Agenda
Delivery System Transformation Committee

October 1, 2020 4:30 – 6:00 pm
Online Click Here: Join Microsoft Teams Meeting
Phone: +1 971-254-1254
Conference ID: 518 694 035#

1.	**Welcome**		**Beck Johnson,** Olalla Center	**4:30**
2.	**Introductions**		**Charissa Young-White,** IHN-CCO	**4:35**
3.	**Transformation Update**	p. 8-12	**Charissa Young-White,** IHN-CCO	**4:50**
4.	**Workgroup Updates**			
	• Health Equity	p. 13-16	**Alicia Bublitz,** Community Doula Program	**5:00**
	• Social Determinants of Health	p. 17-18	**Britny Chandler,** IHN-CCO	**5:10**
	• Traditional Health Worker		**Stephanie Jensen,** IHN-CCO	**5:20**
5.	**Strategic Planning – Open Discussion** • What has worked well in the past? • What would you like to see happen in 2021?		**Beck Johnson,** Olalla Center	**5:30**
6.	**Wrap Up** • Announcements • Next Meeting: October 15, 2020		**Beck Johnson,** Olalla Center	**5:55**

Commonly Used Acronyms

Acronym	Meaning
ACEs	Adverse Childhood Experiences
APM	Alternative Payment Methodology
CAC	Community Advisory Council
CCO	Coordinated Care Organization
CEO	Chief Executive Officer
CHIP	Community Health Improvement Plan
CHW	Community Health Worker
COO	Chief Operations Officer
CRC	Colorectal Cancer
DST	Delivery System Transformation Committee
ED	Emergency Department
EHR	Electronic Health Records
ER	Emergency Room
HE	Health Equity
HN	Health Navigator
HRS	Health Related Services
IHN-CCO	InterCommunity Health Network Coordinated Care Organization
LCSW	Licensed Clinical Social Worker
MOU	Memorandum of Understanding
OHA	Oregon Health Authority
PCP	Primary Care Physician
PCPCH	Patient-Centered Primary Care Home
PMPM	Per Member Per Month
PSS	Peer Support Specialist
PWS	Peer Wellness Specialist
RFP	Request for Proposal
RHIC	Regional Health Information Collaborative
RPC	Regional Planning Council
SDoH	Social Determinants of Health
SHP	Samaritan Health Plans
SHS	Samaritan Health Services
SOW	Statement of Work
TI	Trauma Informed
THW	Traditional Health Worker
TQS	Transformation and Quality Strategy
UCC	Universal Care Coordination
VbP	Value Based Payments
WG	Workgroup

Delivery System Transformation (DST) Pilots and Workgroups

Acronym	Project	Sites	Counties	Start	End
BRAVE	Bravery Center	Olalla Center for Children and Families	Lincoln	1/1/20	12/31/20
DOUL	Community Doula	Heart of the Valley Birth and Beyond	Benton; Lincoln; Linn	1/1/18	12/31/20
HEWG	Health Equity Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/1/15	present
HSPO	Helping High School Students to Understand Pain, Opioid Addiction, & Healthy Self-Care	Corvallis School District 509j	Benton	1/1/19	12/31/20
HUBV	Hub City Village	Creating Housing Coalition	Linn	1/1/20	12/31/20
IFCW	Integrated Foster Child Wellbeing	Samaritan Health Services	Benton; Lincoln; Linn	1/1/19	12/31/20
NPSH	Navigation to Permanent Supportive Housing	Lincoln County Sheriff's Office	Lincoln	1/1/20	12/31/20
PWST	Peer Wellness Specialist Training	Family Tree Relief Nursery	Benton; Lincoln; Linn	1/1/18	12/31/20
RDUC	Reduce and Improve	Capitol Dental Care, Lebanon Community Hospital	Linn	1/1/19	12/31/20
SDoHWG	Social Determinants of Health Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	11/16/17	present
SKIL	Skills and Connections to Support Housing	Corvallis Housing First	Benton	1/1/20	12/31/20
THWWG	Traditional Health Workers Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	5/21/13	present
UCCWG	Universal Care Coordination Workgroup	InterCommunity Health Network CCO	Benton; Lincoln; Linn	6/26/17	present
WINS	Wellness in Neighborhood Stores	OSU Center for Health Innovation, Linn County Public Health	Linn	1/1/20	12/31/21
WtoS	Wellness to Smiles	Advantage Dental from DentaQuest	Lincoln	1/1/20	12/31/20

Delivery System Transformation Committee (DST) 2020 Calendar

January	9	Strategic Planning: Accessiblity & Charter				
	23	Strategic Planning: Partnerships & Evaluation				
February	6	Strategic Planning: Workgroups		Taking the Stigma Out of Mental Health		
	20	CORO	PCRC	Equity in Voting	Strategic Planning: Pilot History	
March	5	RFP Discussion				
	19	NO MEETING				
April	2	RFP Discussion				
	16	RFP Decisions				
	30	Strategic Planning: Universal Care Coordination		Finalizing RFP		
May	14	Health Equity Training				
	28	Transformation Update		LOI Process Review		
June	11	LOI Decisions				
	25	Board Disc.	Proposal Scoring Matrix			
July	9	Health Equity Training				
	23	Training and Updates	Pilot Updates			
August	6	Proposal Presentations				
	13	Proposal Presentations				
	20	Proposal Presentations				
September	3	Proposal Decisions				
	17	HTEM	RFP Follow Up	Strategic Planning		
October	1	Workgroup Updates		Strategic Planning		
	15	Health Equity Training				
	29	Board Disc.				
Nov	12					
Dec	10					

KEY

Tentative closeout	Booked closeout
Tentative RFP	Booked RFP
Tentative strategic planning	Booked strategic planning
Tentative miscellaneous	Booked miscellaneous
Tentative training	Booked training
Tentative update	Booked update
Tentative workgroup	Booked workgroup

Minutes
Delivery System Transformation Committee (DST)

September 17, 2020 4:30-6:00 pm
Microsoft Teams (Online)

Present			
Chair: Stephanie Jensen	Charissa Young-White	Dick Knowles	Shannon Rose
Beck Johnson	Shirley Bryd	Annie McDonald	Larry Eby
Alicia Bublitz	Marci Howard	Stacey Bartholomew	Roslyn Burmood
Chiho Sakamoto Gunton	Bettina Schempf	Miranda Miller	Elizabeth Gartman
Clarice Amorim Freitas	Linda Mann	Paulina Kaiser	Rebekah Fowler
Priya Prakash	Aimee Snyder	Renee Smith	Carissa Cousins
Andrea Myhre	Britny Chandler	Jeff Blackford	Ronda Lindley-Bennett
Neftali Pizano	Kevin Ewanchyna		

Transformation Update: Charissa Young-White

- The 2019 CCO Incentive Metric Report was released by OHA. It can be found on the OHA website.
- IHN-CCO has updated the website – all URLs and links remain the same. Updated for ease of use and accessibility.
- Additional wildfire resources will come out in the follow up email tomorrow.

Request for Proposal

- The following pilots (10) have been sent to the Regional Planning Council (RPC) for final approval.
    - CommCard Program
    - Community Doula Program
    - Culture of Supports
    - Disability Equity Center
    - ENLACES
    - Healthy Homes Together
    - Hepatitis C Virus Outreach Screening & Treatment
    - Linn County Crisis Outreach Response
    - Mental Health Home Clinic
    - Partnership for Oral Health
- The RPC will make decisions on October 1, 2020 and the DST will be informed shortly after.
- The Transformation Department would like to ask for your feedback on the RFP.
    - What worked well?
        - The technical assistance review and consultation are constructive for improving the overall capacity of our various practitioners who can impact social determinants and equity.
        - Development opportunities.
        - Ranking the pilot and voting on the app via cell phone.
        - The equitable way in which the DST gave each proposal the opportunity to learn, grow, and give us their absolute best.
        - Online meeting format; presentations for the proposals.
    - What could be changed for future years?
        - More time to discuss the pilots during voting. The virtual format was difficult.
        - Reminders on what are the DST priorities, put up "blinders".
            - How can the screening tool (scorecard) adapted to be sharpened or realigned? How to connect this screening tool with the heatmap?
            - Focus on system change.
            - Define the categories allowing for 'newer' members to feel confident in voting.

- Increase the number of members that rank before decision making meeting.
  - **To Do:** Look to see if there was a change between the Letter of Interest (LOI) ranking versus the pilot proposal.
  - Potentially weight some of the topics on the scorecard higher than others.
  - Score via the scorecard and then each person has a rank of their top and bottoms to exclude from discussion and others to bring to the discussion.
  - What does equity look like? Should we decide not to fund a proposal because the cost is high? Or should that proposal be accepted due to the highly vulnerable members impacted?
  - Pick priority area(s) to have a standard measurement.
  - We like shiny and new and sometimes doing more of the same and increasing frequency and dosage will have more impact.
  - Consider a less public voting process.
  - Looking at the Community Advisory Council's Community Health Improvement Plan (CHIP) process: starting with look at the data from the regional health assessment and using that to pick focus areas.
  - Going back to why we are here throughout the process.

Homeless Resource Team Closeout

Timeframe: January 2019 to June 2020
Budget: $188,075
Partners: Samaritan Health Services (SHS); Benton County Health Department (BCHD); Corvallis Housing First; Community Services Consortium; CHANCE (Communities Helping Addicts Negotiate Change Effectively)
Key activities: hired SHS Licensed Community Social Worker (LCSW) focused on homeless outreach; biweekly meetings between SHS & BCHD; monthly meetings with broad range of community partners that serve the homeless population in Benton County
Goals:

- Facilitate placement into permanent supportive housing for patients with homelessness and chronic medical conditions.
- Increase primary care utilization decrease emergency department (ED) utilization among homeless adults with chronic medical conditions.
- Improve healthcare providers' knowledge and sensitivity about caring for patients with homelessness.

Discussion:

- Testimonials are a great reminder of what the pilots do.
- The members are homeless in Corvallis and not attached to a specific clinic.
- A medical mobile van with dental services will be starting back up in October.

SHARE Initiative

- See packet for slides.
- The SHARE (Supporting Health for All through Reinvestment) Initiative is the mechanism for Social Determinant of Health (SDoH) Funding for IHN-CCO.
- Mandated by the Oregon Health Authority (OHA), the SHARE Initiative spending will be focused on SDoH priority areas including housing.
- The Community Advisory Council's (CAC) Community Health Improvement Plan (CHIP) is the foundation for the SHARE Initiative as well as the SDoH Workgroup's priority areas and the State Health Improvement Plan (SHIP).

- **Decision:** Approved via consensus for the DST to be involved in decision making for the SHARE Initiative.

Wrap-Up/Announcements

- Flyers and information will be sent out in the DST follow up email tomorrow.
- The next meeting is October 1, 2020.

REQUEST FOR PROPOSAL PILOT SUMMARIES

IHN-CCO DELIVERY SYSTEM TRANSFORMATION COMMITTEE RECOMMENDATIONS TO THE REGIONAL PLANNING COUNCIL

1. Community Doula Program	$151,455
2. Healthy Homes Together	$95,480
3. Hepatitis C Virus Outreach Screening & Treatment	$39,404
4. Mental Health Home Clinic	$149,155
5. ENLACES	$147,660
6. CommCard Program	$24,998
7. Linn County Crisis Outreach Response	$149,500
8. Culture of Supports	$75,438
9. Partnership for Oral Health	$49,601
10. Disability Equity Center	$157,500
Total	$1,040,191
Funds Available	$1,170,000
Funds Remaining (will be applied to the 2021 RFP)	+$129,809

Community Doula Program
Heart of the Valley Birth and Beyond/Oregon State University

Type of Proposal: Spreading Promising Practices
County: Benton, Lincoln, Linn
Summary: We aim to expand the existing Community Doula Program (CDP), now thriving and sustainable in Corvallis and Albany, into the more rural areas of the IHN-CCO service area, specifically, eastern Linn and Lincoln Counties (Goals 1 and 2). IHN-CCO Members served by CDP doulas are half as likely to deliver by cesarean, and twice as likely to initiate breastfeeding, both of which are important quality metrics with long-term implications not only for Member health, but also for IHN-CCO costs.
DST Discussion Points: None, approved unanimously without discussion based on high scoring of the scorecards.

Healthy Homes Together
Albany Partnership for Housing and Community Development/Family Tree Relief Nursery

Type of Proposal: Spreading Promising Practices
County: Linn
Summary: Healthy Homes Together will bring together two cross sector partners Albany Partnership for Housing and Community Development (APHCD) and Family Tree Relief Nursery (FTRN) to spread Traditional Health Worker (THW) services to housing communities in Linn County. This pilot project's overall aim is to address and impact healthy living practices within the housing sector of Linn County at the IHN CCO system level, the APHCD community level and the individual IHN-CCO member level.
DST Discussion Points: None, approved unanimously without discussion based on high scoring of the scorecards.

Hepatitis C Virus Outreach Screening & Treatment
Lincoln County Health and Human Services

Type of Proposal: Innovative Strategy
County: Lincoln
Summary: Lincoln County, the Confederated Tribes of Siletz Indians, and Samaritan Health System Infectious Disease are partnering to implement an HCV treatment protocol for primary care providers in Lincoln County and CTSI community health clinics. We will be utilizing an innovative approach of combining Harm Reduction outreach and health navigation peer support with accessible treatment in primary care medical homes (referred to from here on as Harm Reduction + HCV Tx in Primary Care), which has been recommended by experts as the most cost-effective approach to eliminating HCV transmission and preventing escalating health care costs and early death for undiagnosed and untreated infections.
DST Discussion Points: None, approved unanimously without discussion based on high scoring of the scorecards.

Mental Health Home Clinic

Samaritan Health Services, CHANCE, Linn County Public Health

Type of Proposal: Innovative Strategy
County: Linn
Summary: The Mental Health Home Clinic pilot purpose is to bring together community partners in a place for patients who need more of a focus on their mental health/behavioral health, and crisis needs while still getting their medical needs met. We are in a unique position by bringing in these specific areas of expertise, from multi-agencies and inter-disciplinary teams in one location, which will provide all around comprehensive treatment and bring better care to the patients. This will also increase communication between agencies for transitions of care.
DST Discussion Points: None, approved unanimously without discussion based on high scoring of the scorecards.

ENLACES

Casa Latinos Unidos

Type of Proposal: Spreading Promising Practices
County: Benton, Linn
Summary: We are proposing to implement ENLACES, a pilot project to develop a traditional health worker program in Linn County. Through this program we expect to expand the capacity of our organization to serve the most vulnerable Latinos of that county, particularly during the COVID-19 pandemic. The year 2021 will be challenging for all, but it will be especially challenging for Latinos. As it has been widely reported, Latinos are 'essential workers'. As such, they are especially vulnerable and susceptible to COVID-19. And given linguistic, cultural, and systematic barriers they do not always seek or have access to medical care and other important resources. Given this, especially now, it is of the utmost importance that we go to where Latinos are and engage with them helping them find solutions to health or other issues that might be affecting their lives. The ENLACES pilot project will allow us to establish closer connections with the community and to get a deeper understanding than we have now of its characteristics, needs, and strengths. This in turn will bring closer together the Latino community and the system of services in Linn County.
DST Discussion Points:

- Linn County has few culturally aligned services for the Latino community members.
- Huge gap in services that are needed especially in the Latino community.
- Direct positive impact on historically under-served and under-represented population.

CommCard Program

The Arc of Benton County

Type of Proposal: Innovative Strategy
County: Benton
Summary: The Arc of Benton County is proposing The CommCard Program, a communication and accommodation program for people with developmental disabilities (DD) and the healthcare professionals who serve them. Studies indicate that the main barriers to access of quality healthcare by people with DD are 1) lack of formal training for healthcare providers and 2) communication deficits between providers and patients.1 The CommCard Program addresses these with a two-fold approach, involving customizing and distributing the accommodation cards to people with DD, and training healthcare professionals in DD awareness, giving them the tools to better work through communication barriers.
DST Discussion Points:

- Solid proposal, good return on investment, affordable, and easily transferable to other counties.

Linn County Crisis Outreach Response
Family Assistance and Resource Center Group

Type of Proposal: Innovative Strategy
County: Linn
Summary: This pilot is about equity for a highly marginalized and vulnerable Linn County population. Homelessness is associated with enormous health inequalities, including shorter life expectancy, higher morbidity and greater usage of acute hospital services. With our mobile outreach vehicle and resource Hub we will be able to create more opportunities to distribute a spectrum of resources, education, and service information throughout the community. We connect each client with community resource programs and partners, survival supplies, food, social service assistance, access to housing and shelter assistance.
DST Discussion Points:

- There are virtually no services for people experiencing homelessness in that area.
- High needs, high cost population.
- It seems like a pilot with a high degree of partnership which allows it to be successful and therefore garner even more support.

Culture of Supports
North End Senior Solutions

Type of Proposal: Spreading Promising Practices
County: Lincoln
Summary: This pilot will create a screening, training, intervention, and referral process that if successful, results in improved relationships between IHN-CCO members and their healthcare providers. By providing education, supports, tools, and by addressing social determinants of health, we will shift the burden of healing and well-being to the individual members. The desired outcome will be an engaged, partnership-in-health relationship between health care providers and members.
DST Discussion Points:

- Should reach many IHN-CCO members due to dual eligibility as well as younger members with disabilities, even though this is a senior-based organization.
- Called dual members because they are covered by both Medicare and Medicaid programs.
- Difficult to compare to the CAHOOTS program in Eugene. Be cautious as this type of program is very difficult to carry out.

Partnership for Oral Health
Capitol Dental Care

Type of Proposal: Spreading Promising Practices
County: Linn
Summary: Our project is designed to improve access to oral health services and provide greater support to members with dental anxiety and mental health issues. We will train traditional health workers (THWs) to increase their awareness of the impact dental health has on overall health. The training will include steps they can take to assist members access to their dental care network and ways they can assist the member during dental treatment. The project will make an Expanded Practice Dental Hygienist (EPDH) available as a resource for better understanding of dental issues. The EPDH will coordinate and provide clinical care at community locations to reduce access issues such as the ability to get to a dental office and the anxiety of a dental office environment.
DST Discussion Points:

- Partnerships and collaboration are transformational.

Disability Equity Center
Disability Equity Center

Type of Proposal: Innovative Strategy
County: Benton, Lincoln, Linn
Summary: The Disability Equity Center (DEC) is a grassroots, community organization built by and for disabled people. A DST project would support the development and general operations of the DEC as it shapes basic programming, solidifies mission and vision, augments outreach, and ensures long-term sustainability. Ultimately, we envision the DEC as an innovative educational site for peer-to-peer programming on topics as wide-ranging as disability and gender, sex, sexuality, work, education, family, housing, access, and, of course, healthcare and healthcare navigation. The DEC will function as a publicly visible, go-to disability resource repository that can help users identify and navigate disparate, discrete health support systems. We will be a key linchpin linking existing diverse Mid-Valley organizations that support people with disabilities, families, care workers, and providers. We are inspired by disability culture, pride, and a fierce determination to make the world more equitable.
DST Discussion Points:

- Concerned about the Corvallis-centric possibility of this pilot, especially considering transportation as a large issue.
- High virtual engagement that might be very useful for certain folks living with disabilities.
- Example of effective engagement and empowerment for a historically disempowered group,
- Benton County is a highly disability friendly environment - it would be Corvallis that would succeed.

BRINK

Achieving Health Equity for Linn, Benton and Lincoln Counties

FNL Key Message Platform | July 2, 2020

TONE

The tone for the InterCommunity Health Network Coordinated Care Organization (IHN-CCO) Health Equity Workgroup's communications should help potential partners and champions for health equity feel welcome and valued as they consider joining hands to tackle inequities impacting community health. In all communications, the Health Equity Workgroup should be:

- Collaborative
- Straight-forward
- Factual
- Welcoming

AUDIENCES

Key messages can be used to communicate with the diverse audiences identified as a priority by the Health Equity Workgroup:

- IHN-CCO leadership
- Delivery Systems Committee
- Health care providers
- Support staff (clinic managers, navigators, social workers, etc.)
- CCO members
- Local policymakers
- Community-based organizations
- Community members

KEY MESSAGES

Key Message #1: Health and equity are shared values in the region

We believe that everyone in our region deserves the same opportunities to be healthy, no matter who we are, where we live, or how much money we make.

- We envision a future where everyone has access to healthy foods, safe spaces for play and exercise, and connection to community. Over the years, our region has shown collective commitment to deliver on this vision.
- Together, we've made real progress to ensure that all of our community members have what they need to be healthy.
    - Providing community members access to fresh produce from local farmers markets through a fruit and vegetable prescription program
    - Ensuring that every kid has the health coverage they need to stay healthy, regardless of their immigration status
    - Driving policy change to ensure more people have healthy and affordable housing that supports their wellbeing
- Health equity is a vision and the confidence that together, we can solve the societal inequities that impact the health outcomes of our loved ones, colleagues and neighbors.
- We also envision a health system that is welcoming for all — without judgement, stigma and language or cultural barriers.

Key Message #2: Healthy choices are not equally available to all

Despite progress, we still don't have the same access to the building blocks of a healthy life: good jobs with fair pay, quality education, stable housing, health care. This is especially true for Black, Indigenous and People of Color (BIPOC) living in Linn, Benton and Lincoln counties.

- The inequities in our region are greatest among Black, Indigenous and people of color.
- Our racial identity has a direct impact on our opportunities to be healthy. But that's not all. The intersection of our race, gender and sexual orientation all shape how we are treated in our systems and cultures.
- For example:
    - Health outcomes: Black women are 5.2 times more likely to die during childbirth than their white counterparts, according to the CDC.
    - In Oregon, Latinx and Pacific Islander communities have the highest prevalence for diabetes.

- COVID infection rates: The Oregon Hispanic community only makes up 12 percent of the state's population, but 35 percent of all COVID-19 cases since January 2020.
- Access to healthy food: 12.2 percent of white Oregon residents experience food insecurity while that number is 31 percent for American Indians in Oregon. Food insecurity is caused by both low income and the lack of grocery stores close to home.
- Education: Oregon adults living below the federal poverty limit or who have not completed high school are more than twice as likely to report frequent mental distress.

Key Message #3: Inequities are deeply rooted in our history.

The inequities that BIPOC communities face are deeply rooted in the history of our state and our nation, and this history continues to drive negative impacts on their health and safety.

- Health inequities are not caused by the choices that we make. They are the result of the historic and systemic injustices that deny BIPOC communities access to power and resources.
- The institution of slavery in the United States has created hundreds of years of generational trauma and lost wealth for Black Americans. The consequences of slavery remain relevant to the health and wellness of Black Americans — showing up in wealth attainment, hiring practices, educational achievement and unequal criminal justice practices.
- [Placeholder for regional historical context]
- Many more historical and current policies and practices threaten the well-being of BIPOC communities, including institutional discrimination, hate crimes, stigma and gentrification.
- By addressing the inherently racist systems and structures that deny BIPOC opportunities for health and well-being, we will improve access to resources for those who need it the most.

Key Message #4: We must continue to come together to improve health equity.

Now is the time to prioritize our BIPOC communities and make sure everyone has what they need to thrive. By working together, we will invest in solutions and remove barriers that for generations have denied BIPOC communities the opportunities to be healthy.

- We'll create healthier, more equitable communities by ensuring everyone has what they need to thrive. Here's what it will take: [customize based on audience and messenger]

- Health is not only impacted by doctors and nurses. Health exists in our homes, schools and neighborhoods, which means all sectors can help in improving our communities' health.
- Join the IHN-CCO Health Equity Workgroup in our work to improve health for everyone in Linn, Benton and Lincoln counties.

InterCommunity Health Network CCO

Food Access and Security Assessment

The SDoH (Social Determinants of Health) Workgroup of IHN-CCO is currently focusing on food access and security. The ultimate goal will be to provide recommendations to IHN-CCO about where and how investment might support food access and security for IHN-CCO members and our communities. This process starts with a virtual brainstorm, assessment, and collection of ideas looking at: who, how, when, and why work is happening.

We will use this information to:

- Assess current food security work (especially as some organizations have shifted focus in 2020)
- Make sure current efforts are recognized
- Identify gaps in services
- Invite other partners to the table

Thank you for taking the time to complete the survey.

1. Name

2. Organization

3. What is your role or job when working with food security? What services do you provide?

4. Do you do the work in response to COVID-19 or the wildfires? Or is this a focus of your everyday work?

- ◯ Crisis response (COVID-19, wildfires)
- ◯ Everyday work
- ◯ Other (please specify)

5. What areas do you provide services to? Cities are provided as examples, not inclusive of all the cities in the area.

- [ ] Rural Benton County (Alsea, Alpine, Monroe)
- [ ] Benton County (Corvallis, N. Albany, Philomath, Adair Village)
- [ ] East Linn County (Sweet Home, Lebanon, Lyons)
- [ ] South Linn County (Brownsville, Halsey)
- [ ] West Linn County (Albany)
- [ ] North Lincoln County (Lincoln City, Otis)
- [ ] South Lincoln County (Newport, Waldport, Yachats)

6. Has your community lost any local resources that positively contribute to food security due to COVID-19, the wildfires, or other financial difficulties? (Ex: local grocery store, food bank, etc)

- ( ) Yes
- ( ) No

If yes, what resources?

7. What are the needs you see that could be addressed at the system level?

8. What would you like to see as a result of this work with the SDoH Workgroup? In other words, what would you like IHN-CCO to know or to do to support this work?