the homeless population. Create posts in Spanish on social media to increase awareness of resources available.
 3. Assist CHC health promotion with Spanish translation of print, social media, website, presentation, and email communications with interns, staff, and vendors.
 4. Partner with the Tillamook County Wellness coalition and the sub-committees to align education and outreach efforts, taking into consideration cultural, literacy, and disability differences.
 5. Work with partner agencies to evaluate the effectiveness of communication tools within focus groups.
 6. Research, develop and enhance programs that address healthy equity and disparity for the target populations.
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Objective of the Assignment (*Period of Performance: August 2018-December2018*)

The VISTA member will support efforts to develop communication systems so that the Adolescent and School Health Unit (A&SH) can regularly connect with youth living in poverty and link them to health care. The VISTA will gather youth feedback on the health care they need and the health care they receive to improve quality of health services and health education provided to Oregon's low-income youth.

Member Activity:

1. Research how to develop an effective, youth-focused system for communication to adolescents living in poverty.
 2. Collaborate with A&SH to determine scope of system.
 3. Perform a web-based and literature review of how access to health care messages are relayed to adolescents and how adolescents perceive those messages.
 4. Conduct focus groups with adolescents to determine what methods of communication they prefer.
 5. Research what communications systems are currently in place and how A&SH can work within those systems.
 6. Create a plan to test various methods of communication and assess how well the method reaches adolescents.
 7. Assess current A&SH materials intended for "youth-friendliness":
 - a. Review public-facing A&SH materials intended for youth
 - b. Review A&SH website and determine if youth should be directed to the website and/or other resources
 - c. Review materials using a health literacy and health equity lens.
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Objective of the Assignment (*Period of Performance: December 2018-June2019*)

Current Adolescent and School Health efforts to reach out to youth living in poverty are hindered. The VISTA will develop effective and ongoing communication channels to inform the adolescents about accessing health care and create a sustainable communications plan for Adolescent and School Health.

Member Activity:

1. Develop an A&SH social media presence relevant to adolescents.
 2. Collaborate with OHA and PHD Communications Teams to assure messages about adolescents are youth-focused and youth-friendly.
 3. Create a variety of messages for adolescents about accessing health care.
 4. Evaluate the effectiveness of the communications through audits, surveys (phone, email, web-based, paper), and focus groups of adolescents. Determine if information shared was useful, acted on and meaningful.
 5. Create a calendar for sending out social media messages.
 6. Create a list of message topics with a focus on access to health care.
 7. Create a list of youth/youth serving organizations who can be contacted as youth-experts to assess messages for youth friendliness.
 8. Create a plan for ongoing-evaluation of message effectiveness.
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Objective of the Assignment (*Period of Performance: December 2019-June 2020*)

The VISTA will develop effective and ongoing communications channels to inform economically disadvantaged members of the community about accessing health care services and create a sustainable communications plan for Columbia Health Services.

Member Activity:

1. Develop a CHS social media presence relevant to target population.
 2. Create a variety of messages for youth and adults about accessing health care.
 3. Evaluate the effectiveness of the communications through audits, surveys (paper and web-based), and focus groups of community partners and community members.
 4. Create a CHS-wide calendar for sending out social media messages.
 5. Create a list of agencies serving community-members living in poverty who can be contacted as experts to assess messages for equity and access.
 6. Create a plan for ongoing evaluation of message effectiveness.
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Healthy Communities

Objective of the Assignment (*Period of Performance: August 2020-August 2021*)

The JeffCo Connects Community Website increases access to various resources within Jefferson County and encourages connections between the different rural communities. The website provides an avenue for low-income residents of Jefferson County to find out about and promote events, access resources, provide volunteer opportunities, and see what businesses and non-profits are in the area. The VISTA will

co-manage JeffCoConnects.org and provide capacity building and system change suggestions to support the sustainability of the website.

Member Activity:

1. Work closely with JeffCo Connects Community Network to help plan and execute the JeffCo Connects Community website, designed to be a one stop-shop for increasing access to local resources within Jefferson County.
 2. Co-lead JeffCo Connects Community Network partnership meetings.
 3. Train community network members, including Jefferson County Public Health staff, to train community in JeffCo Connects Community Website utilization.
 4. Recruit and train network members and additional volunteers to take on responsibility for core functions of JeffCoConnects.org.
 5. Develop and implement comprehensive website maintenance manual.
 6. Expand upon JeffCoConnects.org COVID-19 Resource Page.
 7. Create materials to encourage and promote use of JeffCoConnects.org.
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Objective of the Assignment (*Period of Performance: 05/2021 – 09/2021*)

The VISTA project will support efforts to transition people out of poverty by identifying, developing and promoting low or no cost options for healthy activities that can be accessed by low-income communities and Medicaid populations. More specifically, the VISTA will support outreach to said populations that experience high rates of type 2 diabetes.

Member Activity:

1. Conduct focus groups and listening sessions in the community at low income housing sites and food pantries as well as with students receiving free and reduced lunch in county schools, and at early childhood partners/childcare providers serving low-income families.
 2. Support the coordination and promotion of services by Tillamook County Community Health Centers' Mobile Clinic and telehealth services to reduce barriers to access of care and improve health equity by meeting those in need where they are.
 3. Assist in the implementation and development of a workflow that would provide technical support to community members to access telehealth services.
 4. Participate in monthly meetings with Executive Directors and staff that run social service, mental health, and health care organizations to share information, gather input, cross-promote services and to develop methods for outreach to target populations.
 5. Create bilingual educational materials and community partner resource information for at-risk residents to address health disparities and issues related to access to nutritious food, healthy activities, and health education/information.
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Objective of the Assignment (*Period of Performance: August 2020-August 2021*)

Many Jefferson County residents struggle with health concerns which reflect poverty, racism, and limited access to healthy, nutritious foods, as reflected in years of poor findings on the Robert Wood Johnson Foundation's annual County Health Rankings. The VISTA will provide activities which support

and strengthen the local food resource system to enhance access to healthy foods for all community members, prioritizing under-served and vulnerable populations.

Member Activity:

1. Research status and operation of active food resources (i.e. community gardens, food pantries, community food farms) within Jefferson County.
 2. Develop a recruitment plan to connect with local food resources within Jefferson County, encourage promotion on JeffCoConnects.org, and connect with website utilization training options.
 3. Develop a system of communication utilizing JeffCoConnects.org resources to support community kitchens and connect them to other healthy food resources.
 4. Create a marketing initiative to encourage home gardeners to grow an extra row of food for local food pantries.
 5. Broaden partnership with Oregon State University Extension Service and to offer gardening education on a budget articles through JeffCoConnects.org news page.
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Tobacco

Objective of the Assignment (*Period of Performance: 11/2020 - 01/2021*)

Youth participation in tobacco prevention programs is important in the success of youth. Youth-led or youth empowerment programs have shown great promise in addressing the risk factors that underlie youth tobacco use. Low-income and ethnic minority youth are most at risk for tobacco use and face many challenges. The VISTA will help support this project by coordinating with researchers at a nonprofit research center and Multnomah County's Tobacco Control and Prevention Program (TCPP).

Member Activity:

1. To understand the broad context of tobacco use and tobacco issues in youth communities, the VISTA will support TCPP in developing two community surveys. The surveys will include items assessing community assets in support of strengths-based organizing as well as tobacco use and exposures. This method aims to tap into participants' experiences, thoughts, ideas, and emotions to uncover community knowledge and critically assess that knowledge to learn more about youth tobacco usage.
 2. Receive training on Youth Participatory Action Research (YPAR) to help structure youth engagement. Use the YPAR approach to support youth engagement and elevate youth voices in evaluation and learning activities.
 3. Support TCPP with conducting assessments specific to tobacco, including a survey of tobacco advertising and product availability in retail outlets.
 4. Perform data collection and analysis consisting of content analysis of text and primary source documents resulting from the team meetings, research products, participant blogs and transcripts of the participant focus group.
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Objective of the Assignment (*Period of Performance: March 2018-March 2019*)

Coordinate the Minimum Legal Sales Age (MLSA) program, which prevents and reduces youth access to age-restricted products in Multnomah County. This program reduces access to tobacco and nicotine by minors alongside the Tobacco Retail Licensing program. Tobacco use is the leading cause of preventable death; Oregon has one of the highest rates of illegal tobacco sales to minors. Tobacco use disproportionately affects people living below the poverty line.

Member Activity:

1. Maintain partnerships with specific-population youth serving institutions and organizations for recruitment of youth inspector staff.
 2. Disseminate and continuously refine materials for recruitment (i.e. flyers, applications, etc.).
 3. Coordinate an education program for the youth inspection staff.
 4. Oversee and maintain the communication systems and processes to follow up with youth inspection staff about training and schedules.
 5. Assist in data collection and analysis for inspection results.
 6. Serve as a liaison between Multnomah County Tobacco Control and Prevention Program staff and youth inspection staff.
 7. Document and write procedures on coordination and inspections processes. Help identify a lead youth inspection staff to take on inspections coordination after VISTA term.
 8. Present findings and roles from pilot inspections with lead youth inspections staff and Multnomah County Staff to transfer work after VISTA term.
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Objective of the Assignment (*Period of Performance: March 2018-March 2019*)

Address tobacco-related disparities in priority populations through research and partnerships with community organizations. Nicotine addiction disproportionately affects Native American pregnant people in Multnomah County. Complications from nicotine addiction while pregnant greatly affect economic and health outcomes in pregnant people and children. Empower and support culturally-specific organizations to identify and sustain intervention strategies.

Member Activity:

4. Research and gather data on tobacco/nicotine use in Native pregnant people in Multnomah County.
5. Develop partnerships with population-specific community organizations. Provide partners with culturally competent, evidence-based materials about tobacco related disparities in Multnomah County.
6. Identify, with partners, effective intervention strategies for tobacco/nicotine cessation in Native pregnant people.
7. Support partners to implement intervention strategies. Empower partners with implementation and evaluation support to sustain the invention strategies. Connect partners with other county resources and staff to support implementation.

8. Document and connect staff with community organizations to bridge partnerships after VISTA term.

Objective of the Assignment: *(Period of Performance: March 2018-December 2019)*

Improve local organizations' (including community colleges and trade schools) tobacco initiatives to reduce secondhand smoke/vapor exposure and limit the social presence of tobacco/nicotine products. Students of lower income at community colleges and trade schools experience tobacco use disproportionately compared to higher income students at universities. This objective will alleviate economic hardship and lessen health inequities in these populations by limiting young adults from tobacco initiation and by providing resources for tobacco cessation. Tobacco cessation connects economically disadvantaged people to critical preventative health care services. In collaboration with local colleges, the VISTA will provide support for colleges' role in delaying tobacco initiation, and connecting low-income college students to cessation resources.

Member Activity:

5. Maintain partnerships with local stakeholders (i.e. college liaisons) and utilize these partnerships to provide communication and support of tobacco free initiative changes. Work alongside Community Coordinator staff to identify contacts and connect with local stakeholders.
6. Continually document, assess, and track tobacco/nicotine initiatives. Continually brief staff on local organizations' tobacco/nicotine initiatives.
7. Communicate with partners about new tobacco legislation, including the increase in age to purchase tobacco/nicotine products from 18 to 21 years old.
8. Build and maintain an inventory of evidence-based research and sample initiatives to empower organizations with effective information to improve their organization's tobacco/nicotine initiatives and programming for low-income students. Share and present research with staff.
9. Provide ongoing recommendation, support, and technical assistance for organizations to improve their tobacco/nicotine initiatives. Document policies and partnership contacts, and share procedures and work with Multnomah County staff to sustain these partnerships with local jurisdictions.

Objective of the Assignment: *(Period of Performance: March 2018-March 2019)*

Support the Tobacco Retail License (TRL) program through coordination and ongoing evaluation of trainings for retailers in Multnomah County. Specifically, it is essential to communicate with retailers operating in low-income neighborhoods, because tobacco use disproportionately affects people living in poverty. Further, a 2015 Multnomah County tobacco retail assessment found that more tobacco retailers were operating in low income neighborhoods and communities of color than in higher income, less diverse neighborhoods. Through education and training retailers about tobacco laws, we can work

with retailers to prevent illegal sales of tobacco products, especially to minors and young adults living in poverty.

Member Activity:

1. Regularly communicate and track registration of TRL trainings.
 2. Manage and coordinate translation services and language outreach.
 3. Prepare training logistics and continuously edit training materials with staff.
 4. Evaluate trainings and support quality improvement measures.
 5. Cross-train with staff to sustain support and documentation after VISTA term.
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Emergency Preparedness

Objective of the Assignment (*Period of Performance: May – August 2020*)

Working alongside OHA risk communications staff and other identified key players on and off the COVID-19 Incident Management Team, the VISTA will review historical data and documentation from past Oregon wildfire seasons and COVID-19 response masking communication in order to support development of evaluation tools. The tools are to be used by OHA staff in obtaining Internal Review Board (IRB) approval for evaluating influence and effectiveness of public messaging campaigns to rural or economically disadvantaged communities affected by wildfire smoke. These tools will enable OHA's Risk Communications team to deliver fast, effective, and decisive communication campaigns to low-income and disproportionately affected populations and empower them to make informed decisions to protect themselves from smoke threats to their health and well-being, breaking the cycle of poverty through personal and community resilience.

Member Activity:

Conduct informational interviews and review historical data and documentation from past Oregon fire seasons to become familiar with OHA communications and COVID-19 campaigns around masks and cleaner air spaces during wildfire smoke events.

1. From initial review, develop an evaluation tool for IRB approval to assess effectiveness and strategies for improving public health education campaigns.
 2. Support implementation of evaluation tools used by OHA staff to obtain IRB approval for evaluation.
 3. Work with local and Tribal partners to evaluate the effectiveness of current public messaging for wearing masks during wildfire smoke events.
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Objective of the Assignment (*Period of Performance: August 2019-2020*)

Revitalize and strengthen the Coos County Medical Reserve Corps (CC MRC) to improve its readiness in support of Coos Health and Wellness outreach and preparedness activities directed towards

economically disadvantaged communities. By increasing the health and economic resiliency of the underserved, this improves positive outcomes during, and reduces recovery time, in the aftermath of disaster.

Member Activity:

1. Develop training curricula and guidelines for MRC volunteers to enable increased knowledge and skill levels in the four key priority areas of: medical screening and medical care in emergencies, mass dispensing and mass treatment and care, use of MRC units outside the local jurisdiction, and training of community members and organizations.
 2. Collaborate with community organizations to conduct outreach activities showcasing the MRC capabilities.
 3. Develop a long-term focused recruitment program of MRC volunteers, including volunteer assignment descriptions; and develop the content and structure for regular meetings and events to ensure continued and active participation in and continuity of the organization within Coos County.
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Objective of the Assignment (*Period of Performance: August 2019-2020*)

Collaborate with Coos Health & Wellness Public Health Emergency Response (PHEP) program and the Coos County Medical Reserve Corps (CC MRC) to develop an Opioid Rapid Response Team program for Coos County. Once developed the MRC members will receive training in it as well as Train-the-Trainer to enable dissemination to other MRC units, organizations and jurisdictions. An Opioid Rapid Response Team will enable reduction of casualty and fatality numbers due to Opioid overdose on a community-wide basis and with specific focus on strengthening the outreach and response specific to economically vulnerable and disenfranchised sectors of the community. Such a focus serves to increase health resilience and enables increased access to health care knowledge and services within the community.

Member Activity:

1. Conduct research on the evidence-based practice of opioid rapid response and best practices regarding the development and establishment of a rapid response team.
 2. Collaborate on developing the program guidelines, training curriculum and materials.
 3. Assist the Public Health Emergency Preparedness (PHEP) program and CC MRC to develop and manage an online website as a platform to disseminate opioid response information to the public and other organizations.
 4. Deliver Basic and Train-the-Trainer courses to Coos County MRC and then provide technical support to the CC MRC to provide such training to other MRC Units and other organizations.
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Objective of the Assignment (*Period of Performance: August 2019-August 2020*)

Expand Washington County Public Health Emergency Preparedness outreach and community education programs to ensure equal access by low income and vulnerable populations that are at serious risk of permanent health and economic impacts from an emergency or disaster. The trainings would be

targeted to those populations identified as most vulnerable (from public health community demographics), to build an environment of self-sufficiency when faced with an emergency, especially low-income clients who face significant health and economic impacts after an emergency or disaster.

Member Activity:

1. Explore use of the simultaneous interpretation equipment, using English as the floor language, for health education and preparedness outreach for low-income communities. Refine preparedness outreach to other vulnerable populations, based demographic data specific to Washington County, using newly translated materials available. August 2019 – December 2019
 2. Continue to partner with cultural organizations to plan preparedness trainings and workshops which include low income persons with disabilities. These events will focus on limiting the social, financial and health impact of emergencies and disasters within communities of low socioeconomic status. November 2019 – April 2020
 3. Evaluate and monitor the success of these events through surveys and SMART objectives. January – April 2020
 4. Foster sustainability; seek in-kind and other funding resources through grants and partner agencies to serve impoverished communities while fomenting resilience. January – August 2020
 5. Develop a best-practices, culturally appropriate emergency preparedness volunteer program model to be used within low-income communities of color to mitigate pre and post disaster loss. February – August 2020
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Health Equity

Objective of the Assignment (*Period of Performance: August 2020-August 2021*)

To reduce inequities and the resulting burden of poverty for Latinx communities, improve access to culturally appropriate health and social services for Latinx communities through community engagement, partnership development, leveraging and developing resources, and planning system, environmental, and procedural changes. The Latinx population in Lincoln County has increased by 86 percent from 2000 to 2014 and continues to increase. The Latinx population in Lincoln County is disproportionately affected by poverty (28% of Latinx people live in poverty compared to 18% of white people). The Latinx population is also more likely to be uninsured (32% of Latinx people compared to 12% of white people), exacerbating poverty.

Member Activity:

1. Use the recommendations provided by the previous VISTA in the Latinx Equity Assessment to create and implement selected recommendations based on current needs, resources available, and readiness of partners
2. Identify, adapt, and develop resources/materials to improve equity for Latinx communities in Lincoln County, such as translating materials, creating multi-lingual videos, usable social media calendars, or developing Latinx-specific health/event promotional materials

3. Support the development of the Coastal Equity and Inclusion Committee and take an active role to increase culturally-appropriate services/resources available for Latinx communities
4. Participate in Lincoln County internal workgroups/committees to advocate for and advance equity initiatives in order to improve culturally-appropriate services, such as staff trainings, client resources, translation services, and trauma-informed policies
5. Participate in Community Health Improvement Plan (CHIP) workgroups as an advocate for expanding CHIP activities to reach Latinx communities and seek to develop partnerships across organizations to leverage resources for equity activities
6. Update the Lincoln County Latinx Equity Assessment and provide evidence-based recommendations for the next steps based on past VISTA's recommendations, developments achieved over the year, and changes in readiness, resources, and opportunities

Objective of the Assignment (*Period of Performance: November 2020-August 2020*)

To reduce inequities and the burden of poverty for people living with developmental and intellectual disabilities, support systems integration for Lincoln County Developmental Disabilities (DD) and availability and accessibility of resources for people affected by developmental and intellectual disabilities. Developmental and intellectual disabilities in children are more common in children living in poverty. Additionally, people with developmental and intellectual disabilities experience inequities that increase or exacerbate their burden of poverty, such as barriers to education, employment, housing, social inclusion, transportation, and access to health care.

Member Activity:

1. Research and review materials and specific needs for the developmentally disabled populations in regard to health education
2. With guidance from Lincoln County's Health and Human Services Communications and Marketing staff, develop and organize communications materials to provide social media content to expand DD's communications reach
3. Develop new materials, which are written at the appropriate literacy level for the developmentally disabled population surrounding topics such as nutrition, tobacco use, substance use, transportation, and health care
4. Partner with community partners and DD staff to provide education and advocate for systems and environmental changes in the community/organizational setting
5. Actively participate in DD advisory and inter-agency meetings to improve systems integration and advocate for equity activities to address the burden of poverty on DD clients
6. Create/promote opportunities for social events and integration for DD clientele who are more likely to live in poverty and need a social support network to prevent isolation

Objective of the Assignment (*Period of Performance: 05/2020 – 04/2021*)

Develop healthcare access improvement plans for low income communities of Lake County. The VISTA will identify the unique health challenges low-income individuals experience in Lake County and draft recommendations to address those needs. Ten percent of Paisley (population 319) residents and 18.8% of Christmas Valley residents live below the federal poverty line, and Lake Health District and other organizations struggle to understand and address those communities' specific needs.

Member Activity:

1. Hold listening session(s) and/or focus groups in two communities with limited resources: Paisley (45 miles north of Lakeview) and North Lake (Christmas Valley, 100 miles north of Lakeview).
 2. Draft recommendations for improving those communities' access to healthcare and increasing available services. Recommendations will include identified volunteers to support and advance recommendations.
 3. With Lake Health District grant writer and coordinator, Community Health Improvement Partnership (CHIP) coordinator, and LCAC chairperson, identify projects and opportunities in Paisley and North Lake that match the LCAC strategic plan and Eastern Oregon Coordinated Care Organization funding opportunities in 2021.
 4. Research additional funding opportunities to support recommendations for Paisley and Christmas Valley.
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Objective of the Assignment (*Period of Performance: August 2020 – August 2021*)

Coos Health and Wellness has identified health equity as a priority for the public health division for the next few years. It will be a goal that we will track as part of our performance management system. The VISTA will develop training for the Coos Health and Wellness team and leadership on key components of health equity and health disparities and how they can be addressed when providing services to economically disadvantaged members of the community.

Member Activity:

1. Coordinate the organization of training and follow-up activities for the public health staff about topics such as implicit bias, structural racism, health inequities and their impact on health outcomes in low-income communities (August - December 2020).
 2. Research health equity best practices, guidelines and procedures for public health professionals that can be applied to the Coos Health & Wellness public health division (December 2020 – February 2021).
 3. Assist the public health leadership team in developing specific health equity procedures based on research mentioned above to further advance health equity for low-income community members (March to August 2020).
 4. Participate in the quarterly Health Equity Coalition and facilitate the Coos Health & Wellness Equity Committee. (August 2020 – August 2021).
 5. Monitor Oregon State Health Improvement Plan for 2020-20204 as relates to: 1) institutional bias 2) adversity, trauma and toxic stress 3) economic drivers of health (housing, transportation and living wage).
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Objective of the Assignment (*Period of Performance: August 2019 - July 2020*)

The VISTA member will collaborate with the Quality Improvement Analyst & Accreditation Coordinator to develop strategies to assist Deschutes County Health Services in adopting health equity in all operational and program planning. Public Health will have an increased focus on health equity, which will in turn have a positive impact on low-income and marginalized populations.

Member Activity:

1. Participate in the Deschutes County Public Health Equity Taskforce and provide guidance around advancing equity from a public health and poverty perspective.
 2. Identify opportunities for improvement in distribution and utilization of organizational health equity assessment based on 2018 Health Equity Report.
 3. Co-lead implementation and analysis of the two-year follow-up organizational health equity assessment within Deschutes, Crook and Jefferson county health departments.
 4. Analyze assessment data to provide public health programs with informed recommendations on how to incorporate health equity in future planning and programs.
 5. Advocate for health equity by participation in a Regional Health Improvement Plan (RHIP) workgroup in Central Oregon.
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Coalition Building

Objective Four (Time Period: July 2018 –March 2019)

Form a Douglas County Health Equity Leadership Team with a goal of identifying two health equity priorities for Douglas County through cross-sector community partnerships and service coordination to better ensure access to preventive and primary health care services.

Member Activity:

1. Conduct outreach to partner organizations (United Community Action Network, Battered Persons Advocacy, Douglas County Partners for Student Success, Early Learning HUB) to partner with their equity committees.
 2. Form a cross-sector Health Equity Leadership Team to inform equity efforts of the Douglas County Perinatal Task Force.
 3. Identify at least two health equity priorities for Douglas County, and work with the leadership team and a contracted consultant to develop an initial health equity strategic plan.
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Objective of the Assignment (Period of Performance: March 2018-February 2019)

Klamath County Public Health (KCPH), and several community partners, have recently established a local Oral Health Coalition. The VISTA member will collaborate with the Oral Health Coalition to improve oral health programming and services for low-income residents of Klamath County. The mission of the Klamath County Oral Health Coalition is to improve the oral health of residents by coordinating resources, providing education and increasing access to dental health care among low-income residents.

Member Activity:

1. Participate in Klamath County Oral Health Coalition meetings and work sessions.
 2. Research best practices for improving oral health in rural settings.
 3. Identify broad priorities, goals and strategies that are in alignment with the *Strategic Plan for Oral Health in Oregon* that can be implemented by the oral health coalition.
 4. Determine goals, objectives, and measures to monitor oral health status in low-income youth and adults.
 5. Share oral health educational materials with providers who serve low-income pregnant women and children age 0-17.
 6. Plan and coordinate staffing and logistics of a free dental clinic day.
 7. Develop educational materials on the impact of oral health on overall health.
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Objective of the Assignment (Period of Performance: April 2020 – March 2021)

The VISTA will support development of a robust Ombuds Advisory Council that provides the Oregon Health Authority with a forum to hear directly from and learn from Oregon Medicaid members, in order to meet the health care needs of these low income community members.

Member Activity: (seems like a lot of administrative work described here)

1. Facilitate communications with Ombuds Advisory Council participants through monthly newsletters, meeting reminders, and other platforms including webinars.
 2. Ensure Ombuds Advisory Council meeting dates, presentations, and notes publicly available on Ombuds website.
 3. Ensure language and American with Disabilities Act accessibility requirements are met for the advisory council meetings.
 4. Organize advisory council meeting linguistics to ensure successful meetings: room reservations, topics and agenda, speakers, and other meeting logistics.
 5. Research and implement best practices for community-based project management and facilitation.
 6. Provide meeting facilitation or co-facilitation and support for the advisory council meeting implementation, including capturing and disseminating key information and decisions.
 7. Build a framework for long-term sustainability of the advisory council through structural and operations recommendations and implementation.
 8. Investigate and recommend opportunities for specific Oregon Medicaid groups including: Tribal populations, limited English speaking and refugee populations, youth and individuals with physical and mental health disabilities to actively participate and have a voice in the advisory council.
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Program Development

Objective of the Assignment (Period of Performance: August 2019-2020)

Collaborate with Coos Health & Wellness Public Health Emergency Response (PHEP) program and the Coos County Medical Reserve Corps (CC MRC) to develop an Opioid Rapid Response Team program for Coos County. Once developed the MRC members will receive training in it as well as Train-the-Trainer to enable dissemination to other MRC units, organizations and jurisdictions. An Opioid Rapid Response Team will enable reduction of casualty and fatality numbers due to Opioid overdose on a community-wide basis and with specific focus on strengthening the outreach and response specific to economically vulnerable and disenfranchised sectors of the community. Such a focus serves to increase health resilience and enables increased access to health care knowledge and services within the community.

Member Activity:

1. Conduct research on the evidence-based practice of opioid rapid response and best practices regarding the development and establishment of a rapid response team.
 2. Collaborate on developing the program guidelines, training curriculum and materials.
 3. Assist the Public Health Emergency Preparedness (PHEP) program and CC MRC to develop and manage an online website as a platform to disseminate opioid response information to the public and other organizations.
 4. Deliver Basic and Train-the-Trainer courses to Coos County MRC and then provide technical support to the CC MRC to provide such training to other MRC Units and other organizations.
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Objective of the Assignment (*Period of Performance: 01/2020 -04/2020*)

Patient navigation plays an important role improving health outcomes for underserved populations. This objective is to create Volunteer Access to Care Navigator volunteer training that will be delivered to volunteers who will implement and present the training to interested HCAO member organizations by chapter. The training will be used in chapter organizations who will host the trainings for their volunteers, connecting more economically disadvantaged community members to health care and increasing community knowledge.

Member Activity:

1. Research best practices for health care navigator volunteers, document findings.
 2. Create and get approved a Volunteer Access to Care Navigator position description.
 3. Create and get approved a Volunteer Access to Care Navigator training with targeted resource lists by targeted population and geographic area (urban, rural, etc.).
 4. Create training manual to document training program.
 5. Arrange for and deliver the training in coordination with chapter leadership to identify lead trainers/chapter coordinator within each organization.
 6. Enter names in HCAO Database.
 7. Offer ongoing technical assistance to volunteers, using training manual as resource guide.
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Special Topics

Objective of the Assignment: Supporting Fundraising Strategies

(Period of Performance: August 2019-August 2020)

Develop and implement a fundraising plan to increase philanthropic contributions to Familias en Acción which will increase funding for two programs at Familias: Abuela, Mama y Yo (AMY), which is a food equity program that supports low-income pregnant mothers and young children that promotes healthy development, educational success and lifelong self-sufficiency; and health education workshops which are aimed for low-income Latino families to strengthen and increase their health, knowledge and literacy. The goal of these efforts will increase access to healthcare and resources for economically disadvantaged clients and families served through these programs.

Member Activity:

1. Research local and national grant and contract opportunities that focus on antipoverty initiatives, health promotion and health equity.
 2. Create, organize and maintain language, client stories and program results materials about Familias en Acción to increase Familias en Acción ability to apply to grants and contracts.
 3. Plan and execute a Spring email fundraising campaign with set fundraising goals to support the low-income programming.
 4. Supporting designing Familias en Acción 2019-2020 annual report, focusing on the food equity and health education programming mentioned above.
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Objective of the Assignment *(Period of Performance: 8/2020 - 11/2020)*

Develop interview and survey questions to assess the impact COVID-19 has had on Eastern Oregon Coordinated Care Organization (EOCCO) members and other people living in poverty in Lake County. EOCCO is the Medicaid insurer in 12 eastern Oregon counties, and its members are primarily low-income individuals. The VISTA will develop questions that will solicit responses that will result in usable qualitative data.

Member Activity:

1. Interview Lake County's emergency services coordinator, Lake Health District's risk management director, and other members of the COVID-19 emergency response team to learn what kind of information they need for future emergency preparedness planning.
 2. Research existing best-practice models and methods to create interview and survey questions that will solicit meaningful quantifiable data.
 3. Develop interview questions and surveys for use in outreach to EOCCO members.
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Objective #3 (December 2020 – March 2021): Reduce the impact of injection drug use among low-income populations by distributing affordable housing and community health resources partners who interact with clients who have a history of injection drug use.

Member Activity:

1. Identify individuals who inject drugs or have history of opioid abuse by using HIV Alliance databases.
 2. Attend Lane County Harm Reduction Coalition meetings (convened by HIV Alliance) to network with other stakeholders in the community.
 3. Develop a survey that Prevention staff will use to evaluate the impact of HIV Alliance's connection to care services among people who inject drugs or have a history of opioid use.
 4. Collaborate with HIV and HCV Care Coordinators to create a referral process for people who inject drugs and those with history of opioid abuse to affordable housing and community health resources.
 - a. Conduct research into and compile a list of housing providers for injection drug users in the 13-county region.
 5. Review informational materials and surveys quarterly and make adjustments as necessary.
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Objective of the Assignment (*Period of Performance: 04/2020 - 06/2020*)

Identify best practices of other free and charitable clinics' volunteer programs and seek to incorporate those ideas that align with the mission of Borland Free Clinic and help improve health care access to vulnerable individuals in our communities. These activities will be closely supported by the Executive Director.

Member Activity:

1. Identify and review other free and charitable clinics as well as other non-profits to inform and guide future project development as it relates to volunteerism for low income residents.
 2. Identify key organizations online and in the local area that provide access to individuals who want to volunteer services to the economically disadvantaged, such as churches, corporations, and local businesses.
 3. Identify both current and future volunteer needs of the organization and develop a job description for potential volunteers in helping the most vulnerable of our communities.
 4. Identify and evaluate possible marketing materials that could be used to recruit volunteers online and in the local communities to help low income residents.
 5. Develop a written proposal outlining a plan to recruit, train, manage, recognize and retain volunteers in support of Borland Free Clinic's mission.
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Objective of the Assignment (*Period of Performance: Quarter 1 - 4*)

Guide the development of a Food Security Action Plan for very low income persons living with HIV in Oregon. The project and evaluation plan will address their higher rates of food insecurity that contribute to adverse health outcomes, working, viral load and transmission of HIV.

Member Activity:

1. Review all existing data and information related to food insecurity and HIV (e.g., past assessments, local survey data, resource assessments, meeting notes).
2. Synthesize existing data and information related to food insecurity and HIV into a brief report and present findings to the HIV/STD/Tuberculosis program's leadership and local stakeholders.

3. Represent the agency on the statewide HIV integrated planning group (IPG) and coordinate an IPG workgroup related to Food Security for persons living with HIV.
 4. Identify gaps in existing data and information and, with the support of HIV/STD/Tuberculosis program leadership and integrated planning group (IPG) workgroup, develop a plan to fill in gaps in knowledge (for example, key informant interviews, resource assessment).
 5. Research best practices related to identified strategies to address food insecurity among persons living with HIV.
 6. Engage local stakeholders to develop a Food Security Action Plan for persons living with HIV, with prioritized strategies, activities, and action steps. Identify and build relationships with key implementation partners.
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Objective of the Assignment (*Period of Performance: Quarter 4*)

Document and communicate community health center best practices and successes in using social determinants of health data and low income patient care strategies to demonstrate health center value and inform opportunities for partnerships between community health centers and key stakeholders.

Member Activity:

1. Lead a Social Needs and Community Partnership Story Corps project that utilizes interview information from previous objective, documents meaningful oral and written dialogue of health centers for the purpose of sharing their impact with key stakeholders.
2. Coordinate and manage logistics Advanced Care Learning Community Poster Session, including engaging health centers to participate in the creation of posters to share their voices and experience serving low income patients with key stakeholders.