



OHEA
Oregon Health Equity Alliance

COMMUNITY POWERED CHANGE

A Summary

Description of photo used: Image of a kid in an orange shirt playing creating bubbles with title of "Community Powered Change, A Summary"



WHAT IS THIS DOCUMENT?

This resource provides the background to Community Powered Change, its connection to the Multnomah County Community Health Improvement Plan, and our model for implementation of community-recommended health improvement solutions.

LAND ACKNOWLEDGMENT

We acknowledge Multnomah County is the land of the Multnomah, Clackamas, and Kathlamet bands of the Chinuk (Chinook), Tualatin Kalapuya, and Molalla in addition to many other tribal peoples. Chinuk Wawa (Chinook language) communicates the concept of community as *łush khanawi kaku-ixt ntsayka*, which roughly translates to mean “we should all be as one.” The emphasis is on the need for cohesion and harmony amongst the group.

TABLE OF CONTENTS

What is this Document? 2
Land Acknowledgment 2
Table of Contents 3

Introduction 4
 Before Community Powered Change 5
 Where Did This Work Come From and What Makes This Work Different? 5
 Why Lead With Race? 6
 Who is OHEA? 6
 Priority Areas 7

How We Wrote the Plan 12

The Plan: At a Glance 13
 Priority Areas for Health Equity 14
 Transformative Change Towards Equity and Empowerment 14
 Access to Culturally & Linguistically Responsive Healthcare 15
 A Neighborhood Home for All 16
 Essential Community Resources and Services 18
 Support Family and Community Ways 21

The Action Plan 22
 Additional Planning 23
 Opportunity Assessment 23
 Opportunity Teams 24
 Components of the Plan 24
 Alignment 24
 Cross-Collaboration Work 24
 Focused Action Areas 26
 Community Investment 26
 Two Pathways for Diversifying the Workforce 27
 Community Health Equity 29

Implementation 30
 A New Name! 31
 Implementation Progress 33
 Alignment 33
 Collaborative Projects 34
 Community Seed Grants 34

Evaluation of CPChange 35
 How is Our Process? 36
 How Do We Measure Success? 38

Reporting to Community 39
 Database and Reporting 39

Challenges & Lessons and Moving Forward 40
 What We Have Learned 41
 What Comes Next? 43

How to Get Involved 44

INTRODUCTION

Overview and Community Vision



Description of photo used: Image of a large group of people attending a presentation in the Portland Mercado market.

BEFORE COMMUNITY POWERED CHANGE

Today Community Powered Change is OHEA's approach to implementing community-driven solutions for community health. But we first had to work really hard to better understand the ways in which our communities of color saw opportunity for health improvement. Our process to understand this grew out of our work to develop a community-centered and community-driven health improvement plan, or CHIP, for the Multnomah County Health Department Public Health Division.

A CHIP is an action plan that identifies priority areas affecting community health with resources and strategies for health improvement. It is a tool that has been used for many decades by local health departments and by many of our health systems, hospitals, and coordinated care organizations, as well.

WHERE DID THIS WORK COME FROM AND WHAT MAKES THIS WORK DIFFERENT?

A CHIP is often developed by a local health department. Through the leadership of women of color, Multnomah County Health Department's Public Health Division directors recognized this work is stronger when it centers and is led by the

communities experiencing the greatest health disparities. A request for proposals was issued in 2015 and granted to OHEA as a result of the alignment of the County's goals with OHEA's values. This CHIP is unique in this way and has not been approached or conducted in this manner anywhere else.

This process began from an asset-based perspective honoring that our communities portage significant, untapped, and culturally imbued protective factors and assets. These include family, extended family, culturally specific knowing and ways of being, tremendous resiliency, and an emphasis on interconnectedness and interdependence, among many others.

This work recognizes from a relational worldview, to be truly healthy, there must be a balance of wellness in physical, mental, emotional, spiritual, and financial health. The social context in which individuals live must also be aligned in order to support the individual in attaining optimal health. These conditions manifest from numerous systems that intersect with one another and have a synergistic effect on health: housing, education, livable wages, food systems, transportation. Additionally, social conditions that support and promote equity must be upheld, as well, such as efforts to dismantle racism, patriarchy, capitalism, imperialism, and poverty, and shift the balance of power to those who hold the least.

WHY LEAD WITH RACE?

Oregon's long history of institutionalized racism began prior to its constitutional founding and has significantly affected state and local institutions and the communities they serve. This is evidenced by the stagnant health disparities tracked and reported by these very institutions and is especially true for our communities of color. While it is this history and complacency of decision-makers that has shaped the conditions in which we currently exist, it is Multnomah County's growing and changing demographics that are driving a shift in the way we view, plan, implement, and evaluate services for the people who live, play, and work here.

WHO IS OHEA?

The Oregon Health Equity Alliance (OHEA) is a people of color led collaborative, organized to center and uplift the wisdom of our communities of color through racial justice informed health equity policies and practices, as part of the movement to dismantle white supremacy, and shift the imbalance of power. OHEA is one of four regional health equity coalitions across the state of Oregon, aligned through a racial justice, health equity framework. Our regional efforts focus on Clackamas, Multnomah, and Washington counties.

OHEA's CHIP process utilizes community-centered and community-driven approaches that prioritize the issues and solutions of communities of color and ensures decision-making structures that shift power to community members. Its development resulted from the leadership of our communities of color who have driven this process from start to present. By centering communities of color and other marginalized communities, we remain committed to bringing forward and making space for the voices of those often excluded from the conversation, elevating those who experience the greatest health inequities and disparities.

Wherever possible in this process we sought to both preserve and elevate the community’s own language, capturing and deeply examining these interactions and feedback to ensure fidelity of the conversations shared.

PRIORITY AREAS

Through community engagement, strategic partnering, and collective decision-making, we are committed to addressing the following five priority areas of this CHIP:



TRANSFORMATIVE CHANGE TOWARD EQUITY AND EMPOWERMENT

Addressing systemic discrimination and disparities



ACCESS TO CULTURALLY AND LINGUISTICALLY RESPONSIVE HEALTHCARE

Focusing on health systems



HOUSING

Including issues of affordable housing and homelessness



ESSENTIAL COMMUNITY SERVICES AND RESOURCES

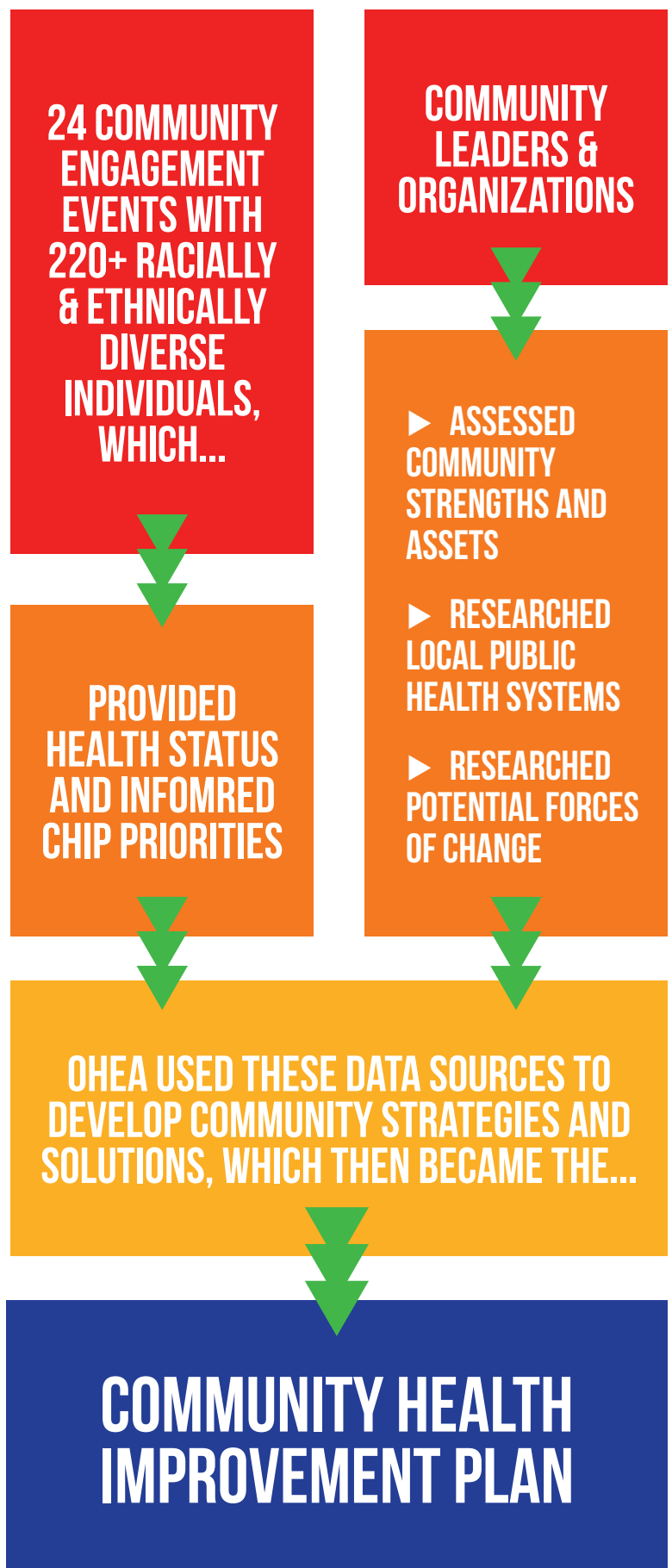
Elevating interconnected systems and issues related to food, transportation, education, and jobs



SUPPORT OF FAMILY AND COMMUNITY WAYS

Acknowledging and investing in traditional cultural ways of healing and community

**FROM
COMMUNITY
ENGAGEMENT
TO
COMMUNITY
INFORMED
& DRIVEN**



Description of photo used: Image of a group of people walking for CAUSA's lobby day most with orange shirts and one with a butterfly on the shirt saying "rise up as one".



LEADERSHIP

To create engaging spaces across Multnomah County for candid conversations about our health, it is important this process be led by culturally specific organizations whose staff and boards reflect the lived experience of those communities who joined our efforts. Collectively, these organizations have decades of demonstrated experience in serving their respective communities and have deep knowledge and relationships in each of those communities, including the African-American, African Immigrant and Refugee, Black, Asian-American, Latino/a, urban Native American / Alaskan Native, and Pacific Islander community groups.



**Urban League
of Portland**



Health Department



Asian Pacific American Network of Oregon



Description of photo used: Image of a group discussion in a library.

VISION

The CHIP vision of a healthy Multnomah County is when all people, regardless of color, race / ethnicity, physical size, appearance, or ability, gender identity, sexual orientation, legal status, age, and /or however we define ourselves, have access to the existing services and necessary support to develop new services and programs that promote sustainability, balance, and harmony.

The CHIP is a living, breathing document of values and deep community wisdom. Partners across the county's health service fields invest in its recommendations to advance health equity solutions and lead and contribute to a transformative and continuous community engagement and health improvement process.

VALUES

- ▶ Inclusion and empowerment
- ▶ Community leadership and participation in design, implementation, and evaluation of health improvement processes
- ▶ Community-oriented approach to strategies
- ▶ Health-related determinants are prioritized
- ▶ Process grounded in current and historical context of health disparities



HOW WE WROTE THE PLAN

Principles of Action:

- 1) Process is community-led and transparent
- 2) Use of current evidence or practice-based data and strategies to address health equity at community level
- 3) Use feasible recommendations and strategies that involve key stakeholders who can influence effective implementation of the CHIP strategies

OCTOBER 2015 TO MARCH 2016

Leadership Team and Advisory Committee conducted assessments

MARCH 2016 TO APRIL 2016

Initial community engagement to identify key themes completed

MAY 2016

CHIP Priority Areas reviewed and finalized

JUNE 2016

Goals, objectives, and strategies developed

SEPTEMBER 2016

Working plan finalized and submitted to Multnomah County

Description of photo used: Image of a smiling toddler in a black shirt with a hammer and nails with the phrase "Being adorable... nailed it"

THE PLAN: AT A GLANCE

Priority Areas for Health Equity



Description of photo used: Image of a group of people of color, all ages, taking a picture behind a table with a pink tablecloth.



1. TRANSFORMATIVE CHANGE TOWARDS EQUITY AND EMPOWERMENT

Addressing discrimination is fundamental to improving overall population health at all levels of any institution, from the attitudes and beliefs of institutional decision-makers, to the delivery of programs directly to community members in need of health services.

Multnomah County has a demonstrated history of discrimination within the intersection of public institutions and in the broader community. For example, historic racial violence and race-based redlining that led to segregation and other discriminatory actions have produced and perpetuated generations of health inequities.

At the policy level, discrimination has historically disadvantaged and marginalized communities, and currently is a barrier to good health for all our communities. Overall, discrimination is experienced directly and indirectly through every layer of lived experience, perpetuated by dominant structures that support and reinforce discrimination, and require sustained, long-term anti-racism/anti-oppression institutional change and strategic partnerships and investments in communities directly affected.

“COMBAT INSTITUTIONAL RACISM AS A WHOLE. WE NEED ADVOCATING ESPECIALLY FOR OUR CHILDREN AND ELDERS.”
— Community Member
Central City Concern Imani Event

HIGH LEVEL GOALS:

- ▶ **Adopt new practices of decision-making that shift composition, character, structure, and power relations in Multnomah County decision-making through full implementation of the Equity and Empowerment Lens**
- ▶ **Develop, resource and lead new racial equity strategies, programs and partnerships**
- ▶ **Foster a diverse workforce**
- ▶ **Protect and promote the history of communities of color**



2. ACCESS TO CULTURALLY & LINGUISTICALLY RESPONSIVE HEALTHCARE

Culturally responsive health care access is critical to maintaining health and wellbeing. When we are sick, we struggle to get the support we need, be with loved ones, work, and learn. If we do not receive care this can affect many other aspects of our lives.

Our healthcare system services are misaligned with our communities’ cultural, behavioral, and communication needs. Communities from different cultures may have healthcare-seeking practices based on their country of origin that do not reflect ways to access healthcare services available here. Access to culturally responsive mental health services and supports is an inequity related to multiple health challenges. A lack of culturally and linguistically competent healthcare providers and systems means our communities often do not feel welcome or even safe in these health care settings.

In addition, a lack of health insurance, the high cost of care, a feeling of language isolation, and lack of covered care by those who speak the community’s language and understand the culture is a central issue for people of color in Multnomah County. There is an opportunity to transform our healthcare settings from unfriendly places to safe medical homes and safe welcoming harbors.

“ACCESSING HEALTHCARE IS REALLY HARD AND DOCTORS ASK QUESTIONS THAT HAVE NOTHING TO DO WITH WHY YOU ARE THERE. I GO TO THE DOCTOR AND THEY ALWAYS ASK ME “ARE YOU DRINKING OR USING DRUGS”. I TELL THEM “NO I DON’T USE THOSE THINGS. IT’S IN MY CHART.” THEY KEEP ASKING ME IF I’M SURE. I BET THEY ARE DOING THAT BECAUSE OF YOUR APPEARANCE. THEY DID THAT TO MY MOM (WHO IS NATIVE).”

– Community member
Native American Youth
And Family Center Event

HIGH LEVEL GOALS:

- ▶ Diversify the health care workforce to reflect the changing racial / ethnic demographics and need in Multnomah County so that community members are served by providers who reflect their own experiences by race, ethnicity, LGBTQ2IA status and disability status
- ▶ Eliminate the barriers facing communities that are eligible for insurance or are underinsured
- ▶ All people are provided timely, responsive healthcare inclusive of mental health, oral health and vision health services (specific attention is given to ensure this is true for people of color, LGBTQ2IA, people with mental illness, people with disabilities - inclusive of mental health, oral health, and vision health services)



3. A NEIGHBORHOOD HOME FOR ALL

All people deserve access to safe and affordable housing. Yet for many families, especially communities of color, multiple barriers exist in our public health, social and public service, and private development systems. These systemic inequities provide the foundation for many of the public health challenges we see today.

Our housing is determined by our social and economic circumstances, and is a key social determinant of health. It affects our quality of life: where our children go to school and how they get there; if an older family member can get to a health appointment; how we get to our jobs and what jobs we are able to have; the transportation options we have to the closest affordable food; if there is a park or open space where we can safely walk with our family; and ultimately how we feel — whether it be stressed, unwelcome or connected to our community — when we walk out our front door.

“HOUSING IS THE NUMBER ONE ISSUE THAT AFFECTS THE ENTIRE FAMILY.”

— Community member
ORCHWA & IRCO Africa House Event

Gentrification and poor urban renewal policies cause long-term financial stress and affect daily living. Rising rent prices force people to new neighborhoods with fewer resources and public investment, and often less green space. The stress of high mobility affects childhood development and ultimately education outcomes. Changing neighborhood demographics create tension and an unwelcome environment and increasing social isolation. In addition, the houseless community, and those at risk of losing their homes, do not receive equitable treatment by healthcare providers, especially at hospitals. The state of our housing and neighborhoods has become a public health issue we can no longer ignore.

Description of photo used: Image of a toddler with a sign which says "I say no eviction"



HIGH LEVEL GOALS:

- ▶ Create safe, welcome, and secure neighborhoods that promote equity and good health for all people in Multnomah County
- ▶ Comprehensive reform for houseless individuals and families and people experiencing lack of fixed, regular, and adequate nighttime residence
- ▶ Ensure quality and safe homes.
- ▶ Increase supply and access to affordable housing
- ▶ Support comprehensive economic security reform



4. ESSENTIAL COMMUNITY RESOURCES AND SERVICES

Our health is determined by our opportunities to be educated, be employed, eat nutritious food, and get where we need to go. These social determinants intersect with other CHIP priority areas as critical supports. For example, transportation access affects our ability to receive culturally relevant health care. Benefitting from an education and a job affects our ability to pay rent or own a home. Food is a centerpiece to many cultures that supports nutrition, can reduce the risk of chronic disease, and supports family and community ways. Communities of color face existing inequities related to limited access and opportunities in each of these resources and supports.

TRANSPORTATION

Despite massive public investment in our transportation infrastructure, not all people enjoy the benefits of that increased mobility. Without mobility, choices and opportunities are limited. There is a disproportionate burden on those most dependent on public transit, who are most often people of color or those with low incomes. Inadequate and inequitable investments in public transportation in poorer zip codes result in barriers to opportunity - including health care access - for many transit riders.

EDUCATION

Quality education is an essential building block for life success, determining your job opportunities, earning power, and adult health outcomes. The less education an adult has, the more likely they are to die prematurely of specific chronic conditions. People of color experience the greatest disparities in achieving a quality education. Our public education is not currently meeting youth of color's needs - youth of color report being bullied about their race or ethnic origin, more youth of color are not graduating in four years compared to white peers, and more youth of color are consistently disproportionately disciplined in Multnomah County School Districts. Education and life learning must be more equitable and those educational opportunities should start in early childhood.

“WITH A BETTER WAGE WE COULD BUY HEALTHIER FOOD AND BE MORE ACTIVE AND AFFORD HOUSING.”

– Community member
Latinx Immigrant CIO Event

JOBS

The county’s economic base, and health, will be stronger if we build the human capital of our residents by providing access to education and training as well as opportunities for increasing income and financial assets. A good paying job determines more than just the cash you have on hand; it can make way for a family to develop savings, and support housing

and health stability when unexpected expenses arise (i.e. medical bills from injury, increasing rents, etc.). Savings over time can also help families build wealth to invest in education, buy a home, or even start a business.

The impact of unemployment is about more than just the availability of jobs. High unemployment and poverty go hand in hand. Inadequate and low-quality housing, underfunded schools, few recreational activities, restricted access to services and public transportation, limited opportunities for employment - all characteristics of poor neighborhoods - contribute to the social, economic, and political exclusion of individuals and communities, making it more difficult for people to return to work.

FOOD

Food access, including affordable food that is culturally relevant, easily available, and nutritious is fundamental to supporting whole body and mental health. Food is part of our culture, can be a way of connecting, and is an important element of building a strong body and mind for pregnant moms, babies, and developing children. Nutritious food is also a foundation for maintaining health and activity as we age in adulthood. A family’s access to food, including affordability of nutritious items such as fruits and vegetables, is affected by many health factors. For example, job opportunities influence a household’s income and the overall budget for food may be affected by transportation and utility costs.

HIGH LEVEL GOALS

- ▶ **Create, re-allocate and prioritize access to resources and services for people of color, low income, immigrant and refugee communities including youth, elders, houseless, LGBTQ2IA, people experiencing mental illness, and people with disabilities**
- ▶ **Provide equitable transportation access for all community members**
- ▶ **Create and provide more opportunities for an education ecosystem that all learners can thrive**
- ▶ **Ensure all communities have access to culturally relevant, nutritious, affordable food in their neighborhoods**
- ▶ **Improve and expand living wage with benefits, job opportunities for all communities**



Description of photo used: Image of a small group learning about the walking bridge on Division Street between 85th and 87th Avenue.



5. SUPPORT FAMILY AND COMMUNITY WAYS

To maintain traditional ways, community members must have access to foods and healing medicines or practices indigenous to their communities of origin, to land which supports physical activity and connection to the natural world, and to opportunity for ceremonial, religious, cultural, educational, and celebratory community gatherings that create community cohesion and share the important life skills or teachings needed for youth to grow up in a good and healthy way.

With these challenges facing communities of color and other marginalized groups, the strengthening, protection, and resiliency brought about by continual connection to traditional ways, culture, language, and intergenerational opportunities to gather together have never been more important. For communities of color, immigrant/refugee communities, elders, the unhoused and LGBTQ2IAI communities, connection to community and family are vital to survive and to thrive.

“WE USED TO HAVE THE ABILITY TO TRAVEL LONG DISTANCE TO OBTAIN HEALTHY FOOD AT GROCERY STORES. NOW IT’S VERY HARD WITHOUT BEING ABLE TO HAVE A DRIVER’S LICENSE TO DRIVE. NOT HAVING A DRIVER’S LICENSE CREATES STRESS ON US AND IT’S AFFECTING MY HEALTH AND MY FAMILY’S.”

– Community member
Unite Oregon

HIGH LEVEL GOALS

- ▶ Develop and amplify strategies that promote and support cultural preservation and reclamation
- ▶ Secure ongoing funding (county, city, hospital community benefits, and CCO flex funds), and formalize, through policy change, for cultural preservation and reclamation work

▶ Increase culturally specific

intergenerational healthy eating and active living opportunities offered by Portland and other City Park Departments, farmers markets, SUN schools, seniors centers, community based organizations, etc.

- ▶ Communities are able to access health supportive classes related to healthy eating and active living from organizations that mirror their lived cultural experiences
- ▶ Establish referral pathways and payment mechanisms from physical and behavioral health practitioners to cultural preservation and reclamation opportunities.

THE ACTION PLAN



Description of photo used: Image of a group of 17 people attending the Asian Pacific American Network of Oregon's (APANO) Washington county South Asian Listening Circle.

ADDITIONAL PLANNING

OPPORTUNITY ASSESSMENT

In order to design a comprehensive, achievable, and coordinated implementation plan, the project leadership team spent three months assessing the community health landscape. Through our opportunity assessment, we sought to identify:

- ▶ Existing work currently being done to improve community health and identify the spaces where shared values (and overlapping work) come together;
- ▶ Economic opportunities, existing projects / neighborhood initiatives, community development, capital, and / or urban renewal investments;
- ▶ Where the strongest leadership and demonstrated commitment to community and equity exist; and
- ▶ Where community and advocacy have the greatest momentum, including coalitions, and begin to build relationships with potential strategy development and implementation partners.

The Opportunity Assessment helped to structure and inform our Implementation and Action Plan.

OPPORTUNITY TEAMS

The Opportunity Assessment allowed project leadership to identify key areas of work, described in further detail below, namely: Community Investment, Pathways to a Diverse Workforce, and Community-based Health Equity. Exploring these areas further required wisdom and expertise encompassing community members and organizational partners.

COMPONENTS OF THE PLAN

ALIGNMENT

Strategic development of relationships with invested partnering institutions/agencies helps ensure their equity plans align and draw from community-recommended health solutions. This work is done through a “crosswalk” process and is an ideal opportunity to achieve shared health equity wins through ensuring organizational alignment with community solutions.

CROSS-COLLABORATION WORK

Collaboration focuses on advancing community-recommended health solutions through specific, cross-systems work. Cross-systems work is moved forward by way of project “vehicles.” These vehicles were identified by Opportunity Teams as innovative approaches to advancing community-recommended health solutions.

COMMUNITY INVESTMENT

Focus: Leverage community benefit dollars (coordinated care organizations, hospitals, development commissions, etc.) to create a stronger investment in and reallocation of resources to culturally specific, community based

OPPORTUNITY ASSESSMENT STAKEHOLDERS

Metro
 Trimet
 Safe Routes to School
 Oregon Health Equity Alliance Members
 and Policy Committee
 Urban League of Portland
 Mult. Co. Public Health Department
 OR Community Health Worker Association
 Asian Pacific American Network of
 Oregon
 Native American Youth and Family
 Center
 HealthShare of Oregon
 Family Care
 Care Oregon
 Oregon Primary Care Association
 Verde
 Living Cully
 City of Gresham
 The Rebuilding Center
 Jade District
 Oregon Health and Sciences University
 Unity Behavioral Health Center
 County Commissioners Vega Peterson
 Commissioner Meieran
 Commissioner Stegmann
 Chair Kafoury
 City of Portland Mayor’s Office
 Mult. Co. Public Health Advisory Board
 American Federation of State, County
 and Municipal Employees
 Multnomah County SUN Schools
 Kairos PDX
 Office of Equity and Human Rights
 Safe and Thriving Communities
 The Q Center
 Children First Oregon
 Oregon School Based Health Alliance



Description of photo used: Image of 3 smiling people in front of a wall/door.

organizations in order to increase access to culturally responsive healthcare, community education and housing services.

Currently, there are many community benefit related funds that are not being used as effectively as possible. A broad-based education effort is needed to work with coordinated care organizations and hospital systems about community health priorities.

PATHWAYS TO A CULTURALLY RESPONSIVE WORKFORCE

Focus: Increased pathways to a culturally responsive workforce — including community health worker job creation, improved culturally responsive, linguistically appropriate and trauma-informed trainings for healthcare professionals, and improved hiring and retention.

COMMUNITY HEALTH EQUITY

Focus: Ensuring local, community-centered initiatives embeds a health equity lens into their approaches using cross system collaboration to address environmental racism, stress, and economic inequity.

COMMUNITY INVESTMENT

WHO IS INVOLVED?

These partners consist of coordinated care organizations, Multnomah County commission staff/partners, community based organizations, and development commission partners, that focus on coordinating and increasing investment in funds that benefit communities.

1. COORDINATED CARE ORGANIZATION AND HOSPITAL EDUCATION

This effort ensures health systems respond more appropriately to community needs.

2. STRENGTHENED COMMUNITY ADVISORY COUNCILS WITH INFLUENCE AND AUTHORITY

Ensures Community Advisory Councils represent community voice and have decision making power.

3. STRONG HEALTH AND RACIAL EQUITY NARRATIVE IN LARGE, NON-HEALTH INSTITUTIONS

Ensures there is a strong health equity narrative in non-health based institutions and a link to the work of Community.

4. STRENGTHENED RELATIONSHIP WITH HEALTHY COLUMBIA WILLAMETTE COLLABORATIVE (HCWC) THROUGH EDUCATION

Creates partnership with HCWC to ensure community voice is at this leadership table.

5. COMMUNITY KNOWLEDGE AND ACCOUNTABILITY REPORT OF LARGE INSTITUTION FUNDING, SPENDING TRACK RECORD, ETC.

Creates mechanism that identifies where community benefit money has been allocated to community, for what specific purpose, and how much funding exists.

6. COMMUNITY-LED ACCOUNTABILITY MECHANISMS

Offers opportunity to identify the most impactful decision-making spaces and establish mechanisms to integrate community voice

PATHWAYS TO A DIVERSE WORKFORCE

WHO IS INVOLVED?

These partners consist of hospital, coordinated care organization, and government partners, and community based organizations that focus specifically on strengthening our community health worker (CHW) workforce through local and state investments, legislative changes, and organizational capacity building. This work also includes creating a shared understanding and approach to culturally responsive workforces and trauma-informed practice in healthcare settings. Two core issues emerged during community engagement events that may be addressed through two pathways.

PATHWAY 1 - COMMUNITY HEALTH WORKERS

This pathway focuses on:

- ▶ **Carve clear, fundable, and sustainable pathways for community health workers (CHWs) in healthcare (including behavioral health) setting and non-healthcare settings (e.g. federally qualified health centers, schools, County-funded contracts, etc.)**
- ▶ **Influence in decision making - integrate CHWs into power structures and decision making**
- ▶ **Relationship and education with network of healthcare and non health system partners**

7. MAP OF HEALTH CARE SYSTEM OPPORTUNITIES FOR CHW COLLABORATION

Space to map all opportunities for CHW collaboration.

8. STRENGTHEN AND SUPPORT A NETWORK FOR CHWS IN OREGON

Opportunity to connect and provide CHW professionals opportunities for supports, networks, and professional development.

9. PATHWAYS FOR CHWS AND BEYOND

Coordinate and co-develop clear pathways with CHWs to other health care opportunities.



Description of photo used: Image of 4 people talking on a stage as part of a panel.

PATHWAY 2- CULTURALLY RESPONSIVE WORKFORCE

This pathway focuses on:

- ▶ **Relationship building and education with network of health care system partners**
- ▶ **Shared curriculum across healthcare systems that aligns with CHIP values for trauma-informed, culturally responsive / specific trainings across disciplines with a focus on health**
- ▶ **Increased job opportunities through the recruitment, hiring, retention, and promotion among healthcare partners for a culturally responsive workforce**

10. EDUCATE HEALTH SYSTEMS ABOUT CHWS AND RELATIONSHIP BUILDING

Ensures health systems receive more robust and coordinated education of CHWs.

11. CONNECT EXPERTISE OF IMMIGRANTS TO HEALTH CARE VIA RECERTIFICATION PROGRAMS AND PATHWAYS AND OPPORTUNITIES

Identify and work toward a comprehensive approach to removing barriers for healthcare professionals who are immigrants.

12. WORKFORCE DEVELOPMENT

Convene multiple agencies interested in workforce development, with a goal to ensure best practices for workforce diversity and development.

13. TRAUMA-INFORMED CULTURALLY SPECIFIC / RESPONSIVE CURRICULUM

Opportunity to ensure consistent, accessible language and training are implemented regionally.

14. CROSS-SYSTEM TRAUMA-INFORMED STANDARD OF CARE / PRACTICE

Opportunity to ensure consistent standards are implemented regionally, lending to a systemic shift towards trauma informed services.

COMMUNITY HEALTH EQUITY

WHO IS INVOLVED?

These partners consist of community development, public health partners, and community based organizations that focus specifically on place-based or neighborhood-based health equity work, identifying innovative ways to share best practices in workforce development, food security, transportation, and education under a collective health equity vision.

15. COMMUNITY-CENTERED INFORMATION SHARING CONVENING SPACE

Convene community to share work of each neighborhood and share best practices and strategies for place-based work.

16. DEVELOPING OUR HEALTH EQUITY NARRATIVE TO IMPLEMENT CHIP STRATEGIES

Co-develop in collaboration, a health equity communications plan rooted in our community work.

17. EDUCATION ON HEALTH IN ALL POLICY AND PRACTICE

Development of a more community-centered approach to health in all systems work.

18. COMMUNITY INFORMED STRUCTURES

Identify the most impactful decision making spaces and establish mechanisms to ensure community-voice is integrated into these processes.

**IMPLEMENTATION
TODAY**

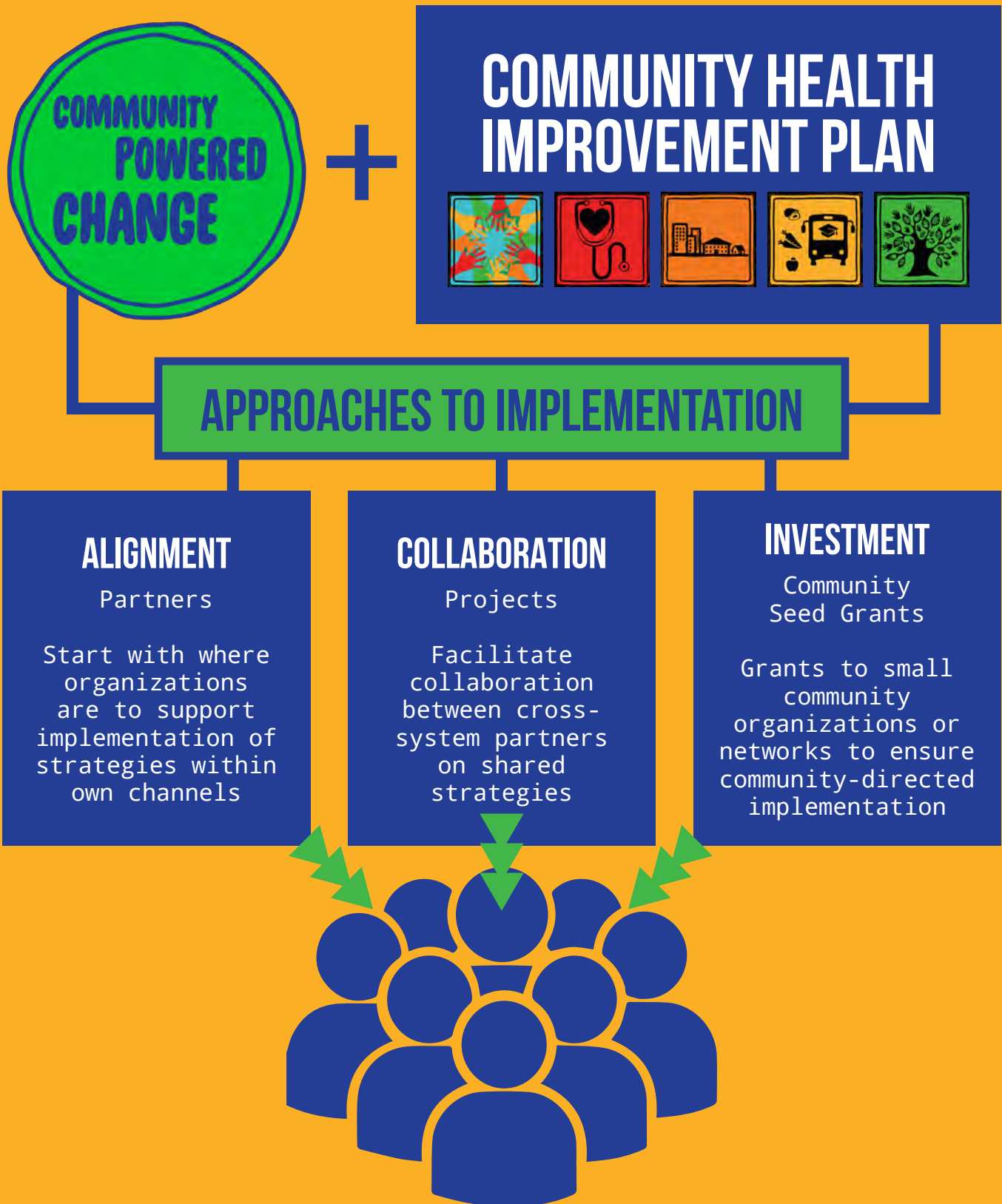


Description of photo used: Image of 1 adult and 2 young people in front of a beige wall.

A NEW NAME!

With support from a communications consultant, several options were presented to the project Leadership Team, Opportunity Teams, and community members interested in the work presented in the Multnomah County CHIP. Through numerous conversations, there was overwhelming support to use the name "Community Powered Change," or "CPChange," to describe the implementation of this work. Community Powered Change is a process, framework, and campaign to create shared accountability in the implementation of community-recommended solutions that center the health of our communities of color.

COMMUNITY POWERED CHANGE IMPLEMENTATION FRAMEWORK



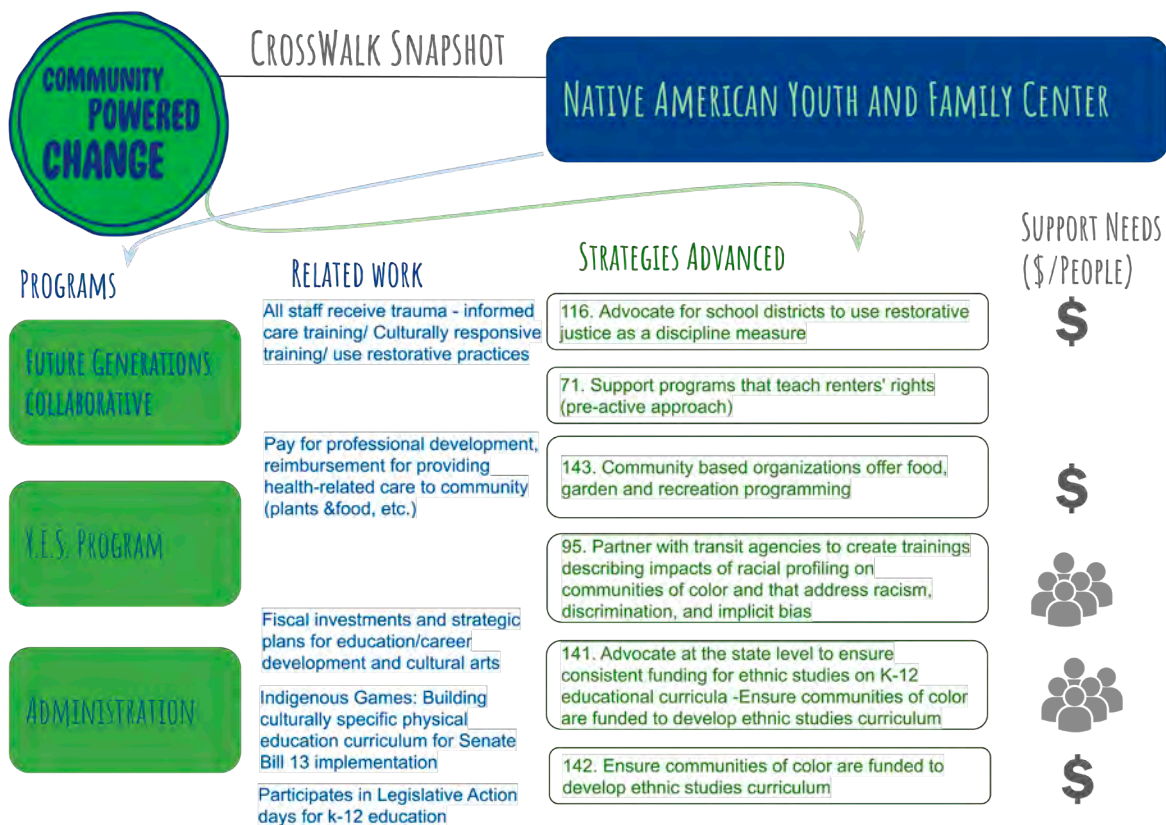
IMPLEMENTATION PROGRESS

ALIGNMENT

As described previously, alignment allows the opportunity for organizations to look internally within their own channels to support implementation of community-recommended health solutions. The crosswalk introduces organizations to Community Powered Change and encourages the organization to recognize its work as health equity work and provides an opportunity for the organization to engage with the CHIP and carry out strategies that have been defined and uplifted by community voice.

We have performed ten crosswalks so far — from large health and food systems organizations and government institutions to small culturally-specific community-based organizations. On the horizon is completion of additional crosswalks and to work with all organizations with completed crosswalks to create an action plan that further advances community-driven health solutions by integrating them into the organization’s existing work.

Sample Crosswalk:



Oregon Community Health Worker (CHW) Guide



Description of photo used: 4 photos of 2 or more people talking to one another, sharing knowledge and teaching one another about health.

COLLABORATIVE PROJECTS

Many project “vehicles” require collaboration between multiple stakeholders ranging from culturally specific community based organizations to institutions working in social determinants of health areas (such as housing, workforce, food systems), to community members and practitioners. These partners form working groups, create a workplan, and advance the vehicle through completion. Vehicles currently in motion include creating a networking and convening space for community health workers, developing a resource for advocating for health in all policies, and educating coordinated care organizations and health care systems on Community Powered Change Strategies.

COMMUNITY SEED GRANTS

The approach to implementation was expanded to include opportunities for community members to apply for mini-grants made available through OHEA’s Community Powered Change work (funded through Multnomah County Health Department). This process is a first for OHEA and these community grants prioritized work aligned with several CHIP priority areas:

- ▶ **Transformative Change Through Equity and Empowerment**
- ▶ **Essential Community Resources**
- ▶ **Supporting Family and Community Ways**

**EVALUATION
OF CP CHANGE**

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**REPORTING TO
COMMUNITY**



Description of photo used: Image of 2 people smiling while attending a presentation.

HOW IS OUR PROCESS?

Process evaluation early and often provides greater parameters for process and adjustment rather than relying on evaluation at the end of the project cycle.

The project Leadership Team received support from Program Design and Evaluation Services (PDES), a joint program of Multnomah County and the Oregon Public Health Division to discuss the parameters of a process evaluation surrounding community engagement within Opportunity Teams.

COMMUNITY ENGAGEMENT

Community-based initiatives must center the wisdom and experiences of those most affected by the policies and systems set up by a dominant culture that does not reflect their existence or values. However, the supporting design of the CHIP process evaluation did not align with the project values to center the leadership of communities of color through all aspects of the process. To account for this without losing the original interviews, project leadership agreed to a process in which stipended community members would participate in the analysis of interview data.

FINDINGS

META-FINDINGS

- ▶ Out of the Box Paradox: Confounding stereotyped notions of who does this work
- ▶ Divergent Voices: Many different thoughts emerged around evaluation of the work
- ▶ Emergent Questions: More questions than answers, of a process that has no model for comparison

OVERARCHING THEMES

- ▶ “A Learning Opportunity” for a “Radical Community-Driven Process”: Challenges and critique can co-exist with commitment to do the work in responsible ways
- ▶ Consensus — Hard work, Innovation and Successes: Strong agreement on placing this process in the hands of community-based organizations
- ▶ Clarity — in numerous aspects:
 - Language: Clearly defining terms and concepts
 - Communication Processes: Simplify, be timely and clear
 - Outcomes and Expectations: Uncertainty of whether this work connects with any sort of outcome
- ▶ Government/Community Partnerships: The innate challenges of trying to build relationships differently
- ▶ Institutional Racism: Excitement around how institutional racism is integrated as an issue to address in this work
- ▶ Community Engagement Systems and Practices: Doing things differently takes time and can be very challenging, but collaboration occurs that may not otherwise have happened and new ideas did emerge
- ▶ Ownership: Does having a community-driven CHIP take accountability away from those with the resources and decision to make transformative change occur (i.e. institutions)?

LESSONS LEARNED AND CONSIDERATIONS

- ▶ Clarify Roles and Expectations as Part of Contracting Process
- ▶ Expand Information and Reporting Systems
- ▶ Center Evaluation Planning on Clarifying Principles, Values and Roles
- ▶ Clarify Language by Defining, Describing and Operationalizing Terms
- ▶ Ongoing Community Engagement



Description of photo used: Image of 2 adults holding their child smiling.

HOW DO WE MEASURE SUCCESS?

In addition to process evaluation, we recognize how important it is to also measure the outcomes of implementing CPChange. Measuring the impact of social determinants of health is a process that many organizations are working to better understand. Metrics shall align with CPChange values and measure outcomes through a community-driven approach that leverages the experiences of project leadership to ensure community voices are integral to the design of the evaluation and measurement process.

REPORTING TO COMMUNITY

DATABASE AND REPORTING

Reporting to community members and partners is essential for implementation. A database that shows information on crosswalks completed by Multnomah County and OHEA, progress on collaborative project vehicles, and the work of CPChange partners offers much in terms of tracking. This database will create an accessible mechanism to report to programs, partners, and community members on the progress of strategies being implemented. It will better connect community-based efforts to existing broadscale efforts and highlight where certain strategies require additional investment. This tool can connect partners interested in future shared health equity work.

Snapshot of Reporting:

 TRANSFORMATIVE CHANGE AND EMPOWERMENT		
GOAL: Adopt new practices of decision-making that shift composition, character, structure and power relations in Multnomah County decision-making through full implementation of the Equity and Empowerment Lens		
Objective	# Strategy	
Consistent, complete and competent implementation of the Implement Equity and Empowerment Lens in all County programs and services.	1 In partnership with community- based organizations, county will review and revamp governance and decision - making structures around EEL based decision- making	
Fully staffing Office Diversity and Equity to support implementation	2 Advocate to county commission for increased funding for ODE (needs development)	
Increase the representation of communities of color that represent community in all public decision making bodies by June XXXX	3 In partnership with community - based organizations, county will review and revamp metrics for increasing representation across all county programs, boards and services and strive to have the percent of participants in public decision making bodies by age, race/ethnicity, income, gender and employment characteristics reflect demographics of affected population (adapted from Racial Equity Strategy Guide)	
GOAL: Developing, resourcing and leading new racial equity strategies, programs and partnerships		
Objective	# Strategy	
Develop, align, enhance funding investments for partnerships with communities of color (Use Racial Equity Strategy Guide this summer for strategies)	4 Multnomah County Health Department, City of Portland, CCOs, Metro and other government structures will ensure funding is sufficient for staff to develop an equity plan for all strategies and programs. They will also dedicate funds toward partnerships with communities of color on strategies, programs and partnerships, prioritizing communities most affected by the work (adapted from Racial Equity Strategy Guide).	
GOAL: Foster a diverse workforce		
Objective	# Strategy	
The MCHD will increase the diversity of the workforce to better reflect community demographics, and will increase funding for culturally specific, trauma- informed training for all levels of staff and selected contractors by June XXXX (in part adapted from Racial Equity Strategy Guide)	5 Public agencies set hiring policies in HR and other relevant strategic plans that result in more diverse workforce.	
	6 Public agencies develop measures to track progress to increase hiring, retention, and contracting of underrepresented community members at all levels	
	7 Public agencies align budget for all staff and selected contractors to receive annual training on cultural competency and trauma informed care. (needs development)	
Remove barriers to work such as minimum sentencing laws, limits on hiring people who check the previously incarcerated box, and who lack documentation status.	8 Advocate at the state level to: Remove minimum sentencing laws; improve state level ban the box policies; and give undocumented community members access to driver's licenses.	

**CHALLENGES
AND LESSONS**

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MOVING FORWARD



Description of photo used: Image of 5 people around a table brainstorming and using colorful post-it notes on posters.

WHAT HAVE WE LEARNED?

This is new work: Everything from growing a sustainable relationship between a health equity alliance and a public health department, to facilitating a community-driven plan, to implementing a plan grounded in social determinants of health solutions that center communities of color. Thoughtful, collaborative reflection revealed a few challenges and lessons:

GENERAL

- ▶ Moving into implementation required an organizational infrastructure that OHEA did not have in place; staff capacity, skills development, database needs, communication and design needs are all critical components that we did not have
- ▶ Full alignment about priorities and next steps needs to be articulated
- ▶ Learning how to navigate and develop strategies for partnerships between systems can feel like an upward battle
- ▶ Without diversified funding, sustainability can feel tenuous
- ▶ Without effective and efficient reporting mechanisms, reporting can be exhausting and communication can fall on a couple of staff members
- ▶ Transferring ownership of the plan to a larger group of stakeholders and implementers has been challenging



Description of photo used: Image of 7 people listening and attending a presentation.

LEADERSHIP TEAM

- ▶ Capacity of Leadership team member organizations to advise on implementation has been more limited given a recent increase in community need due to political, social, and environmental reasons
- ▶ Staff transitions at organizations requires more onboarding to Leadership Team than previously anticipated
- ▶ Engaging CPChange leadership to advance strategies has been challenging due to capacity

BIG PICTURE VISION CHALLENGES

- ▶ What is the vision for Mult Co CHIP beyond a County contract?
- ▶ Need for communication that is easily digestible about CPChange
- ▶ Build a coordinated strategy around a topic area
- ▶ Have a focused/organized plan to implement priority areas

ENVIRONMENT IN WHICH WE DO OUR WORK

- ▶ Transitions in staff at all levels (MCHD, CBOs) and shifts in community member participation
- ▶ The plan is so expansive in its scope that it can overwhelm people. This could require more clear “next steps” for organizations on how to plug in

CHIP STRATEGIES, PRIORITY AREAS AND VEHICLES

- ▶ Without clear metrics, it has been hard to identify what “success” looks like
- ▶ Alignment work has been more time consuming and has halted progress on ensuring next steps are identified following an organizational “crosswalk”

WHAT COMES NEXT?

Through this project, we have learned so many valuable lessons and have also developed a model for community-driven health improvement. This model is rooted in strong partnerships that capacitates both community partners as well as public health institutions. As we think about growing upon this work, we hope to build upon the intensive community engagement process that created the Multnomah County CHIP. We see these community-led processes as critical and ongoing components of community health improvement.

OHEA’s work will center on a few areas:

- ▶ Engaging with community members through different convenings to report on this work and offer opportunities to join us in this work
- ▶ Organizing and expanding capacity of CBOs to engage in strategic health equity implementation and advocacy efforts
- ▶ Facilitating region wide alignment across systems and community partners that center on CPChange strategies
- ▶ Developing direct relationships with health systems and CCOs
- ▶ Continuing to move implementation of project vehicles through both pass-through funding as well as large project vehicle coordination
- ▶ Providing opportunities for community members and partners to directly inform county policies and engage in advocacy efforts around health equity
- ▶ Developing the capacity of our leadership organizations to mobilize and organize people around health equity and community health improvement.
- ▶ Advocating for equitable investment from big health systems in communities most impacted during key budget and funding allocation processes

We envision the next iterations of the Community Health Improvement Plan can build upon convenings of partners and community members to report on implementation and revisit the landscape of community health.

HOW TO GET INVOLVED

CONTACT: INFO@OREGONHEALTHEQUITY.ORG

GENERAL

Please let us know if you would like the most recent working version of the Multnomah County Community Health Improvement Plan.

COMMUNITY MEMBERS AND ADVOCACY

If you are a community member who is interested in getting more involved, consider joining our Community Action Team. Through this space, we provide additional background on the goals and strategies of the Community Health Improvement Plan and tools for how to advocate locally and regionally for the advancement of this work.

ORGANIZATIONS

If you are interested in learning more and talking about how your organization can align its work with Community Powered Change and how to get involved, please contact us to set up a crosswalk for your organization.

FUNDING

If you are interested in supporting this work through funding and resources, please contact us to talk more about aligning your funding efforts with culturally specific organizations and efforts currently implementing the plan.

LEARN MORE

Visit us at www.oregonhealthequity.org to learn more.
Follow us on Facebook (@healthequityalliance), Instagram (@communitypoweredchange), and Twitter (@orhealthequity).

COMMUNITY POWERED CHANGE