Eastern Oregon Center for Independent Living

State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. Information about participants (not including staff of grantee)[1]
    a. Total number of participants: 148
    b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity)

Race/ethnicity	Count
African American/Black	5
American Indian/Alaskan Native	16
Asian	1
Hispanic/Latino	20
Native Hawaiian/Pacific Islander	2
White/Caucasian	121
Middle Eastern/Northern African	
Other	
Don't want to answer	

American Indian/Alaskan Native	**Count**
American Indian	16
Alaskan Native	
Canadian Inuit, Metis, or First Nation	
Indigenous Mexican, Central American, or South American	

African American/Black	**Count**
African American	4

[1] Not needed if participants completed OHA developed survey.

African (Black)	1
Caribbean (Black)	
Other Black	

Native Hawaiian/Pacific Islander	**Count**
Native Hawaiian	2
Guamanian or Chamorro	
Micronesian	
Samoan	
Tongan	
Other Pacific Islander	

Hispanic/Latino	**Count**
Mexican/Mexican American	20
Chicano/a	
Puerto Rican	
Cuban	
Other Hispanic origin	

Asian	**Count**
Asian Indian	
Filipino/a	
Hmong	
Laotian	
Chinese	
Japanese	1
Korean	
South Asian	
Vietnamese	
Other Asian origin	
White	**Count**
Eastern European	
Slavic	
Western European	
Other White	

Middle eastern/Northern African	Count
Northern African	
Eastern African	

Gender	Count
Male	65
Female	79
Trans female	
Trans male	
Non-binary/Gender conforming	3
Intersex	
Two Spirit	
Other	1

Education	Count
Less than high school graduation	
High school diploma or GED	52
Some college	55
College degree or higher	42

Sexual Orientation	Count
Straight	101
Lesbian/Gay	26

Bisexual	12
Pansexual	
Queer	
Asexual	
Questioning	1
Other	

Disability	**Count (N=Yes)**
Deaf/difficulty hearing	22
Blind, difficulty seeing	30
Physical, mental, emotional conditions limit activities	69
Difficulty dressing or bathing	17
Difficulty concentrating, remembering or making decisions	63
Difficulty doing errands alone	34

County	**Count**	**County**	**Count**
Baker	2	Lake	
Benton		Lane	
Clackamas		Lincoln	
Clatsop		Linn	
Columbia		Malheur	25
Coos		Marion	12
Crook		Morrow	2
Curry		Multnomah	3
Deschutes	2	Polk	
Douglas	1	Sherman	
Gilliam	1	Tillamook	
Grant	2	Umatilla	90

Harney		Union	7
Hood River	2	Wallowa	1
Jackson		Wasco	6
Jefferson		Washington	
Josephine		Wheeler	
Klamath		Yamhill	1

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used)

   - EOCIL held a staff meeting – comprised of team members from The Dalles, Pendleton, and Oregon – before the launch date of the surveys to inform and educate its employees about the SHIP grant. Employees were instructed on the importance of soliciting community feedback, as well as how to administer these surveys to clients. Further, staff were made aware of performance-based incentives and encouraged to exceed expectations.
   - Staff engaged in seeking participation for the SHIP survey with clients and community partners for roughly 3.5 weeks. Staff provided assistance when needed and encouraged widespread participation among their communities.
   - Staff attended community meetings and events (n=3) where they solicited further participation in the SHIP survey.

3. Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.

Prioritized Issues	Summary of Feedback/Justification	Strategies, Resources or Assets
Example: Housing	Community members voiced this is their greatest need. It's very difficult to be healthy when housing is a	New tiny home project in XX county has been very successful. City council will be voting on a possible tax

	stressor. Safe, healthy housing is a foundational need.	incentive for housing developers Spring of 2019.
Example: Healthy foods	Concern about availability of healthy foods. Fresh produce is very expensive – even at the farmer's market. Concern about upcoming changes to SNAP program and some fear using WIC or other social services due to immigration status.	School district recently implemented a new farm to school program to increase use of fresh fruits and vegetables. Community is interested in opening a new farmer's market – but needs funding to subsidize cost to farmers
1. Safe & affordable housing	Safe and affordable housing is becoming a serious issue for many families in rural parts of Oregon. Housing prices are typically out of the budget of someone working in the service/labor industries.	- Need increased funding for vocational/technical training opportunities. - Community housing voucher program specifically geared for rural residents.
2. Access to mental health care	Perceived stigma of mental health issues is a concern in certain minority communities. This makes locating and accessing quality care a difficulty.	Further education and outreach is needed for minority communities. Partnerships should be formed with various community partners within the community to ensure a wide range of perspectives are represented.
3. Living wage	Well paying and long term jobs are difficult to find in rural Oregon. Typically, individuals find temporary and part-time	Further funding for STEM training and other educational opportunities are needed for rural Oregon.

	employment that leads to further financial issues.	- Additional funding is needed to encourage outside investment in the region that will attract quality jobs.
4. Substance use	Resources and services available for individuals and their families are scarce. The nearest clinics are out-of-state, which makes this option a logistical impossibility.	Funding and the subsidizing for in-state providers or specialists to expand services in rural Oregon.
5. Access to care	Resources and services available for individuals and their families are scarce. The nearest clinics are out-of-state, which makes this option a logistical impossibility.	Funding and the subsidizing for in-state providers or specialists to expand services in rural Oregon.
6. Childhood trauma	Childhood trauma and other stress related disorders have been identified as a barrier for many in our community. Support groups and affordable peer counselling opportunities are few in rural areas.	Further cooperation and coordination among community partners is needed to offer quality mental health programs. - Need further funding for an intensive socioeconomic impact study of childhood trauma.
7. Food insecurity	The availability of fresh and healthy food at an affordable rate is non-existent. Organic and healthier options are often out of the budget	Community partnership with local farms and gardens could help reduce food insecurity. - Partner with area school districts

	for working class families/individuals. Food banks and other charitable organizations are often faced with inconsistent supplies.	Further development and sponsorship of food banks by other community partners.

4. Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.

5. Successes/accomplishments of process:

   - We were able to exceed our target for surveys submitted (n=40) by over 100. Staff were enthused about the incentives offered for reaching specific milestones and the overall energy surrounding the project was optimistic.

6. Barriers/limitations of process:

- The process may be improved by centralizing some important aspects of the "roll out" phase. For instance, all grantees would launch their efforts on an agreed to date which would ideally reduce duplication or miscommunication with staff or community partners. Additionally, we would like to suggest the use of Qualtrics over Survey Monkey in the future as the former is widely used in academic departments for similar data gathering strategies with significant improvements.
- We were successful in having the survey link posted on the Oregon Association of the Deaf's Facebook page. However, the survey we used was

not accessible for people who are deaf because it was not available in American Sign Language (ASL).

Micronesian Islander Community (MIC) of APANO

State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. Information about participants (not including staff of grantee)[1]
    a. Total number of participants 69
    b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity)

Race/ethnicity	Count
African American/Black	1
American Indian/Alaskan Native	
Asian	1
Hispanic/Latino	
Native Hawaiian/Pacific Islander	65
White/Caucasian	2
Middle Eastern/Northern African	
Other	
Don't want to answer	

American Indian/Alaskan Native	Count
American Indian	
Alaskan Native	
Canadian Inuit, Metis, or First Nation	
Indigenous Mexican, Central American, or South American	

African American/Black	Count
African American	1

[1] Not needed if participants completed OHA developed survey.

African (Black)	
Caribbean (Black)	
Other Black	

Native Hawaiian/Pacific Islander	**Count**
Native Hawaiian	2
Guamanian or Chamorro	0
Micronesian	50
Samoan	3
Tongan	2
Other Pacific Islander	5

Hispanic/Latino	**Count**
Mexican/Mexican American	
Chicano/a	
Puerto Rican	
Cuban	
Other Hispanic origin	

Asian	**Count**
Asian Indian	
Filipino/a	
Hmong	
Laotian	
Chinese	1
Japanese	1
Korean	
South Asian	
Vietnamese	
Other Asian origin	
White	**Count**
Eastern European	
Slavic	
Western European	1
Other White	

Middle eastern/Northern African	Count
Northern African	
Eastern African	

Gender	Count
Male	41
Female	24
Trans female	
Trans male	
Non-binary/Gender conforming	
Intersex	
Two Spirit	
Other	

Education	Count
Less than high school graduation	5
High school diploma or GED	30
Some college	20
College degree or higher	10

Sexual Orientation	Count
Straight	42
Lesbian	

Gay	
Bisexual	
Pansexual	
Queer	1
Asexual	
Questioning	
Other	

Disability	**Count (N=Yes)**
Deaf/difficulty hearing	1
Blind, difficulty seeing	6
Physical, mental, emotional conditions limit activities	7
Difficulty dressing or bathing	0
Difficulty concentrating, remembering or making decisions	2
Difficulty doing errands alone	0

County	**Count**	**County**	**Count**
Baker		Lake	
Benton		Lane	2
Clackamas	7	Lincoln	
Clatsop		Linn	
Columbia		Malheur	
Coos		Marion	32
Crook		Morrow	
Curry		Multnomah	24
Deschutes		Polk	
Douglas		Sherman	
Gilliam		Tillamook	

Grant		Umatilla	
Harney		Union	
Hood River		Wallowa	
Jackson		Wasco	
Jefferson		Washington	
Josephine		Wheeler	
Klamath		Yamhill	

Age	Count
Under 18	
18 – 29	10
30 – 44	34
45 – 64	23
65+	

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used)
   We shared the links online (demo link and the survey link) on MIC's social media, and shared it on two community partner pages (OR COFA and CANN). We offered a random $25 gift card to someone. We have over 1,000 members on our MIC page alone.

   We had two Community Health Workers (CHWs) on staff who took surveys with them to home visits and occasional events that they staffed a table at. There was no pressure for people to complete the survey, and the CHWs read the surveys if the individuals completing the survey needed assistance. The CHWs work/live in Marion, Multnomah, Clackamas, and Washington counties.

   Near the end, after receiving requests, the surveys were translated into three languages: Marshallese, Palauan, and Chuukese. Printed copies were provided during home visits, and online links shared, though it seems no one filled out the translated online surveys.

3. Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.

Prioritized Issues	Summary of Feedback/Justification	Strategies, Resources or Assets
Example: Housing	Community members voiced this is their greatest need. It's very difficult to be healthy when housing is a stressor. Safe, healthy housing is a foundational need.	New tiny home project in XX county has been very successful. City council will be voting on a possible tax incentive for housing developers Spring of 2019.
Example: Healthy foods	Concern about availability of healthy foods. Fresh produce is very expensive – even at the farmer's market. Concern about upcoming changes to SNAP program and some fear using WIC or other social services due to immigration status.	School district recently implemented a new farm to school program to increase use of fresh fruits and vegetables. Community is interested in opening a new farmer's market – but needs funding to subsidize cost to farmers
1. Housing	There has been an increase in the number of homeless/houseless community members. Many families are moving here, and are living in homeless shelters or with other family members as a temporary solution. Housing is becoming expensive.	MIC CHWs are maxed out in support and assistance. MIC knows of several resources that generally help with first month rent/security deposit, but those are either out of money or have an extensive wait list. There is talk about wanting to have a renters right workshop, and MIC has identified an attorney at Marion Polk Legal

		Aid who is willing to offer a general workshop in the Marion County area. Other than the legal aid office, what other resources are available?
2. Violence	CHWs are noticing an increase in the total number of SA/DV within the community, with a particular increase in DV. DV is not a new issue. It is becoming more visual/vocal though.	MIC has a hired a part-time SA/DV Prevention Education advocate to lead workshops that focus on anti-oppression and anti-violence. The position is temporary and ends in September 2019. MIC partners with several Multnomah County based SA and DV programs and supports an annual Domestic Violence Awareness Month (DVAM) event and Sexual Violence Awareness Month (SVAM). It would be important to continue developing workshops centered on anti-violence, especially among youth.
3. Living Wage	For newer community members, working and earning a living wage are relatively new concepts.	MIC has access to several resources to assist in finding lost I94s (mostly unsuccessful for older community members), and has printed out I94s for those who have online I94s available to them.

		MIC has one notary able staff who notarizes documents for the community voluntarily. There was interest in having financial literacy workshops. MIC does not have resources in this area, and would like assistance in developing workshops that could be modified to reflect the community needs.
4. Food insecurity	A large number of MIC members are COFA citizens. As a COFA citizen, they are not eligible for SNAP benefits. They are eligible for WIC (when pregnant) and U.S. born children are eligible for WIC and SNAP. MIC members know about food pantries and resources.	MIC staff and board are aware of several pantries in Multnomah, Clackamas, Washington, and Marion county where community members attend. MIC is also working on organizing a small food pantry in Salem at the MIC/CANN office during working office hours. MIC is interested in identifying opportunities to have food boxes at cultural events and gatherings for the community.
5.Climate Change	MIC members are impacted back home on the islands. Several have moved to the US specifically due to the loss of land.	MIC received a technical grant to develop a leadership program centered on climate change/justice. We are working on developing the program with a yet to be hired consultant to lead the work.

6. Access to care	A large number of MIC members are COFA citizens. As a COFA citizen, they are not eligible for OHP/state Medicaid. Only pregnant COFA (CAWEM+) and children until age 19 are eligible for OHP. Recently, the state developed the COFA Premium Assistance Program (CPAP), that MIC is a partner of (and several MIC board/staff work for OR COFA Project to manage), that enrolls eligible low income COFA citizens into affordable insurance plans that the COFA program pays the premiums for.	Despite access to health insurance now, many COFA citizens do not use the medical insurance program afforded to them. On discussions with several users of the COFA program (or their family), there remains questions about how to use insurance. Health literacy is another identified issue among the community. Health literacy to the community means when to use the insurance, how to schedule an appointment with a doctor, what the insurance covers, etc.
7.		

4. Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.
   Yes, in addition to financial, health, and tenant rights, there was interest in learning more about resources in the community that the community is eligible for.

   Often times, we are contacted by agencies that want to provide services, but are not able to address members who are COFA citizens. Ideally, state services would be aware of our community make up and consider that in the organization of activities.

5. Successes/accomplishments of process:
   -Home visits was ideal, as some home visits resulted in others coming to the home to complete the surveys.
   -We were able to collect 'rich' stories and felt the best way to be personable and collect the data of people in need was through the work the CHWs completed within the community.

6. Barriers/limitations of process:
   -There was request for translated surveys near the end of the data collection process. Perhaps if we had those translated and available sooner, we would have had more online presence.
   -Online surveys were not successful.
   -We opted not to do a group survey/workshop for a workshop by itself. Reason: There are several other workshops/surveys being distributed by other groups, and we were worried about survey fatigue.

Next Door

State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. Information about participants (not including staff of grantee)[1]

a. Total number of participants 137 with 20 refusal to participate

b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity)

c.

Race/ethnicity	Count
African American/Black	1
American Indian/Alaskan Native	4
Asian	1
Hispanic/Latino	80
Native Hawaiian/Pacific Islander	1
White/Caucasian	39
Middle Eastern/Northern African	1
Other	2
Don't want to answer	7

American Indian/Alaskan Native	Count
American Indian	4
Alaskan Native	0
Canadian Inuit, Metis, or First Nation	0
Indigenous Mexican, Central American, or South American	1

African American/Black	Count
African American	1
African (Black)	0
Caribbean (Black)	1
Other Black	0

Native Hawaiian/Pacific Islander	Count
Native Hawaiian	0

[1] Not needed if participants completed OHA developed survey.

Guamanian or Chamorro	0
Micronesian	0
Samoan	0
Tongan	0
Other Pacific Islander	4

Hispanic/Latino	**Count**
Mexican/Mexican American	54
Chicano/a	2
Puerto Rican	1
Cuban	0
Other Hispanic origin	15

Asian	**Count**
Asian Indian	0
Filipino/a	1
Hmong	0
Laotian	0
Chinese	0
Japanese	0
Korean	0
South Asian	0
Vietnamese	0
Other Asian origin	0
White	**Count**
Eastern European	6
Slavic	1
Western European	12
Other White	6

Middle eastern/Northern African	**Count**
Northern African	0
Eastern African	1

Gender	**Count**
Male	46
Female	81
Non-binary/Gender conforming	0
Intersex	0

Two Spirit	0
Other	3

Education	Count
Less than high school graduation	26
High school diploma or GED	32
Some college	35
College degree or higher	32

Sexual Orientation	Count
Straight	105
Lesbian	0
Gay	1
Bisexual	6
Pansexual	1
Queer	1
Asexual	1
Questioning	0
Other	8

Disability	Count (N=Yes)
Deaf/difficulty hearing	3
Blind, difficulty seeing	4
Physical, mental, emotional conditions limit activities	15
Difficulty dressing or bathing	5
Difficulty concentrating, remembering or making decisions	10
Difficulty doing errands alone	11

County	Count	County	Count
Baker		Lake	
Benton		Lane	
Clackamas	3	Lincoln	
Clatsop		Linn	
Columbia	2	Malheur	
Coos		Marion	

Crook		Morrow	
Curry		Multnomah	
Deschutes		Polk	
Douglas		Sherman	1
Gilliam	4	Tillamook	
Grant		Umatilla	
Harney	1	Union	
Hood River	83	Wallowa	
Jackson		Wasco	33
Jefferson		Washington	
Josephine		Wheeler	
Klamath		Yamhill	

Age	Count
Under 18	4
18 – 20	34
30 – 44	43
45 – 64	36
65+	10

The Next Door Inc. Completed 137 Surveys.

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used).

Nov 2, 2018 at 6:00 pm at the Next Door Inc. conducted a community meeting in Hood River. Ship priorities where presented to 11 community members. Explanation was given the discussion was done face to face. Paper Survey.

Dec 1 2018 5:30 pm Latino Community Meeting –Presented ship information face to face meeting. Paper survey.

Dec 2, 2018 8:30 am Morning am show Radio Tierra local programming to the Gorge area live show with Radio host to inform public regarding ship priorities and the public input by collecting surveys.

Dec 7 2018 4-6pm Odell La Michoacán restaurant face to face contact. Paper surveys.

Dec 10 2018 Facebook Media Outreach on The Next Door Inc. and link to survey. On-going.

Dec 10 2018 5:00pm Family Night at Chenoweth Grade School with more than 30 families attending. Paper survey.

Dec 12 2018 12:00pm Hood River Senior Center at their senior service for meals. Paper and Electronic survey.

Dec 14 2018 6:00 pm The Dalles Mid-Columbia Children's Council Head start Parent Meeting. Paper and Electronic survey.

Dec 15 2018 12 pm The Dalles Laundry mat face to face outreach. Paper survey.

Dec 16 2018 12pm Catholic Mass Celebration St Peter's in The Dalles by attending and tabling at event paper survey was available at event for the Latino community.

Dec 17 2018 3:00 pm Community Advisory Committee Meeting attended by 22 members from the Community. Paper and Email link to Committee members.

Dec 21 2018 5:00pm Celilo Village Native Community Outreach done face to face. Paper Survey.

Jan 4 2019 5:30 pm Dia de Los Reyes Latino event at The Next Door Inc. Paper Survey.

Jan 10 2019 10:00 am Story time at Gilliam Library to do Outreach face to face and paper survey.

Jan 10 2019 La Guadalajara Market in in person Face to face outreach. Paper survey.

Jan 14 2019 Parent meeting at Maupin Grade school inform public regarding ship priorities and the public input. Paper and Electronic.

3. Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.

There were questions in the in Spanish survey that they really didn't make sense and OHA was able to make changes to make it easier to understand the questions. The guide with introduction to survey included with the questions and definitions was helpful as well to explain the meaning of each of the Ship Prioritize to the public. This was helpful when the community was unclear to answer to the issues at hand.

The surveys were conducted in English and Spanish.

The apparent top priority is:

Safe Affordable Housing in for both languages

The surveys in Ranked highest in this order for the Spanish community in this order.

Prioritized Issues in order:

1. Safe Affordable Housing
2. Violence
3. Living wage
4. Obesity
5. Suicide

The surveys in Ranked highest in this order for the English speaking community in this order.

Prioritized Issues in order:

1. Safe Affordable housing
2. Living Wage
3. Access To Mental Health
4. Adverse Child & Life Experiences
5. Food Insecurities

Prioritized Issues	Summary of Feedback/Justification	Strategies, Resources or Assets
1. Safe Affordable Housing	There is not enough affordable housing for people in the area. The housing vs what people make in this area isn't enough for people to afford housing.	*Create more affordable housing. *Education to advocate for this resource. *System change with local entities to make this a priority County and state representatives to address these issues at legislative level.
2.Living Wage	Not making enough money to be able to afford housing in this area. Higher entry level wages. More Education regardless of status to get a better paying job.	*Workforce development opportunities for people that are not higher educated. *State & Federal wage increases based on living wage for your area.
3.Access to Mental Health	Limited Access to providers. Especially for people that do not speak English. Ease of access to services.	*Increase service to Mental Health. *Spanish Speaking Service More options to choose from that are covered by OHP. *More awareness by Primary care providers to know when to refer.

		*High Need on Education on Mental Health to the Latino population.
4.Adverse Child & Life Experience	Service to all families especially in early learning regardless of income to prepare children from pregnancy to pre k for more support for families that are already struggling with safe affordable home, living wage and substance abuse.	*More programs that support service to children regardless of income. *Education of parenting classes offered to all parents regardless of income bracket. *More Social & Education programs. Preventative Education.
5. Food Insecurities	Expand income guidelines for Snap people are struggling to pay rent and go with less food.	*State increase of guidelines to snap program and wic. Increase service existing service in order to create more capacity to provide more resources.

4. Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.

The common concern we heard from our community was that there is definitely a problem with housing affordability. Many individuals are finding themselves faced with real impactful of decisions that are not mentally healthy as to which essential items are a priority such as paying for rent first before putting food on the table, to even being able to afford medical insurance. Many say it is due to being just above the poverty level. Many are working individuals that are working more than one job just to eat and have some where to live. People said that this is a trickle effect no money, no home no food, no wellbeing. Most individuals know it is a problem that is also creating problem for their mental health and wellbeing. Another concern that was not identified in this survey is the sense of safety for the Latino community. They tend not to seek service due to the political climate that we are facing. They would like to see a question around safe sense of community.

5. Successes/accomplishments of process:

Connections that were made through this process that may have otherwise not had a voice. Community Health Workers gave a sense of safety for community members to be willing to voice opinions. The Next Door conducted community outreach such as: Going to local Latino grocery stores, laundry mats, churches and library's since they already have trusted relationships in our community and are trustworthy to the target population we found this to

be the best method to get feedback. Community members stated that they were glad that the state was taking peoples voices into consideration.

6. Barriers/limitations of process:

About 20 people who were asked to complete the survey were not interested. Mostly in more of the outlying rural areas that we serve such as in Maupin and among the Native community. Also time line of December and January seemed to be not the best time to get more public input rather than spring, summer, fall, when there are more people in the area for work purposes in the farm and agriculture industry. The majority of the activities to conduct this work was face to face outreach, because many Latinos do not have access to internet. We also did outreach face to face to help them with a paper survey. There were questions on the survey that community members really didn't understand how to respond; such as the sexual orientation, some had never heard of certain wording. We were not as successful with getting Native populations at Celilo Village in Wasco to be interested in completing the survey. We decided to do the survey in a paper format for equity since so many folks had no internet and web connection or who did not feel comfortable answering a survey on line and preferred a paper questionnaire.

Northwest Portland Area Indian Health Board (NPAIHB)

State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. Information about participants (not including staff of grantee)[1,2]
    a. Total number of participants: **215**
    b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity)

Race/ethnicity	Count
African American/Black	2
American Indian/Alaskan Native	215
Asian	4
Hispanic/Latino	12
Native Hawaiian/Pacific Islander	4
White/Caucasian	44
Middle Eastern/Northern African	2
Other	4
Don't want to answer	N/A

American Indian/Alaskan Native	Count
American Indian	207
Alaskan Native	7
Canadian Inuit, Metis, or First Nation	5
Indigenous Mexican, Central American, or South American	5
Prefer to self-describe[3]	7

African American/Black[3]	Count

[1] Not needed if participants completed OHA developed survey.
[2] It is possible/probable that some NPAIHB staff members (those who are AI/AN residents of Oregon) responded to the survey, but we do not have any way of confirming or identifying these respondents. The number of NPAIHB staff eligible to take the survey was fewer than 32, about half the number of our total staff.
[3] NPAIHB did not include this question in our version of the survey.

African American	N/A
African (Black)	N/A
Caribbean (Black)	N/A
Other Black	N/A

Native Hawaiian/Pacific Islander[3]	**Count**
Native Hawaiian	N/A
Guamanian or Chamorro	N/A
Micronesian	N/A
Samoan	N/A
Tongan	N/A
Other Pacific Islander	N/A

Hispanic/Latino[3]	**Count**
Mexican/Mexican American	N/A
Chicano/a	N/A
Puerto Rican	N/A
Cuban	N/A
Other Hispanic origin	N/A

Asian[3]	**Count**
Asian Indian	N/A
Filipino/a	N/A
Hmong	N/A
Laotian	N/A
Chinese	N/A
Japanese	N/A
Korean	N/A
South Asian	N/A
Vietnamese	N/A
Other Asian origin	N/A

White[3]	Count
Eastern European	N/A
Slavic	N/A
Western European	N/A
Other White	N/A

Middle Eastern/Northern African[3]	Count
Northern African	N/A
Eastern African	N/A

Gender	Count
Male	32
Female	165
Non-binary/Gender conforming	1
Intersex[3]	N/A
Two Spirit	10
Other (Prefer to self-describe)	1
Prefer not to answer	2

Education	Count
Less than high school graduation	6
High school diploma or GED	31
Some college	69
College degree or higher	101
Prefer not to answer	6

Sexual Orientation	Count
Straight/Heterosexual	177
Gay or Lesbian	6
Bisexual	11
Pansexual [3]	N/A
Queer[3]	N/A
Asexual[3]	N/A
Questioning[3]	N/A
Other (Prefer to self-describe)	6
Prefer not to answer	13

Disability	Count (N=Yes)
Deaf/difficulty hearing	18
Blind, difficulty seeing	9
Difficulty dressing or bathing	8
Difficulty concentrating, remembering or making decisions	28
Difficulty doing errands alone	15
Other physical, mental, emotional conditions limit activities (please specify)	55

County	Count	County	Count
Baker	0	Lake	0
Benton	12	Lane	6
Clackamas	18	Lincoln	28
Clatsop	0	Linn	1
Columbia	1	Malheur	0
Coos	15	Marion	6
Crook	0	Morrow	0
Curry	2	Multnomah	56
Deschutes	2	Polk	3
Douglas	3	Sherman	0
Gilliam	0	Tillamook	2
Grant	0	Umatilla	11
Harney	5	Union	0
Hood River	0	Wallowa	0
Jackson	5	Wasco	3
Jefferson	23	Washington	11
Josephine	0	Wheeler	0
Klamath	12	Yamhill	0

Age	Count
Under 18[3]	N/A
18-29	21
30-44	77
45-64	85
65+	26
Prefer not to answer	4

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used)

NPAIHB primarily used social media and newsletters to spread information about the survey and opportunity to provide input on priorities for the upcoming SHIP. We contacted all nine Oregon tribes in October and November to let them know about the SHIP survey, but we were not able to distribute the survey and related materials until receiving a research exemption approval from the Portland Area Institutional Review Board (IRB) in mid-December. NPAIHB generally seeks IRB approval when conducting any community-based data collection in tribal communities, even when no protected health information is being collected. Once we received IRB approval on December 12, we began to distribute the survey information and Survey Monkey. We posted the survey link to NPAIHB's Facebook page and in our weekly e-mailouts, and encouraged NPAIHB staff to pass information along to their distribution lists. We then followed up with Tribal Health Directors, NPAIHB delegates and/or other staff members at each of the nine Oregon tribes and asked them to distribute information about the survey through social media, email listservs, newsletters, flyers at clinics or community centers, and any other means that they thought would be useful.

In addition to our outreach to the Oregon tribes, NPAIHB also contacted a broad range of community-based organizations serving American Indians/Alaska Natives (AI/ANs), including urban Indian health programs, AI/AN cultural, business, and veterans groups, and AI/AN student groups at colleges and universities across the state, and asked them to assist with survey outreach. Most of these organizations and groups posted on their Facebook pages and included information in their newsletters. Using social media and e-newsletters to solicit input was effective in reaching more AI/AN residents, since the survey information and link was easily sharable and could be completed at participants' convenience. Expanding our outreach beyond just the tribal communities we serve directly ensured that we reached a more representative sample of AI/AN people across the state.

As an incentive to encourage survey completion, NPAIHB offered respondents the option to be entered into a raffle to win one of two $50 VISA gift cards. Contact information for those who wished to enter was collected on a separate Survey Monkey form that respondents were able to access upon survey completion.

One tribe chose to provide NPAIHB with results from a similar survey that was already underway locally, rather than distribute information about the SHIP survey, to avoid confusing and over-surveying community members. While the tribal survey format and questions were not directly comparable to the NPAIHB version of the OHA survey, much of the information collected was relevant. This particular tribe provided us with an up-to-date report on results on January 30, by which time they had received 150 responses from community members over the age of 18. The results of that tribal-specific survey are summarized and compared to NPAIHB's SHIP survey results in section 3, below.

3. Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.

Prioritized Issues	Summary of Feedback/Justification	Strategies, Resources or Assets
1. Safe, affordable housing	Many participants expressed a need to address homelessness and housing that is affordable for the middle class. Accessible housing for elders and those with disabilities was also a concern. As for safe housing, there was concern about those with substance use disorders and meth labs in tribal housing.	Tribal housing and environmental health departments have been addressing deteriorating housing conditions. Some tribes and community-based organizations like NAYA offer elders and those with disabilities help in making their housing more accessible and safer. NAYA and most tribes also offer emergency assistance or help to find stable housing.
2. Access to mental health	Mental health was described by one response as "the root of these problems in our area." Lack of providers, long wait lists, and distance from services	Several Oregon tribes are working on integrating behavioral health into their clinical services. NARA (Native American Rehabilitation Association, with locations in

	are common barriers to accessing mental health resources. Frustration due to the barriers mentioned to above and the enormity of this issue were echoed across responses.	the greater Portland area) offers mental health services for adults and families seeking support. NPAIHB is currently working on new behavioral health projects.
3. Substance use	Substance use was frequently associated with inadequate access to mental health care. Along with the recent attention to opioids, alcohol and meth were also specifically mentioned as being significant contributors to substance use issues.	As with access to mental health care, many Oregon tribes either directly provide substance use services, such as support groups and counseling, or referral to an outside resource. NARA offers addiction treatment services for both adults and youth. NPAIHB is working on a Tribal Opioid Response (TOR) plan with a consortium of Northwest tribes.
4. Adverse childhood and life experiences	Intergenerational trauma has a lasting effect on many AI/AN communities, contributing to a higher number of ACEs and ALEs than the general population on average. Family separation through child welfare agencies was also a concern as there are many associated ACEs.	Tribes are very aware of the effects of intergenerational trauma on ACEs and ALEs. Many tribes offer parenting classes, support groups, and culturally-based programs or events for youths. The National Indian Child Welfare Association (NICWA), based in Portland, provides guidance to AI/ANs in child custody hearings in addition to working on youth engagement and mental health wellness projects.
5. Living wage	Concern about the availability of jobs that pay a living wage within their	The Native American Youth Association (NAYA) of Portland provides career skills

	area. Some participants stated that a better transportation system could help residents commute to better paying job opportunities.	development and a training program.
6. Obesity	Although not directly related in comments provided by participants, obesity as a health priority can likely be linked to the increased prevalence of diabetes for AI/ANs.	Obesity and diabetes prevention/treatment programs appear to be available through most Oregon tribes. Some of these programs include fitness challenges, group walks or exercise, and access to indigenous and traditional foods.
7. Suicide	Suicide continues to be one of the leading causes of death for AI/ANs, and has long lasting impacts on families and communities.	NPAIHB's THRIVE project addresses suicide prevention in Northwest AI/AN communities. Many tribes also offer suicide prevention programs and campaigns.

We chose to include a sixth and seventh priority in the list above due to noticeable difference in top priorities for respondents who stated that they live on or near Oregon reservations or tribal lands, as compared to those who said they do not. When looking at responses from those living on or near reservations or tribal lands, Obesity moved up to number 5 in the ranking, while Living Wage dropped to number 6 and Suicide came in close behind at number 7. We used this question as a proxy for whether respondents were more likely to be getting care and services in tribal communities rather than using care and services available to the general population on non-tribal lands. Therefore, this slight change in priorities could indicate different needs or resources available to these different groups. However, please note that we did not provide respondents with a definition of "on or near a reservation or tribal lands."

As described above in section 2, NPAIHB was also granted access to the results of a tribal-specific community health survey that was conducted in late 2018 and early 2019 by one Oregon tribe. Overall, respondents to that tribal survey were reflective of the age distribution of their community, but not in terms of gender, as 73% of the respondents identified as female and 26% identified as male. While this gender breakdown is not representative of that particular tribal community, the distribution does align relatively well with NPAIHB's survey respondents, of whom 77% identified as female, 16% identified as male, and 5% identified as either two-spirit or non-binary/non-conforming.

In terms of this tribal community's health, over half of the respondents (55%) rated the community as being "somewhat healthy." Only 12% considered the community to be "healthy" or "very healthy," while another 33% thought the community was "unhealthy" or "very unhealthy." Among those who considered the community "unhealthy" and "very unhealthy," most stated this was due to alcohol and drug use within the community and the prevalence of chronic diseases like obesity and diabetes.

This tribe also asked about risky behaviors that stood out in the community. Some of the top behaviors reported were: alcohol abuse (79%); drug abuse (77%); prescription drug misuse and abuse (26%); being overweight (25%); and poor eating habits (25%).

Respondents were also asked what was needed for a healthy community. Respondents reported the following top factors were needed: low crime/safe neighborhoods (37%), good place to raise children (36%), strong family life (33%), good jobs and a healthy economy (32%); efforts to preserve and restore culture (29%), access to health care (27%), opportunities for healthy behaviors and lifestyles (27%), and affordable housing (25%).

Some of these themes were also seen throughout the comments provided by respondents to NPAIHB's SHIP survey. Along with a living wage as one of the top seven priorities, many respondents to the SHIP survey expressed in their comments that good jobs with decent pay were not available in their area. NPAIHB also saw that restoring culture was a theme prevalent among suggested strategies for addressing health priorities, including food sovereignty programs to

address food insecurity, and trauma informed care to address mental health and substance use issues that are influenced by historical trauma.

4. Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.

One of the biggest themes in the feedback received through the NPAIHB SHIP survey's open-ended questions was that programs to address these health priorities exist, but they tend to be underfunded and/or difficult to access due to limited capacity. Of the 131 participants that provided written feedback on strategies that could help address the issues selected, 42 of them identified underfunded services and resources as an issue. Within this theme, some respondents expressed that in addition to underfunding, navigating different health systems was a barrier to accessing services and resources, or resulted in inadequate resources and services. This was especially true for access to mental health services.

Returning to traditional cultural practices and having culturally appropriate services and resources available was another prominent theme across all health issues and priorities. Some suggestions under this theme include trainings addressing historical trauma to promote cultural humility, especially in health care settings, to help address systemic bias encountered in these settings. A strong connection to cultural practices has been associated with protective factors against negative health outcomes and suicide. Access to indigenous foods can help reduce chronic health conditions such as obesity and plays a part in addressing food insecurity.

The need to address historical trauma is also related to adverse childhood and life experiences (ACEs/ALEs). This includes, but is not limited to, forced relocation, boarding schools, and termination of self-governance under the Indian Termination Policy. Incorporating culturally responsive trauma informed care into healthcare and prevention services is a strategy that many tribes have employed or are in the process of integrating. However, many AI/AN residents of Oregon live in urban and suburban areas where they may need to rely on non-tribal services that may not be culturally responsive. Therefore, moving towards trauma

informed care for Oregon as a whole would be beneficial in addressing ACEs/ALEs for the AI/AN population as well as the general population.

Caregiving services and support for elders was another frequently mentioned topic. Many tribes provide elder-specific programs to address some of the challenges associated with aging, such as increased risk of falls. However, the lack of safe and accessible housing may pose a problem for elders wishing to remain in their own homes.

When filtering the results to look at priorities for people who identified as LGBTQ+, Two Spirit, or non-binary/non-conforming, rankings within the top priorities shifted. The priority list for LGBTQ+ and Two Spirit or non-binary/non-conforming respondents was as follows:

1. ACE/ALEs
2. Safe, affordable housing
3. Access to mental health care
4. Systemic bias across public/private entities
5. Climate change
6. Substance use
7. Suicide

These shifted priorities could potentially indicate higher levels of discrimination or stressors, as indicated by a higher ranking of ACE/ALEs and systemic bias across public/private entities.

A significant percentage of respondents (35%) self-reported at least some level of physical, mental, and/or emotional health conditions that seriously impact or limit their daily activities. Common “Other conditions” reported by respondents included depression and anxiety, PTSD, arthritis, and chronic pain.

8. Successes/accomplishments of process:

Through outreach to tribes, tribal and community-based organizations, and student groups, we exceeded our goal of collecting at least 200 survey responses. We received at least two responses per tribe from enrolled members of eight of the nine Oregon tribes. Six tribes had between 2 and 15 respondents, and the

remaining tribes had 28 and 40 respondents, respectively. 95% of participants identified themselves as enrolled members of a federally-recognized tribe, and 60% said they were enrolled in an Oregon tribe. Since the additional questions about tribal enrollment that were added by NPAIHB were optional, the true number of tribal members represented in the survey may be higher than reported.

Many of the staff and community members that NPAIHB reached out to regarding the SHIP were receptive to both providing input and sharing information to others. Since we reached out to a diverse set of organizations that were receptive to the efforts, there was a good mix of responses from participants of different counties and age groups.

In addition to this report provided to OHA, NPAIHB plans to provide a summary report to all of our tribal and AI/AN organizational partners who assisted with survey outreach, as well as tribal-specific reports to tribes that had at least 5 responses from their tribal members.

9. Barriers/limitations of process:

Due to the condensed time frame and the time of year, we were unable to organize focus groups as planned. Most of the Oregon tribes have a small number of tribal members and would have required more time to solicit adequate participation in focus groups in order to have a good turnout.

The age distribution of participants were not representative of the estimated AI/AN population in Oregon based off of the Census Bureau's 5-year estimate for 2011-2015. 10.6% of respondents were 18-29 compared to the estimated 18.9%; 34.9% were 30-44 compared to 19.6%; 19.2% for 45-54 compared to 12.8%; 21.2% for 55-64 compared to 12.1%; and 12.1% for 65+ compared to 9.0%.

The educational profile of survey respondents was also not representative of the overall Oregon AI/AN population. According to data from the 2011-2015 American Community Survey for AI/AN Oregon residents aged 25 or older, 15% had less than a high school diploma, 27% had a high school diploma or equivalent, 32% had some college, and 25% had at least a college degree (associate, bachelor, or graduate degree or higher). Respondents to the NPAIHB SHIP survey included

only 3% reporting less than a high school diploma, 15% with a high school diploma or GED, 32% with some college, and 47% with a college degree or higher.

Another limitation was reaching out to and receiving feedback from people who identify as male, non-binary or gender non-conforming, Two Spirit, and LGBTQ+. Over 78% of participants identified their gender as female, while 6% identified as Two Spirit or non-binary/non-conforming. 83% of respondents identified as straight/heterosexual, while a total 11% said they were bisexual, gay or lesbian, or preferred to self-describe their sexual orientation. Also note that we did not ask specifically about transgender status in our version of the survey, but we did allow people to self-describe their gender identity if they wished ("Prefer to self-describe"). Because our pool of respondents were largely female, the top health priorities identified may not be truly representative of the priorities of the overall AI/AN community.

Q Center

2020-2024 State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. **Information about participants (not including staff of grantee)[1]**
    a. Total number of participants: 172 online, 47 in person – 219 total.
    b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity) – listening sessions only.

County	Count	County	Count
Baker		Lake	
Benton		Lane	
Clackamas	6	Lincoln	
Clatsop		Linn	
Columbia		Malheur	
Coos		Marion	
Crook		Morrow	
Curry		Multnomah	37
Deschutes		Polk	
Douglas		Sherman	
Gilliam		Tillamook	
Grant		Umatilla	
Harney		Union	
Hood River		Wallowa	
Jackson		Wasco	
Jefferson		Washington	1
Josephine		Wheeler	
Klamath		Yamhill	

Education	Count
Less than high school graduation	
High school diploma or GED	6
Some college	7
College degree or higher	30

[1] Not needed if participants completed OHA developed survey.

Gender	Count
Male	10
Female	18
Non-binary/Gender non-conforming	14
Intersex	
Two Spirit	
Other (Genderqueer, FTM, Transmasc)	6

Gender Expression	Count
Cis	15
Trans	12
Questioning	1
Don’t want to Answer	4

Sexual Orientation	Count
Straight	2
Lesbian	12
Gay	4
Bisexual	8
Pansexual	5
Queer	15
Asexual	1
Questioning	
Other	1 (demisexual)

Age	Count
Under 18	
18 – 29	16
30 – 44	8
45 – 64	4
65+	15

Disability	Count (N=Yes)
Deaf/difficulty hearing	2
Blind, difficulty seeing	2

Physical, mental, emotional conditions limit activities	22
Difficulty dressing or bathing	6
Difficulty concentrating, remembering or making decisions	13
Difficulty doing errands alone	8

Race/ethnicity	Count
African American/Black	6
American Indian/Alaskan Native	2
Asian	2
Hispanic/Latino	5
Native Hawaiian/Pacific Islander	
White/Caucasian	31
Middle Eastern/Northern African	1
Other	1
Don't want to answer	

American Indian/Alaskan Native	Count
American Indian	2
Alaskan Native	
Canadian Inuit, Metis, or First Nation	
Indigenous Mexican, Central American, or South American	3

African American/Black	Count
African American	6
African (Black)	1
Caribbean (Black)	1
Other Black	

Native Hawaiian/Pacific Islander	Count
Native Hawaiian	
Guamanian or Chamorro	
Micronesian	1
Samoan	
Tongan	
Other Pacific Islander	
Hispanic/Latino	**Count**
Mexican/Mexican American	3

Chicano/a	
Puerto Rican	
Cuban	
Other Hispanic origin	3

Asian	**Count**
Asian Indian	
Filipino/a	2
Hmong	
Laotian	
Chinese	1
Japanese	1
Korean	
South Asian	
Vietnamese	
Other Asian origin	

White	**Count**
Eastern European	2
Slavic	1
Western European	26
Other White (Jewish, Italian)	5

Middle eastern/Northern African	**Count**
Northern African	
Eastern African	
Middle Eastern	1

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used)

The main process we used to share the survey was utilizing our Facebook page. The Q Center Facebook has 30,000 likes and receives consistent engagement on its posts. We posted the survey link in multiple formats, as part of graphics created specifically for PartnerSHIP and also as written text in order to be accessible for those who use screen readers. We shared the graphics and link in other Facebook groups specifically for the LGBTQ2SIA+ population, including PDX QTPOC, NW Chronically Ill & Disabled Folks for Disability Justice, and Queer Exchange PDX, amongst others. Community organizations like the Equi Institute and QTPOC

Mental Health, also shared the link on their specific Facebook pages. One of our shared posts for PartnerSHIP received 644 engagements (people clicking the link) and 5,593 people reached.

Each of the focus groups/feedback listening sessions for more detailed information on the community's strategic priorities was conducted at Q Center, using a combination of paper surveys and online surveys available on our facility computers or Fire tablets. We provided a printed version of the strategic issues so that participants would be able read them during the session.

We conducted two focus groups for our elderly LGBTQ2SIA+ population at Q Center, one on 1/21 and another on 1/23. The group on the 21st had good attendance and participation while the group on the 23rd was lightly attended and most had already participated and/or filled out the survey already. Only one survey was collected from this session but previous participants had something to add so it was still a productive session.

We conducted one focus group for our QTBIPOC (Queer, Trans, Black, Indigenous and People of Color) population at our QTBIPOC Leadership Collaborative event on 1/19. We passed out strategic issues for participants to read, and lead a discussion based on the survey questions, slightly reworded. After an eventful discussion most participants filled out paper surveys.

One of our listening sessions specifically for our transgender population was conducted at the Trans-Fem group meeting on 1/15. The other listening session focusing on the trans population was at the FTM Group on 1/20 after their regular group meeting.

3. **Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.**

Prioritized Issues	**Summary of Feedback/Justification**	**Strategies, Resources or Assets**
Access to care	-It is difficult to know what services are available, and even for the services that are readily available, it's difficult to know the	-More culturally specific care -A hotline to connect elders to people that can help with things like transportation, physical assistance for moving or downsizing etc.

	eligibility, requirements, and other information needed to access the services. -Without a family/network there's isolation, lack of transportation, no caretaking -There are not enough practitioners of color, or enough culturally specific care - Free service providers often employ students who leave right when school is done; severing the relationship with the client and making them have to start all over. -Disability benefits are hard to get and difficult to maintain -Gatekeeping access to care: needing to get a letter from multiple therapists but many don't have a PCP or they can't find trans-informed practitioners -Lack of providers that are trauma informed, or offers EMDR.	-More programs like SAGE, but on the eastside of Portland, closer to lower income areas of Portland. -More funding and staffing for SAGE. -More collaboration between Washington and Multnomah County -Clinics made entirely of "relevant" practitioners (trauma informed, culturally competent) - Alternative medicine (massage, acupuncture, reiki) - Accessibility: public transportation passes, free tele-therapy - Prioritize long-term relationship building with therapists, rather than only offering short-term free counseling. - Wider range of languages that can be translated -Dedicated support to apply for disability -Explaining but switching from disability to retirement means, how that changes services (one participant was afraid when they received a cut off letter for their disability because they did not realize that they were automatically enrolled in retirement services once they hit a certain age).
Safe, affordable housing	-Lack of available housing, or housing is isolated from general population -Available housing for elders with integrated services is expensive or hard to access	-Rent control being legal in Oregon, and specifically in Portland. -More housing resources and placing housing within community -Offering integrated services in housing facilities -Creating opportunities for intergenerational interaction (like a daycare or youth mentorship program in an elder

		housing complex) -More low-income housing -Make housing accessing to food, jobs, public transportation -Community members are pushed out of the Portland metro area in order to find affordable housing. -Housing for those who are awaiting SSI/SSDI income; trans-inclusive and trans-specific housing shelters and transitional housing. -Capping rent and lowering the credit threshold for applying to apartment complexes.
Access to mental health care	-Lack of resources, community -Due to lack of access people have to use expense emergency services while in crisis -Not enough POC centered or decolonized resources for neurodivergent people. -Mental health resources are often terrifying and isolating. In gendered facilities trans people are often segregated from the general population. Trans people often experience contact microaggressions, and dealing with misinformed and cissexist people compounds mental health issues. -Gender Dysphoria can cause mental health issues -Isolation increases mental health issues	- More funding for mental health resources, also more support groups for elders -Programs to address isolation -Art and music therapy -More preventative care such as free mental health checkups -More tools for self-care -Having the “right” people in the room (related to next point) -A central resource database for trauma informed, culturally competent care (that’s also Google searchable) -QTBIPOC specific group therapy\Support groups -more QTBIPOC counselors (psychologists, psychiatrists, but also peer counselors and social workers) -More preventative care and funding for mental health centers -Education for general public on how to handle mental health crisis instead of calling the police -Non-police alternatives (like Project Response) -Leveraging grants and funding for LGBTQ2SIA+ folks’ therapy.
Systematic Bias Across	-Without a family to	-More advocates to help people access care

Public/Private Entities	advocate for you, you often are unable to access services - Practitioners listed as "trauma informed" or "culturally competent" are actually not at all. --The people running facilities are not trans-informed and are often quite transphobic. In some cases, trans community members are outright rejected from services for being trans.	-Anonymous community feedback regarding practitioners that can be made public -Stricter requirements/licensing to be listed as "trauma informed" or "culturally competent" - Requiring trans-informed training for all providers receiving state funds
Adverse Life Experiences, Trauma, Toxic Stress	-Without social outlets Elders have a hard time staying connected to community or recovering from the toxic stress involved in aging which often results in deteriorating physically and mentally -Often don't have access to services while in crisis except for police-related & in the emergency room. -Resources for non-binary and trans people with adverse life experiences (like houselessness, drug treatment, mental health) are typically gendered and/or not trans-informed. Women's resources often cause dysphoria because of staff treatment, men's resources often come with bullying or violence (such as threat of corrective rape)	-Programs that create more access to social activities like art shows, music events, etc. -Offer free short term therapy to queer survivors of violence - Less police intervention, more trained service providers who can intervene when someone is in crisis -Staff needs education so trans people using the services are treated with basic dignity and respect (including teaching staff not to misgender trans patients) -Education for parents and educators on cissexism to prevent trans antagonism. -Distribute helpful information for both the general public and trans individuals looking to know more.

	-Cissexism and trans antagonism from both family and providers causes toxic stress. -There's much misinformation out there for trans people looking to find identity-affirming resources.	
Living wage	-Community members cannot afford housing on minimum wage, even with multiple members of household working.	-Universal basic income -Mandatory $20 minimum wage

4. **Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.**

Yes. The online survey provided a great deal of feedback regarding bias/civil rights, as community members wanted specific services to address harm against people of color to be included. There was also concern about violence caused by officers who are not necessarily with Portland Police Bureau, such as Tri-Met officers and campus police.

Isolation was a topic that came up many times in relation to different strategic issues for the senior population, during our listening sessions. It seems like it could be a strategic issue on its own. Our QTBIPOC collaborative also wanted to address access to legal services, immigration/DACA support, transportation, mentorship (intergenerational connections), and a need for more cross cultural solidarity building. Our transgender population specific listening sessions additionally identified resources for trans elders (echoing our senior listening session), disability being listed as one of the strategic issues, police training for mental health, and safer sex.

5. **Successes/accomplishments of process:**

We received 172 respondents for the online survey, and 47 participants in our in-person listening sessions. Our goal was to receive 200 respondents for the online survey and 50 participants for our in-person listening sessions, and we are very excited about the respondents and participants we received.

Community members voiced that they were glad to be heard by Oregon Health Authority and enjoyed how detailed the demographic information was on the survey. In our listening sessions, participants were happy to participate in the senior discussion. Our group facilitator felt welcomed in the space. Much of the focus group centered on opportunities for intergenerational interaction so it seems that our older LGBTQ2SIA+ folks at Q Center enjoy being around younger individuals, especially when they feel heard and understood.

The QTBIPOC discussion was lively and it appeared that people felt comfortable sharing their personal opinions openly and honestly. There was collective sentiment that all of the strategic issues are extremely important and intersect in various ways, so it can be difficult to pick just a top 5.

The transgender group discussion during the Trans-Fem meeting was slow at first, but people became more relaxed and willing to share as time went on. By the end, participants expressed that they were excited to be able to present their concerns to OHA. The FTM Group session was productive and people seemed very glad to be able to express their viewpoints. The session occurred after their usual group meeting so it did not feel like an intrusion.

6. **Barriers/limitations of process:**

The main barrier/limitation of the process seems to be community distrust over whether or not providing feedback or participating in the listening sessions would amount to actual change. On one of our Facebook posts sharing the survey, a community member voiced their distaste at needing to limit their choices for strategic priorities when all of the issues are causing extreme harm to the LGBTQ2SIA+ community. While understanding that it is important to share our experiences and perspectives, there is a strong desire to have a tangible understanding of what material changes will occur as a result of sharing our experiences.

Feedback from the online survey itself provided more clarity about barriers and limitations to the process as well. Multiple respondents voiced concerns over lack of knowledge about resources that are already available to community members, and desiring more comprehensive education/marketing for resources that do exist. There were also concerns about the language used to explain the strategic issues; mainly that they were considered “wordy” and were not explained in basic terms. This may have led to fewer respondents on the online survey.

More specifically in regards to our listening sessions, the demographics of the listening session for our senior population could be more diverse. All participants were college grads. All but one was white. All but two identified as cis. It seems like the people who would have the least access to resources would be queer, trans, non-educated elders of color but their voices were not prominent in this conversation.

Our QTBIPOC listening session went on a little too long, and tried to fit too many topics into one session. It may have been better to have scheduled the listening session separately than a collective event.

The listening session for the transgender population at the Trans-Fem group occurred during their meeting, which made the intern who facilitated that session (who is not trans) feel as though they were intruding and inconveniencing the group members. The conversation eventually got going, but there was some hesitancy to share with the intern. In the future it might be worthwhile to do something like offer food (like with the QTBIPOC gathering) so it feels less invasive for group members, especially during their usual meeting.

The FTM Group session was a little bit too short, according to our session facilitator; usually FTM Group has a social meeting after their regular group meeting, so the facilitator stated they may have accidentally rushed it so that group members wouldn't get out too late.

Overall, the listening session process was successful, but may have benefitted from multiple sessions for each specific demographic, and to be set outside of traditional meeting hours. The survey may have benefitted from simplified language to explain the strategic issues.

Self Enhancement, Inc.

State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. Information about participants (not including staff of grantee)[1]
    a. Total number of participants 54
    b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity)

Race/ethnicity	Count
African American/Black	38
American Indian/Alaskan Native	1
Asian	3
Hispanic/Latino	10
Native Hawaiian/Pacific Islander	2
White/Caucasian	9
Middle Eastern/Northern African	
Other	1
Don't want to answer	

American Indian/Alaskan Native	Count
American Indian	2
Alaskan Native	
Canadian Inuit, Metis, or First Nation	
Indigenous Mexican, Central American, or South American	3

African American/Black	Count
African American	37
African (Black)	1
Caribbean (Black)	
Other Black	

[1] Not needed if participants completed OHA developed survey.

Native Hawaiian/Pacific Islander	Count
Native Hawaiian	
Guamanian or Chamorro	
Micronesian	
Samoan	
Tongan	
Other Pacific Islander	2

Hispanic/Latino	Count
Mexican/Mexican American	8
Chicano/a	
Puerto Rican	
Cuban	
Other Hispanic origin	2

Asian	Count
Asian Indian	
Filipino/a	1
Hmong	
Laotian	
Chinese	1
Japanese	
Korean	
South Asian	
Vietnamese	
Other Asian origin	
White	**Count**
Eastern European	1
Slavic	
Western European	5
Other White	2

Middle eastern/Northern African	Count
Northern African	

Eastern African	

Gender	Count
Male	6
Female	47
Non-binary/Gender conforming	1
Intersex	
Two Spirit	
Other	

Education	Count
Less than high school graduation	5
High school diploma or GED	8
Some college	19
College degree or higher	22

Sexual Orientation	Count
Straight	48
Lesbian	1
Gay	
Bisexual	1
Pansexual	2
Queer	
Asexual	
Questioning	
Other	2

Disability	Count (N=Yes)
Deaf/difficulty hearing	
Blind, difficulty seeing	
Physical, mental, emotional conditions limit activities	7

Difficulty dressing or bathing	
Difficulty concentrating, remembering or making decisions	5
Difficulty doing errands alone	1

County	**Count**	**County**	**Count**
Baker		Lake	
Benton		Lane	
Clackamas	1	Lincoln	
Clatsop		Linn	
Columbia		Malheur	
Coos		Marion	
Crook		Morrow	
Curry		Multnomah	51
Deschutes		Polk	
Douglas		Sherman	
Gilliam		Tillamook	
Grant		Umatilla	
Harney		Union	
Hood River		Wallowa	
Jackson		Wasco	
Jefferson		Washington	2
Josephine		Wheeler	
Klamath		Yamhill	

Age	**Count**
Under 18	
18 – 29	15
30 – 44	27
45 – 64	11
65+	1

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used)

   December 17, 2018 | Via e-mail

   E-mails with the survey were sent to families/clients who were receiving holiday assistance through SEI.

   January 28, 2019 | 6-8PM | Center for Self Enhancement

   SEI Parent Coordinators hosted a Parent Social event, where parents from SEI's in-schools programs gathered to kick off the new year. During this time the OHA survey was distributed and survey participants were briefed on the purpose for the surveys. A small discussion was held after to discuss further the issue that parents brought up, to get more clarity and detail as to what they meant by their responses.

3. Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.

Prioritized Issues	Summary of Feedback/Justification	Strategies, Resources or Assets
Example: Housing	*Community members voiced this is their greatest need. It's very difficult to be healthy when housing is a stressor. Safe, healthy housing is a foundational need.*	*New tiny home project in XX county has been very successful. City council will be voting on a possible tax incentive for housing developers Spring of 2019.*
Example: Healthy foods	*Concern about availability of healthy foods. Fresh produce is very expensive – even at the farmer's market. Concern about upcoming changes to SNAP program and some fear using WIC or other social services due to immigration status.*	*School district recently implemented a new farm to school program to increase use of fresh fruits and vegetables. Community is interested in opening a new farmer's market – but needs funding to subsidize cost to farmers*
1. Safe, affordable housing	76% of the group voiced the lack of safe, affordable housing. A lot of parents feel that the community is being pushed to areas in the outer East due to gentrification. And even there, not only are prices are starting to increase, but there is a huge issue in ensuring the safety of their kids, especially when some of their kids are commuting from the Portland Metro to East Portland.	More housing programs that help families; create safer infrastructures and systems in outer areas so commuting isn't as dangerous; more and not-so-restricted funding for rental assistance programs; housing programs for those getting out of prison

2. Living wage	69% of those surveyed felt that the living wage in general is also a barrier for an individual to attain a healthy lifestyle. Without a proper wage, parents can't provide the proper housing and/or food for their children and families.	More programs specifically for single parents; "There needs to be policy changes made, enough with paying for study after study to try to disprove the disproportionality among people of color and time to put feet to pavement and make a difference."
3. Violence	57% of those surveyed saw violence as a priority issue. There has been a lot of gang activity in the community lately and participants felt that more prevention programs are needed. "Police have to stop shooting people just because they can and getting away with it. The code of blue "silence" needs to be stopped, they will never earn back the respect they expect until they clean house."	More help to victims of domestic violence
4. Adverse childhood experiences…	48% of those surveyed felt that adverse experiences play a huge role in the trickle down of the other issues listed. Resources and services provided to communities of color should come from a trauma-informed perspective.	More trauma-informed care and mental health training for staff in schools
5. Substance use	43% of those surveyed listed substance abuse as a rising priority.	More prevention programs; more rehabilitation programs without the stigma
6. Access to mental health care	37% of those surveyed felt that access to mental health care is limited or otherwise incredibly unaffordable. The other barrier mentioned is that this is a very stigmatized issue in communities of color so asking for access to resources is a challenge.	More funds for culturally specific mental health services as well as equipping people from those organizations with better informed trainings
7.		

4. Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.
   - Homophobia
   - Gang activity
   - Access to culturally-specific resources
   - Access to higher education

- Bullying

5. Successes/accomplishments of process:
   - Gave the community a voice to show them their input truly matters
   - Helped community members take a pause and truly reflect on what are the barriers that they experience daily that affect public health. They realized how intertwined everything is and that a lot of physical barriers trickle down to their mental health, which then again creates less productive citizens.
   - Being able to see what types of resources/organizations our clients see as truly helpful

6. Barriers/limitations of process:
   - The survey itself seemed to have more questions about the person's demographic as opposed to about the health priorities.
   - People wanted to have more dialogue about their issue/concerns, but it would've been helpful to have someone from the state to answer concrete questions about the outcomes of the report.

Unite Oregon

State Health Improvement Plan

Feedback Solicitation Report (Due January 31, 2019)

1. Information about participants (not including staff of grantee)[1]
    a. Total number of participants 164
    b. Demographics of participants in aggregate (by race/ethnicity, gender, education, disability, sexual orientation status, and/or other disparity related social identity)

Race/ethnicity	Count
African American/Black	5
American Indian/Alaskan Native	5
Asian	5
Hispanic/Latino	38
Native Hawaiian/Pacific Islander	3
White/Caucasian	127
Middle Eastern/Northern African	0
Other	6
Don't want to answer	0

American Indian/Alaskan Native	Count
American Indian	2
Alaskan Native	0
Canadian Inuit, Metis, or First Nation	0
Indigenous Mexican, Central American, or South American	4

African American/Black	Count
African American	4

[1] Not needed if participants completed OHA developed survey.

African (Black)	0
Caribbean (Black)	0
Other Black	1

Native Hawaiian/Pacific Islander	**Count**
Native Hawaiian	2
Guamanian or Chamorro	0
Micronesian	1
Samoan	1
Tongan	0
Other Pacific Islander	1

Hispanic/Latino	**Count**
Mexican/Mexican American	31
Chicano/a	5
Puerto Rican	0
Cuban	0
Other Hispanic origin	10

Asian	**Count**
Asian Indian	0
Filipino/a	0
Hmong	0
Laotian	0
Chinese	1
Japanese	3
Korean	1
South Asian	0
Vietnamese	0
Other Asian origin	0
White	**Count**
Eastern European	11
Slavic	6
Western European	64
Other White	39

Middle eastern/Northern African	Count
Northern African	0
Eastern African	0

Gender	Count
Male	48
Female	92
Trans female	1
Trans male	6
Non-binary/Gender conforming	16
Intersex	1
Two Spirit	0
Other	0

Education	Count
Less than high school graduation	12
High school diploma or GED	24
Some college	55
College degree or higher	71

Sexual Orientation	Count
Straight	79
Lesbian	11

Gay	10
Bisexual	20
Pansexual	18
Queer	14
Asexual	5
Questioning	6
Other	1

Disability	**Count (N=Yes)**
Deaf/difficulty hearing	10
Blind, difficulty seeing	4
Physical, mental, emotional conditions limit activities	41
Difficulty dressing or bathing	2
Difficulty concentrating, remembering or making decisions	27
Difficulty doing errands alone	16

County	**Count**	**County**	**Count**
Baker		Lake	
Benton		Lane	
Clackamas		Lincoln	
Clatsop		Linn	
Columbia		Malheur	
Coos		Marion	
Crook		Morrow	
Curry		Multnomah	
Deschutes		Polk	
Douglas		Sherman	
Gilliam		Tillamook	

Grant		Umatilla	
Harney		Union	
Hood River		Wallowa	
Jackson	134	Wasco	
Jefferson		Washington	
Josephine	30	Wheeler	
Klamath		Yamhill	

2. Summary of process to solicit feedback (date(s) & time(s)/location(s)/method(s) used)

12-10-18 LGBTQIA event during open enrollment at Health and Human Services in Medford.

5 surveys were completed on site at this event and a link was sent to all attendees.

12-12-18 Surveys taken to an LGBTQIA (Open Doors, Closed Closets) youth group at the Medford Drop, Youth Era office.

4 surveys completed

12-18-18 Surveys taken to the Jackson County LGBTQ Caucus in Medford.

4 surveys completed, survey links sent to whole of membership.

12-19-18 Surveys picked up from Open Doors, Closed Closets at the Medford Youth Era Drop.

2 surveys completed.

1-2-19 Surveys and incentives taken to Unite Oregon citizenship classes.

5 surveys collected and surveys sent out to lists for digital collection.

1-9-19 Surveys and snacks/incentives for Unite Oregon Hate Crime Listening session with Attorney General Rosenblum for marginalized

groups, with an emphasis on Latinx folks and communities of color, LGBTQIA + individuals, and the Jewish communities here.

15 surveys collected and digital survey sent to all attendees.

1-18-19 Surveys to coalition partner groups (Latinx and LGBTQIA focused) at Congressman Greg Walden Town halls in Grants Pass and Medford, with invites to partners to prioritize the final choices.

21 surveys collected at the events and sent to their networks.

1-19-19 Surveys collected at Women's March with our LGBTQIA youth partners.

18 surveys collected.

The rest were collected through digital solicitation and outreach.

1-26-19 Prioritization of the feedback with our health care coalition partners, focused on groups that advocate for and are made up of the LGBTQIA and Latinx communities.

3. Top prioritized issues (approximately 5 – 7 depending on discussion) based on feedback with summary of justification and any identified strategies, resources or assets that could be leveraged.

Prioritized Issues	Summary of Feedback/Justification	Strategies, Resources or Assets
Example: Housing	Community members voiced this is their greatest need. It's very difficult to be healthy when housing is a stressor. Safe, healthy housing is a foundational need.	New tiny home project in XX county has been very successful. City council will be voting on a possible tax incentive for housing developers Spring of 2019.
Example: Healthy foods	Concern about availability of healthy foods. Fresh produce is very expensive – even at the farmer's market. Concern about	School district recently implemented a new farm to school program to increase use of fresh fruits and vegetables. Community is

	upcoming changes to SNAP program and some fear using WIC or other social services due to immigration status.	interested in opening a new farmer's market – but needs funding to subsidize cost to farmers
1. Safe, affordable housing	The housing crisis in Southern Oregon impacts people across ethnic, economic, and generational lines. It impacts most people, regardless of socioeconomic status. The threat of rent increases, evictions, and poor living conditions are common fears.	Rent control and other tenant protections were common suggestions. As were more flexible spending through Medicaid and CHIP for rental assistance. This also brought out the need for shelters in every city for unhoused people in our communities.
2. Living wage	Most people indicated that an increase in wages or access to activities like trade schools and mentorship programs that could help people achieve living wage jobs.	Many suggestions of a $15 minimum wage. Programs that build resumes, trade schools, etc. without the burden of student loan debt.
3. Access to Mental Health care	Both Jackson and Josephine Counties have poor access to mental health care and few options. Many people indicated long wait times and few providers.	Access to tele-medicine and online access to mental health care providers would help our rural areas and decrease wait times and improve affordability.
4. Adverse childhood experiences, adverse life	The Rogue Valley has benefitted from the implementation of both ACEs and the PAX good	More funding for these programs and implementation in every classroom.

experiences, trauma & toxic stress	behavior game in classrooms.	
5. Climate change	Many calls to stop the Jordan Cove LNG pipeline. Calls for action on Climate Change on a state level.	Stop the LNG pipeline. Funding for renewables and tax breaks for both renters and owners around rentable energy. Shelters during periods of poor air quality due to smoke.
6. Access to care	Few choices in rural areas. Confusion about benefits for people who have insurance or OHP. Too costly (or fear of cost of care).	More affordable and flexible non-emergency medical transport, longer hours for working people, more providers and more incentives for providers in rural areas.
7. Systemic bias across public and private entities	Police bias and bias of health care providers. Unequal access for marginalized groups.	More trainings for public employee. Hate crime legislation. More language access (Spanish, ASL, etc.)

4. Were there any other issues identified by your community that they would like to see included in the SHIP? If yes, please explain.
   Action on the uptick in hate crime like events in our area and dealing with the community fear, especially in the Latinx and LGBTQIA + communities.

   Diabetes

   Warming, Cooling, general support shelters in every city.

5. Successes/accomplishments of process:

Reaching out to communities that are usually left out of the conversation, especially for the Latinx community by trusted partners and Unite Oregon was great! Most people were excited to participate.
Both the LGBTQIA and the Latinx populations in Southern Oregon are worried about increased attacks on their rights and their very existence. Every time we give them an actionable way to fight back and increase the quality of their lives, it increases feelings of self-sufficiency and moves them up the leadership ladder.

6. Barriers/limitations of process:

It would have been great to have done this process during the late Summer and early Fall. This is our busiest outreach time and creates more opportunities to interface with the community on their terms not, ours. This could increase turnout. In the future, if this were repeated, we would like to do more small house parties and allow people to do more in the privacy of their own home.