

Notes from Community Engagement Meeting
Madras, OR – October 24, 2017

On Tuesday October 24, 2017, Olivia Stone and Candace Johnson from Metropolitan Group facilitated the first community meeting at the Madras Performing Arts Center. The first half of the meeting included introductions and an overview of the process and framework for Oregon’s State Health Assessment, as well as emerging themes in Jefferson County. The second half of the meeting focused on gathering input from attendees on the health priorities in their community. There were roughly 38 attendees and they were broken up into five small groups to discuss two key questions: 1) “What does well-being mean to you?” & 2) “What does it take for everyone in your community to be healthy?”

The objectives of this meeting were as follows:

1. Listen to community members about strengths and needs related to health.
2. Describe what the state health assessment and state health improvement plan are and how they are used to improve health in Oregon.
3. Share topline findings from quantitative and qualitative assessments of the health of people in Oregon and the public health system in order to engage participants in a dialogue about how statewide findings resonate with their local experience.

Introductions

Number of attendees: 38 people

People represented:

- Jefferson County Public Health
- Crook County Public health
- Deschutes County Health Services
- Pacific Source supporting Medicaid population
- OSU Extension Nutrition, Food Preservation and Safety in Warm Springs
- Public Health for St. Charles and Nursing Officer
- Member of City Council

- Nurse at Health Department in Madras and works on Healthy Families Project
- Resource coordinator for LGBT
- Latino Community Association
- AmeriCorps, Jackson County
- AmeriCorps, Deschutes County
- Let's Talk Diversity Coalition, Regional Healthy Equity Coalition
- Nurse for maternal child health program in Crook County
- CCO program coordinator
- Substance abuse prevention in Deschutes
- Public health nurse in Jefferson County
- Community Health and Services Manager in Warm Springs
- Jefferson County EMS, Community Paramedic
- Physician, medical director Mosaic Medical
- Pediatric Nurse Practitioner for Madras Mosaic Medical

One word to describe your community:

- Crook County – changing
- Jefferson County – potential, opportunities, underestimated, underserved, diverse, beautiful, magnificent, capable, diverse, home, tight knit (close), naïve, growing, together, progressive, resilient, divide, unaffordable, wonderful, family, collaborative, diversity
- Deschutes County – dynamic, welcoming, growing, beer, busy
- Redmond – Growing, evolving, transformative
- Warm Springs – tribal, opportunity, supportive

Small group report out (group #1)

- Fear of not having access to healthcare
- Lack of safe, affordable housing
- Not enough funding for community organizations, especially on Tribal communities

- Lack of living wage jobs across Central Oregon
- Lack of convenient and accessible transportation
- Madras – overuse of the ER, delayed access to preventive care, there’s no urgent care in Madras
- Oral health is backed up, there’s only 1 dental provider in Madras for OHP
- Highest in the state for free and reduced lunch – high FPL percentage
- Madras and Deschutes – Lack of homeless shelters (need for women’s and youth shelters)
- There’s a high need for transitional housing for people out of addiction and recovery
- Increase walkability and accessibility by building side walks
- High drug trafficking
- Tribal communities – dangerous dogs off leash, not safe for children to walk, reduces physical activity
- Language services needed for Hispanic communities
- Need more Spanish interpreters and providers who are culturally sensitive
- Abused youth
- Tribal communities – funding needed to child protective services
- Crook County – high tobacco use (high number of pregnant women smokers)
- All counties in central Oregon need buy-in from elected officials to pass a tobacco free policy
- Deschutes County – alcohol is the norm
- Increased access to birth control and comprehensive sex education
- Safe community parks
- Elderly care needed
- Retailer licensing needed for tobacco, marijuana and tobacco sales
- Smoking in cars and indoor facilities not enforced in tribal community
- (Opportunities) – Crook County Blue Zone -- champion for collective impact approach
- TriCounty Community Cardio Challenge
- Opportunity for Tri-Counties to write community and statewide grants together would be beneficial for all central Oregon

- Connecting community members to resources (more robust care coordinator and navigator system)
- CASA of Central Oregon
- Parental Care Continuum – more women certified for WIC, access to behavioral health
- Co-housing for behavioral health and physical health
- Increase peer mentor programs for people in addiction recovery
- St. Charles loan repayment program to increase funding of providers in rural areas

Small group report out (group #2)

- Emotional support/mental health
- Feeling welcome in your own community
- Having opportunities to develop professionally
- Basic needs are met
- Access to preventive services
- Improved cultural competency and understanding of diversity and all-inclusive definition of diversity (not just race and ethnicity)
- Affordable safe and clean housing
- Mental health care
- Veterans care locally and culturally appropriate health
- Investment in prevention of fires
- Safe bike/walking paths
- Equal access to recreational opportunities
- Pedestrian crossing
- Accessible grocery stores
- Shift focus from treatment of illness to prevention
- Safe transportation

Small group report out (group #3)

- Poverty – if there's job creation you'd be able to provide stable family income
- Mental health and substance abuse is number one challenge
- Hygiene and sanitation education
- Great need to telemedicine – social ethical and legal requirements
- Being culturally sensitive – Jefferson County is so diverse and there's an opportunity to make every culture feel welcome
- Security – welcoming migrant population
- Health insurance coverage** -- impacted with increased insurance premium and it's impacting several families – no coverage at all
- Transportation – people in Madras, going shopping you need your own car – long distance
- Integrating the east and west side
- Better understanding of lived experiences
- Reduce nepotism in representation
- Employment that pays living wage, huge wage difference across counties
- Access to healthy, affordable food
- Reduce health care cost
- Increase population health
- Improve patient experience
- 77 percent Medicaid rate
- No services for LGBTQ population

Small group report out (group #4)

- Alleviate poverty
- Safe place to live and work, feeling of wellness
- Opportunities for physical activity
- Healthy and affordable food and nutrition
- Emotional and mental health
- Need to shift from treatment of illness to wellness promotion and prevention
- Fully vibrant healthcare system

- Trauma informed care
- Safe household environment
- Jefferson County – access to timely mental health and social services
- More mental health providers, intervention for depression and anxiety
- Culturally sensitive/specific to Spanish translation and mental health services
- Use of telemedicine reach
- Leverage role of schools in providing mental health services
- Networking to ensure engagement of diverse populations – voice is heard
- Security/welcoming for immigrant population
- Health insurance coverage
- Transportation to work, school, healthcare, grocery shopping

Small group report out (group #5)

- Culturally represented in work
- Sharing resources – cross jurisdictional sharing – working together
- Affordable housing
- Recognition of differences between equity and equality
- Preventative
- Establishment of safe places accessible (i.e., parks)
- Needs assessment on an individual small scale
- Separate early intervention and ACES
- Cultural representation beyond language and translation – honor with practices that enrich and strengthen what already works
- Enough resources for people who need it
- Equitable access to opportunities
- Meeting people where they are (healthcare)
- Mindfulness
- Cultural competence
- Town halls community focused
- Increase community engagement
- Updated infrastructure

- Schools (accountability to protect kids from bullying)
- Access to food pantries and soup kitchens
- Indian Health Center
- Neighborhood Impact/Head Start
- A lot of community efforts but not enough funding
- Homeless Leadership Coalition
- Saving Grace
- Outdoor activities
- Homes are available to buy (not just rent)

Large group report out:

- Lack of safe and affordable housing
- Delayed access to healthcare and oral care (physical access, barriers)
- Need more Spanish interpreters
- Opportunity to connect community members to resource groups
- Mental health and substance abuse
- Life skill training
- Equity/inclusivity
- Meet people where they are with healthcare
- Improved cultural competency and sensitivity
- Affordable, safe, clean and consistent housing
- Poverty alleviation
- Need tele medicine (mental health)
- Security and welcoming migrant communities
- Insurance coverage
- Transportation barriers
- Safe place to live, work
- Feeling of optimism
- Need to shift from treatment to prevention
- Fully funded public health system
- Sharing resources, data, ext., cross-institutional collaboration
- Recognize the difference between equity and equality

- Safe spaces in community (parks)
- Needs assessment
- Early intervention – ACEs

Meeting Evaluation

What did you like about today?

Feedback	% of respondents
The conversation/discussion	40%
Opportunity to collaborate with others in my community	40%
Small group activity/brainstorming	27%
Other (Accommodations, government agency learning from community)	20%

What could we do differently?

Feedback	% of respondents
Other (Include representatives from law enforcement, provide child care, more time for networking)	55%
Increase diversity of participants	36%
Meeting was too short	27%