

Crook County Report

ACDP Health Equity Mini-grant Reporting – Crook County Health Department

Data Report

Quantitative Data:

Deschutes County Public Health (DCPH) hosted two community meetings, one in Bend on June 26, 2019, and the other in Redmond on June 27, 2019.

- The Attendance at the Bend, Oregon event (6/26/19): 30 People.
- The Attendance at the Redmond, Oregon event (6/27/19): 19 People.
- The number of partner organizations represented in the two meetings: 23 Organizations.

Jefferson County Public Health (JCPH) scheduled two community events (Madras and Warm Springs).

- The attendance at the Madras, Oregon event (4/23/19): 52 People.
- Confederated Tribes of Warm Springs Event (6/11/19): Cancelled due CTWS Emergency Declaration and drinking water issues. Rescheduled for September 2019.
- The number of partner organizations represented in the meeting: 18 Organizations.

Crook County Health Department hosted two community events, one in Prineville on April 7th, 2019 and one on May 14th at the Early Learning Meeting in Prineville.

- The Attendance at the Prineville, Oregon event (4/7/19): 55 People.
- The Attendance at the Early Learning Meeting in Prineville event (5/14/19): 12 People.
- The number of partner organizations represented in the two meetings: 19 Organizations.

Qualitative Data (Crook, Jefferson, Deschutes)

Based on the community meetings, partners think that local public health should:

- Provide more education about the many varied public health services.
- Serve as the community catalyst and convener.
- Assure DCPH staff has training on health equity.
- Provide access to more community-level health equity data.
- Support access to services using an equity lens.
- Be more deliberate in discussions on Social Determinants of Health
- Provide more education about the many varied public health services offered locally and in the region.
- Increase focus in all communities of Jefferson County; not just Madras area.
- Serve as the community point of contact for Social Determinates of Health issues.
- Increase staffing levels to support this type of work.
- Work with local partners to develop, compile, and share community-level health equity data.
- Highlight the importance of providing services through a health equity lens
- Improve communication to community partners.
- Include community partners in the planning of programs.

Deschutes County Reflection Narrative:

Deschutes County Public Health (DCPH) hosted two community meetings, one in Bend and the other in Redmond. Forty-nine participants from twenty-three organizations attended the meetings. The Board of County Commissioners had planned to attend but due to a last-minute change in the FY20 county budget approval process, the Commissioners were unable to attend. The DCPH Deputy Director, Hillary Saraceno, and Healthy Communities Manager, Thomas Kuhn, presented the Health Equity Report, including BAR HII results, to the commissioners on June 24, 2019. The presentation included an overview of the 2018 Deschutes County Health Equity Report followed by a lively discussion about the role of public health in addressing the social determinants and health equity. The commissioner's feedback and defined scope for public health work on the social determinants was used to help guide the community conversation during the community partner meetings.

The community meetings goals were threefold:

- 1) Provide community partners with brief training on the social determinants of health and health equity, followed by an overview of the BAR HII assessment results including:
 - a. What the top six social determinants of health (SDOH) issues are in Deschutes County as perceived by staff, by community partners and by community members representing vulnerable populations who participated in 30 different focus groups.
 - b. How effectively DCPH is addressing health equity as perceived by staff and as perceived by community partners.
- 2) Increase understanding of the ten essential public health services and how the SDOH and health equity fit within those essential services and the local public health role, statutes and planning.
- 3) Engage community partners in small group discussions to identify: a) the health equity needs DCPH should prioritize within its scope; b) the recommended strategic approaches for addressing the prioritized needs, and c) common interests and opportunities for collaboration.

What went well?

- Partners appreciated the overview of how the results of the BAR HII and the outcomes of the community meetings, fit within the context of other work being done in the community (i.e. the Regional Health Assessment, Regional Health Improvement Plan and the local Public Health Strategic Plans).
- Despite the time of year and other competing needs, the numbers of people attending the two community events were at, or near, capacity for the location.
- The local Public Health Advisory Board members attended the Bend meeting, participated in the small group discussions, and listened to community partner feedback and recommendations.
- There was a lot of interest in, and energy around, the topic of health equity and the SDOH. Community partners were very engaged during the meeting and in the discussion and many volunteered to collaborate on several of the identified priorities.
- Partners appreciated the respect for their time and appreciated how much we were able to accomplish within the amount of time we had allocated.
- Based on feedback from participants, while we went in assuming most of the attendees had a good understanding of public health, the information we included on the role and scope of public health and the SDOH was needed much more than we anticipated.

Feedback from partners during the meetings was valuable:

The top four priorities identified by community partners during the two meetings for local public health to focus on were:

- 1) **Cultural, language awareness/availability and stigmas:**
Partners prioritized the importance of regularly scheduled staff trainings especially on LGBTQ+, cultural responsiveness, language access, and effective facilitation among people who are marginalized.
- 2) **Access to care:**
DCPH should continue to focus on improving and assuring access to preventive health services, especially with an equity and SDOH lens.
- 3) **Behavioral and Mental Health*:**
Substance abuse prevention and addiction, mental health promotion and early intervention needs to be prioritized, especially within the Latino population.
- 4) **Youth Health and Safety:**
Need to focus on young children, youth and young adults, especially in areas of adverse childhood experiences, youth mental health, and substance abuse prevention.

Other learnings and general recommendations identified by community partners were:

- **Perceptions related to Mental Health Service Needs:** While staff and community partners identified mental health as the sixth highest SDOH need in the BAR HII assessment, vulnerable community members participating in the 30 focus groups identified it as the top SDOH need in Deschutes County.
- **SDOH Data:** A top priority focus area identified for public health is to provide access to data, including the impact of SDOH and health inequities on health, and on how to use the data.
- **Local Public Health Role:** There is a need to better define and educate the community about DCPH's scope of work, role and responsibilities, especially as it relates to the SDOH and health equity.

As always, there were also a few challenges:

- **Time of year impacted community meeting attendance:**
 - Summer vacations, end-of-year work closure and/or fiscal year wrap-up needs.
 - Partners in the education system (P-12 and higher ed) are generally very engaged partners in Deschutes County. However, "use-it-or-lose-it" leave time requirements and a variety of other competing events and trainings during the week of the community partner meetings, resulted in only one education partner being able to attend a partner meeting.
- **The mini-grant timeline did not align with our performance management system timeline.**
While the information partners provided during the meeting was useful and will assist in local public health strategic planning, our regional health improvement plan will not be published until January 2020. It is difficult to commit to large projects or initiatives without knowing our Regional Health Improvement Plan priorities and strategies.
- **The role of public health in addressing the social determinants of health is not well understood**
by many of our community partners. Our partners expressed an interest in public health playing a larger role as convener, catalyst and organizer – using the Collective Impact model – to bring people together to work on addressing the SDOH and health equity.

Moving forward, DCPH is committed to integrating health in all policies, to continuing to incorporate health equity into internal programs, policies and processes, and to including the community feedback in DCPH's strategic planning efforts. Resources to help DCPH explain the role and scope of public health, programs, and activities as it relates to health equity would help DCPH with needed capacity for external

facilitation, communication, and planning efforts with partners. To measure and assess progress, DCPH will continue to use the BAR HII health equity assessment.

Jefferson County Reflection Narrative:

Jefferson County Public Health (JCPH) had originally planned on hosting two (2) community meetings, one in Madras and the other with the Confederated Tribes of Warm Springs. The Madras community meeting had a strong turnout, 52 participants representing 18 separate local organizations, were able to participate. Three Jefferson County Public Health staff supported the development and delivery of the work; Health Services Director (Michael Baker), Public Health Nurse (Beth Ann Beamer) and AmeriCorps/VISTA (Courtney Barks).

The Warm Springs community event was unavoidably cancelled the day of the scheduled discussion due to a breakage in the primary drinking water distribution system. As no potable water was available to any of the buildings, the decision was made by Tribal Council to issue an Emergency Declaration and to cancel all planned events. Jefferson County Public Health is continuing to work on rescheduling and possible dates have been identified as early as late July or in the first weeks of September.

To continue the conversations identified in the Madras community meeting, Jefferson County Public Health staff will review the regional and departmental results of the BAR HII Health Equity Report at the all-staff meeting on August 1, 2019 in order to prepare for the follow up meeting in Warm Springs.

The community meeting goals:

- 4) There is a need to highlight the importance of working with a health equity lens and to provide training on the social determinants of health and health equity to local citizens, community partners, and local political leaders.
 - a. Highlight the social determinants of health (SDOH) issues that impact the community.
 - b. Explain how these SDOHs impact the entire community, not just those that are perceived as “in need”.
 - c. Identify how effectively local agencies (including Jefferson County Public Health) is addressing health equity as perceived by staff and as perceived by community partners.
- 5) Increase the overall awareness of, and understanding of, the ten essential public health services.
 - a. Highlight how SDOH and health equity fit locally within the ten essential services and the local public health role, statutes, and planning.
- 6) Develop a mechanism to recruit and engage local and regional community partners to identify:
 - a. The health equity issues or needs that can be prioritized locally;
 - b. The ability of current partners to meet or address these health equity needs.

What went well?

- Strong turnout for the Madras community event.
- Partners, and individuals that attended, appreciated the ability to provide input on what they felt the greatest issues within the community are.
- Partners appreciated the respect for their time and appreciated how much we were able to accomplish within the amount of time allocated.
- Based on feedback from participants, more than just an initial session or discussion is needed.
- Many attendees voiced a desire to be more involved in follow up discussions and work.

Feedback from participants:

The top priorities identified by community partners during the meeting that local public health should focus on were:

1) Behavioral and Mental Health:

Continues to be identified as the number one health priority for the community. Special attention needs to be directed towards substance abuse prevention and addiction as well as the mental health issues related to the high population of homeless in the county.

2) Limited access to care:

The role of Public Health in providing direct client services is still unclear within the community (and among some of the staff). Jefferson County Public Health will have to identify how the preventive health services offered are essential when viewed with an equity and SDOH lens.

3) School Health and Safety:

Graduation rates and attendance rates may be directly tied to health issues, including mental health. Schools and Public Health need to ensure the needs of the students are being met, especially as success measurements show a high variation among minority students.

4) Socioeconomic factors:

Even with access to care, many in the community cannot afford adequate healthcare and therefore use it “inappropriately” (i.e. Emergency Room visits, no preventive care, only when needed for an illness).

General recommendations moving forward:

- **Local Public Health’s Role:** There is a need to accurately detail and define the role of Jefferson County Public Health in working with Social Determinates of Health.
- **SDOH Data:** SDOH is not widely available or understood. Public Health should work on sharing data (including the impact of SDOH and health inequities on health), using the data, and how the data can be impactful in the community.
- **Mental Health Services:** Mental Health Services dominated much of the conversation and may need to become an additional or standalone conversation.

Challenges:

- **Scheduling:**
 - Mini-Grant implementation came during a time that there were several Public Health initiatives for public outreach and comments. Some participants asked why we were asking them to participate again.
 - Staff felt additional pressures to do another outreach event.
 - Water System breakage in June resulted in just Madras being presented in this work.
 - Limited duration of grant did not allow for rescheduling during timeline.
- **The mini-grant timeline did not align with the performance management system timeline.** As identified by other partners in this health equity grant, the Regional Health Improvement Plan (RHIP) will not be published until January 2020. It is therefore difficult to commit to large projects or initiatives without knowing the RHIP priorities and strategies.
- **The role of public health in addressing the social determinants of health is not well understood** by many in our community and within our own staff. While some of the attendees encouraged Jefferson County Public Health to be the lead agency in the discussion on Social Determinates of Health and health equity, others felt this was not the role of a governmental agency and Public Health should focus on those services mandated in each community. Others felt that there other

non-profit or community-based agencies that are better prepared to serve as the lead in this area, but their priorities would be different than that of Public Health

Moving forward, Jefferson County Public Health will continue to work on developing and implementing a structured health equity approach in all programs and services. Currently, the efforts have been limited to funding and program availability. As additional funding, resources, and focus on Social Determinants of Health increases, Jefferson County Public Health can utilize this momentum to create a successful foundation of health equity.

Crook County Reflection Narration

Crook County Health Department hosted two community meetings with very good attendance. Katie Plumb presented at the meeting on April 7th, 2019 and Muriel DeLaVergne Brown provided information at the May meeting along with providing information on the BAR HII Results to the county commissioners. The presentation included an overview of the Partner Survey followed by small group discussions focusing on the role of public health in addressing the social determinants and health equity. The team of Muriel DeLaVergne-Brown (Director), Katie Plumb (Prevention and Health Promotion Supervisor) along with the AmeriCorps – Katie Walsh created the materials.

The community meeting goals:

- 1) Provide the community partners with a brief training on the Social Determinants of Health, followed by the overview of the BAR HII assessment results.
 - a. Highlight the social determinants of health (SDOH) issues that impact the community through a presentation and handout.
 - b. Identify how effectively Crook County Health Department is addressing health equity as perceived by staff and as perceived by community partners.
- 2) Increase the overall awareness of, and understanding of, the ten essential public health services.
- 3) Engage community partners in small group discussions to identify:
 - a. How well is CCHD addressing health equity in Crook County and how do we engage partners to help.
 - b. Recruit partners for projects.

What went well?

- Strong turnout for the two events in Prineville.
- Partners, and individuals that attended, appreciated the overview on SDOH and the BAR HII results (We were listening).
- Partners appreciated the respect for their time and appreciated how much we were able to accomplish within the amount of time allocated due to the short presentation and the small group discussions.
- Many of the partners work with the health department regularly.
- Many attendees voiced a desire to be more involved in follow up discussions and work.

Feedback from participants:

The comments and priorities identified by community partners in each area during the meeting included:

1) Behavioral and Mental Health:

Rewrite stigma, The WHOLE Person, Inclusion, Incorporating behavior health into primary care, homelessness, and expand out networks to increase partnership communication and referrals, opioid taskforce, education for kids.

2) Reproductive Health; Limited access to care:

Access to care is still an issue in Crook County, provide more education in the schools, work with COCC campus for reproductive health assess, partner with the Landing (homelessness), need urgent care in Crook County. Continue to focus on access to care.

3) Health Promotion:

Graduation rates and attendance rates may be directly tied to health issues, including mental health. Schools and Public Health need to ensure the needs of the students are being met, especially as success measurements show a high variation among minority students.

4) Healthy Children and Families

Work with community development to help quantify and identify need, address issues with homelessness, rental properties are economic barriers (too high), create a “grandparents program” to educate on the effects of disease for the immunization program, provider education collaborations, utilize partners, importance of parenting classes.

General recommendations moving forward:

- **Local Public Health’s Role:** There is a need to accurately detail and define the role of Crook County Public Health in working with the Social Determinates of Health.
- **SDOH Data:** SDOH is not widely available or understood. Public Health should work on sharing data (including the impact of SDOH and health inequities on health), using the data, and how the data can be impactful in the community.
- **Include partners in the planning of Programs:** There was a request to include partners in the planning and grant writing.

Challenges:

- **Scheduling is always challenging due to Health Department priorities.**
- **The mini-grant timeline did not align with the performance management system timeline.** As identified by other partners in this health equity grant, the Regional Health Improvement Plan (RHIP) will not be published until January 2020. It is therefore difficult to commit to large projects or initiatives without knowing the RHIP priorities and strategies.
- **The role of public health in addressing the social determinants of health is not well understood** and partners were encouraged by the discussion and department taking a lead in this area.

CCHD will continue this work as an area, integrate a health in all policies approach and improve our incorporation of health equity into programs and processes. This is one of the areas in public health accreditation of which we participate.