Welcome to our Community Data Party!

August 26, 2024

Hosted by Washington County Public Health and Rede Group
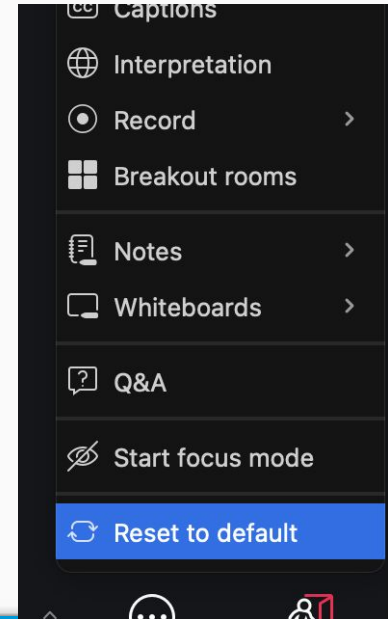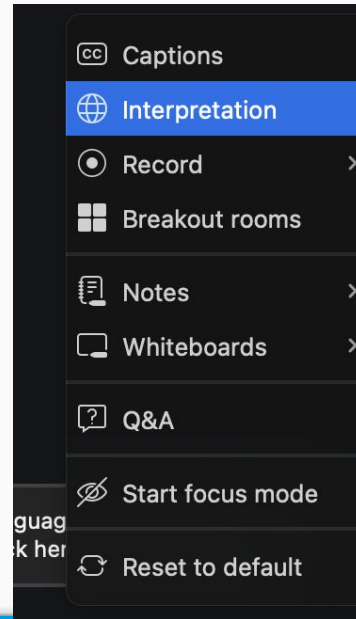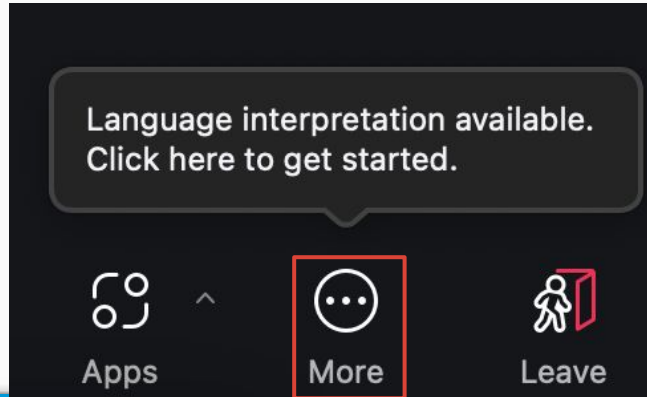
Our tools

- Simultaneous interpretation in Spanish

- Zoom captions in other languages

- Chat, react, raise hands

Spanish Channel:
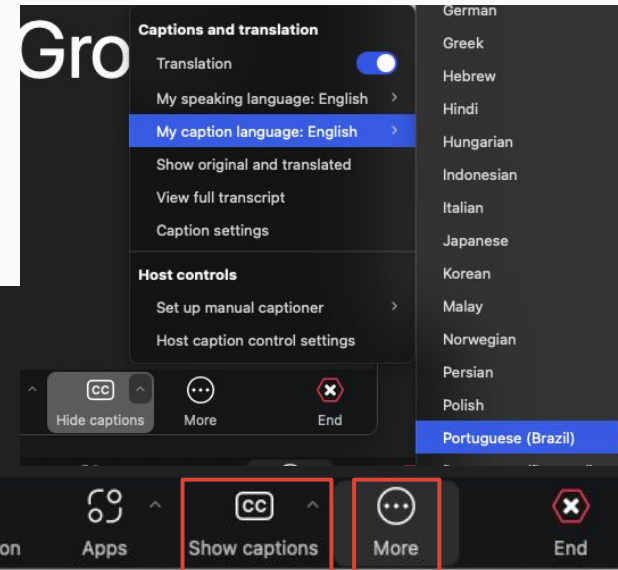
1. More
2. Interpretation
3. Choose language
4. Reset to default to come back to main room

Live Captions

1. Show Captions or More (depending on screen size)

2. Enable Translation (toggle)

3. My caption language

4. Optional - View full transcript

5. Hide captions to get rid of this

Chat, Reactions, Raise Hand

1. Chat button

2. React button

3. Raise hand button / Lower hand button

Practice Time! 😁 (optional)

1. Pick any reaction

2. Chat in your favorite color

3. Raise and lower your hand

4. Turn captions on / off

Lower hand

Makinna (she/her) - Rede Group

Audio | Video | Participants 1 | Chat | React | Raise hand | Share | Host tools | AI Companion | Apps | Show captions | More | End
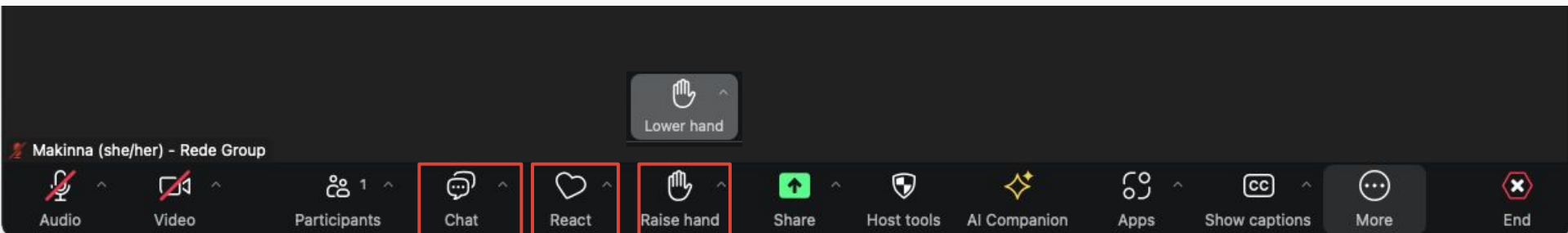
Need help during the meeting? 🙋

1. Raise your hand and stop us, or
2. Chat to Elisabeth or Makinna
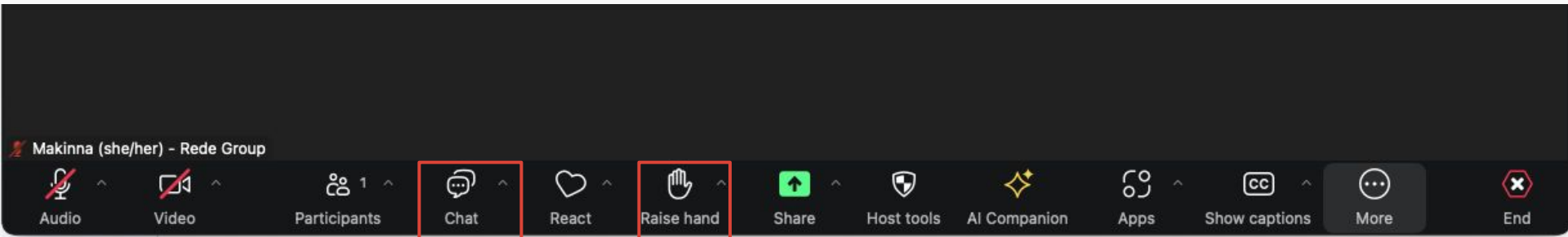
Recording

- Presenters pinned during presentation of findings

- Breakout rooms recorded as well

- Rede will only use the audio of this recording to get a transcript for our analysis. The recording will not be shared with anyone.

- We encourage you to turn your cameras on in breakout rooms for a better experience

Agenda

Topic	Timeframe
Welcome and Introductions	15 mins
Project Overview and Milestones (Q&A)	15 mins
Findings: Climate and Emergency Preparedness	20 mins
Breakout Rooms: Reflections and Discussion	15 mins
BREAK	10 mins
Findings: Health Equity and the CHIP	20 mins
Breakout Rooms: Reflections and Discussion	15 mins
Wrap up and Next Steps	5 mins

Washington County Public Health Team

Genevieve Ellis, Community Partnerships and Health Equity

Kathleen Johnson, Community Environmental Health

Amy Sturgeon, Emergency Preparedness

Magdalena Ramirez, Health Equity and Traditional Health Workers

Laura Daily, Community Health Improvement Plan

Rede team

Elena Rivera

Co-lead

Makinna Miles

Co-lead

Elisabeth Castillo

Project Coordinator + Analyst

Erin Charpentier

Design Lead

what we do
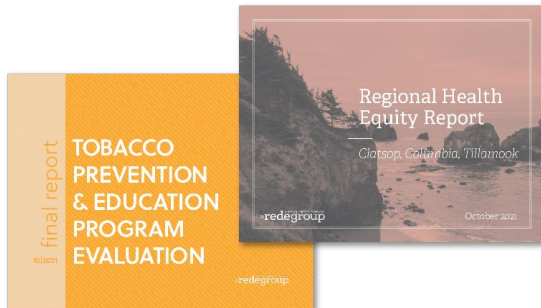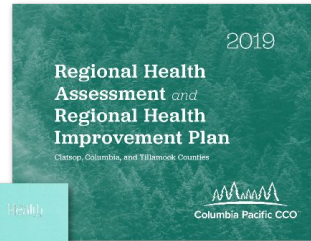
We support public health evaluation, research, facilitation, training, planning, and technical assistance.

We work with clients who share our values of centering equity and learning together to imagine and create healthier communities.

where we are
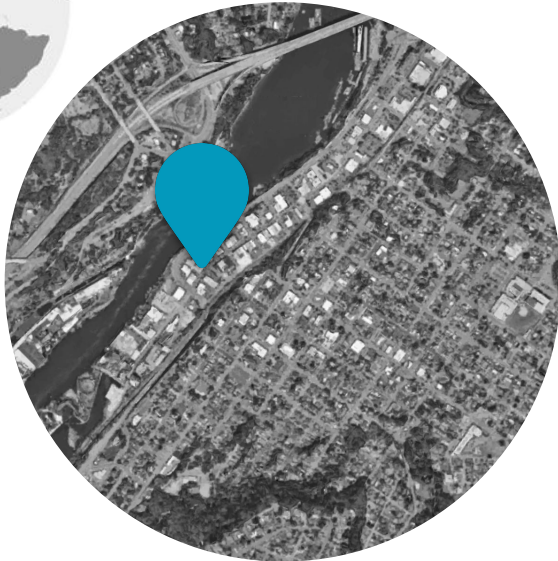
Our office is located in Oregon City, Oregon. We also have staff in California and Colorado.

As an Oregon-based firm, we sit on traditional lands and waterways of the Clackamas, Chinook Bands, Kalapuya, Kathlamet, Molalla, Multnomah, Tualatin, Tumwater, Wasco and many other tribes of the Willamette Valley who made their homes along the Columbia and Willamette Rivers for the last 11,000 years and who continue to live and work here.

who you are

Share in the chat:

- Name

- Pronouns (optional)

- What made you show up for this data party?

What's a data party?

An opportunity to connect, learn, and share about the health issues facing our community.

What is one community resource you use and appreciate?

Project Overview and Milestones

Community Engagement Overview

Washington County Public Health contracted with Rede Group to lead community engagement efforts with community organizations, community members, and public sector organizations in Washington County. Learnings about community needs, strengths, and priorities will inform the development of public health modernization plans:

1. Climate Change Adaptation Plan
2. All Hazards Preparedness Plan
3. Health Equity Action Plan
4. Community Health Improvement Plan

Timeline

| MAY - JUL 2023 | AUG - OCT 2023 | NOV - DEC 2023 | JAN - MAR 2024 | APR - AUG 2024 | AUG - SEP 2024 | OCT - JUN 2025 |

Above timeline:

Project start-up and engagement planning

Analysis and reporting on learnings

Phase 2 community engagement

Develop plans (WCPH)

Below timeline:

Phase 1 community engagement

Planning for phase 2 engagement

Analysis and final reporting

Engagement Principles

- Prioritize hearing from historically marginalized groups
- Reduce burden on community
- Ensure engagement activities meet accessibility needs
- Staged process
- Improve partner relationships
- Build community capacity

Thank you Community Engagement Advisors!

Types of engagement

45 engagements (34 virtual, 11 in-person)

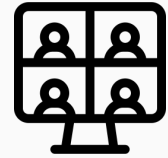|					
18 interviews	**6** focus groups	**10** knowledge exchanges	**5** tabling events	**3** surveys	**3** partner meetings

In-person engagement locations

1. Adult Day Center
2. African Youth Community Organization
3. Beaverton Pride Event
4. Beaverton Resource Center
5. Cedar Halal Market
6. Forest Grove Farmers Market
7. Islamic Social Services Food Pantry
8. Juneteenth Event
9. Tauraro Fest Event
10. Tigard Pride Event
11. Washington County Conference Center
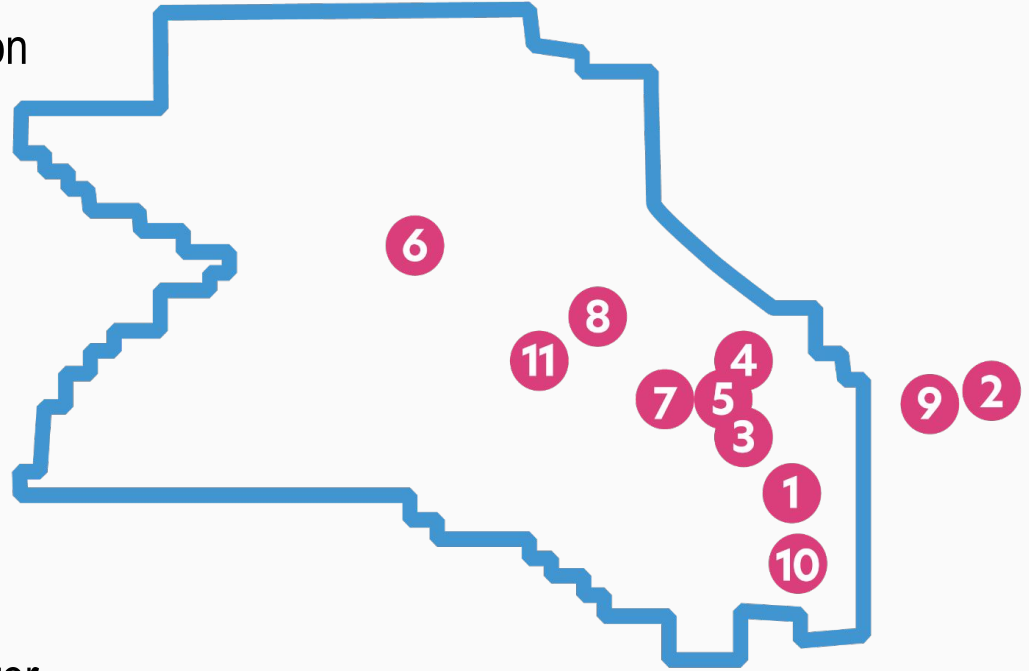
Communities reached

465+ participants (and growing)

- Latino/a/x, Chinese-American, Native Hawaiian, Pacific Islander, American Indian and Alaska Native, African American, Russian, Ukrainian, Arabic speaking, and other immigrant and refugee communities.

- Youth, students, older adults, LGBTQ+ individuals, people with disabilities, unhoused individuals, and individuals facing food insecurity.

Community Engagement Topics

Climate and Health

Emergency Preparedness

Health Equity

Community Health Improvement Planning

We asked about…

- Past experiences
- Top concerns
- Needs and priorities (information, resources, services, etc.)
- Partnership with Washington County
- Strategies for building community capacity
- Opportunities for deeper partnership and collaboration
- Measures of success

Questions?

Findings

Climate
and Health

About Climate Engagements

1 Survey (another in September)

4 Tabling Events

4 Knowledge Exchanges

5 Interviews

1 Focus Group

Over 300 participants!

Climate and Health

More accessible A/C for homes

Community effort: neighbors checking in, preparing together, sharing resources
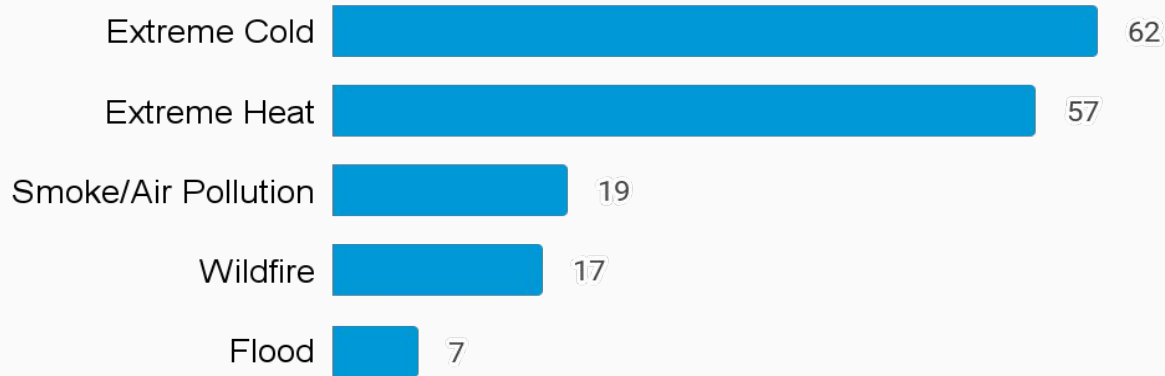
More education about extreme climate events

Tabling Participants,

Phase 2

Climate and Health

"Which of these events are you most prepared for?"

Extreme Cold — 62
Extreme Heat — 57
Smoke/Air Pollution — 19
Wildfire — 17
Flood — 7

Tabling Participants,

Phase 2

Climate and Health

"Rank your preparedness from 1 (not at all prepared) to 5 (fully prepared)"

Event	Avg. Ranking
Extreme Cold	3 (2.77)
Wildfire	3 (2.77)
Extreme Heat	3 (2.62)
Smoke/Air Pollution	3 (2.53)
Flood	2 (2.31)

Survey Participants,

Phase 2

Climate and Health

Community members need support and resources for extreme temperatures, especially **extreme heat**.

- Ranked high preparedness, but also a need for affordable A/C
- Lived experience, imagining extreme temperatures, shorter list
- Cost of utilities for heating and cooling a concern
- Heat also came up as a top concern in Phase 1

Climate and Health

"Over the summer, I was living in a little house with no AC, and so when it was in the hundreds...I felt this kind of weight, lethargicness, and I didn't have an appetite."

Focus Group Participant,

Phase 1

Climate and Health

"Giving concrete resources like air conditioners to community members is critical."

CHW KE Participant,

Phase 2

Climate and Health

Community members want **local information and resources**.

- People looking for information and resources more locally than county level
- What is the right level? (Zip code? Neighborhood? School district?)
- Desire for community planning and response support
- Community hubs: Libraries, Schools, LTCFs, etc.

Climate and Health

Community wants to **be involved locally**.

- **Community partners** want to be involved in planning and outreach + provide response and recovery support
- **Community members** want to connect with each other and local orgs, help each other prepare and cope

Climate and Health

"We want to identify the resources that exist and the resources that are needed in every community/neighborhood."

"Where can community members go to be safe during emergencies? Where is a neighborhood meeting point? How can I get reunited with my kids who are at school?"

CHW KE Participants,

Phase 2

Climate and Health

"We need community organizations to be informed with a structured plan to help"

Community group for support during disasters

Community involved planning

CHW KE Participant,

Tabling Participants,

Phase 2

Climate and Health

Community members highlighted **challenges preparing for and dealing with climate events**.

- Accessibility issues – how to evacuate for flood or wildfire
- Language access – multilingual education about events, alerts
- Rural communities – isolated, prepare differently, alerts
- Cost of supplies and resources – A/C and heating, air filters

Climate and Health

"'Everyone should have access to resources' …makes it sound like the responsibility is on the individual to get themselves the resources that may or may not be available or accessible, when it should be the county's job to have equitable access and sufficient services and resources."

CHW KE Participant,

Phase 2

Climate and Health

Low-cost/ free resources

Regularly updated information in many languages

Outreach to people living out in the country. If the internet goes down, how can we get info?

Tabling Participants,

Phase 2

Chat or come off mute:

Do you have a
"community hub" ?

Emergency Preparedness

About Emergency Preparedness Engagements

6 Knowledge Exchanges

1 Tabling Event

3 Focus Groups

8 Individual Interviews

Over 180 participants!

Emergency Prep.

Community members mentioned their own **strengths within their communities** that prepare them for emergencies:

- Information and resource sharing amongst the community
- Presence of trusted people in the community
- Community events
- Strong community networks

Emergency Prep.

"The only reason we bounced back as easily as we did was because everybody worked on it together and everyone threw in together and it became like a community-rebuilding thing."

FG Participant

Phase 1

Emergency Prep.

"The [organization's] director has been an amazing resource for our community. During last year's ice storm he reached out to around 4000 community members via WhatsApp."

KE
Participant

Phase 2

Emergency Prep.

Community members highlighted **inequities in emergency preparedness**:

- Accessibility
- Language barriers
- Cost of supplies
- Self preparation
- **Representation**

Emergency Prep.

"It is nevertheless expensive to truly prepare for especially a big disaster. It takes time to set up a food storage especially for those folks who are having trouble even just getting through the week for feeding their families."

KE Participant

Phase 2

Emergency Prep.

"[House alerts], if you want us to look it up and figure it out," the price they were charging was absolutely ridiculous. I feel as a deaf person, and I'm sure there's other people that are in this situation that if something's going on, we're left to the mercy of God because there is no way we will know if it's a wildfire, if there's any other kind of fire, if there's an emergency situation in the town, we won't know."

**KE
Participant**

Phase 2

Emergency Prep.

Participants called for **improvements in communication accessibility and community engagement**:

- Strengthening of community leadership
- Communication strategies with trusted messengers

Emergency Prep.

"Those have been known to community. So the messenger is key to accessibility. It's not just the message and the partnerships that the county makes with those trusted messengers needs to be a very clear and direct, well-developed plan for Washington County and every county in the state of Oregon."

FG Participant,

Phase 1

Emergency Prep.

"Communities need to have access to culturally relevant materials and representatives who can communicate in their language"

KE
Participant

Phase 1

Emergency Prep.

Participants asked the county to support with **providing and preparing emergency resources**:

- Emergency supplies
- Centralized information locations

Emergency Prep.

"Are there subsidies for the less spoken for communities who have less of the economic power? Are there places where they could get some of these things that will be basic but economically viable things that will not make them feel like, "I'm trying to get ready for a disaster, I'm not sure it's going to happen and then my kids can't get to eat dinner." Are there places like that?"

KE Participant

Phase 2

Emergency Prep.

"Emergency support centers that will not be stopped when the emergency happens. "

KE
Participant

Phase 2

Emergency Prep.

"I just wish there was someplace I could go that someone could help me get my flashing light set up."

KE
Participant

Phase 2

Emergency Prep.

Tabling Participants

I have some things (batteries, fire extinguishers, medicine) but not food or water

assembling supplies is overwhelming, enough water and food? Where to store things?

I don't have these prepared

Breakout Rooms

- Pre-assigned rooms
- **Room #1 will be conducted in Spanish**
- Could be some shuffling
- About 15 minutes for discussion

Breakout Rooms

Thoughts, questions, or reaction to these findings? (What is resonating? What is surprising?)

Activity: If you had unlimited resources, but only 10 words for a climate or emergency preparedness plan, what would you write?

Break time!

Health
Equity

About Health Equity Engagements

16 partner interviews

1 focus group

2 knowledge exchange events

3 partner meetings

80+ participants (representing 25+ community based organizations)

Health Equity

Participants called for Washington County to **deepen its community engagement efforts**:

- Going to trusted and safe community spaces to build relationships, share information and resources
- Fund and partner with CBOs on community engagement
- Engage community in all phases of work: input, decisions, and action

Health Equity

"A lot of our events, community resource events, things like that, that's how we connect with community. People show up. You visit. You eat together. Often the food is provided for free. Being in those spaces where people are already at a sense of comfort, being in community, and then folks coming into that space, that's the beauty of building those relationships."

Interviewee,

Phase 2

Health Equity

Participants called for WCPH to make **essential investments in the workforce**:

- Hiring diverse leaders with lived experience
- Ensuring staff have the necessary skills (relational, communication, knowledge of community)
- Investing in the CHW workforce

Health Equity

"Community engagement has to be more meaningful than that. It can't stop at just outreach and translation, it looks like hiring and bringing in talent that is representative of the community that you are trying to build, trust, and engage with. So that's one piece I think that Washington County could work on."

Interviewee,

Phase 1

Health Equity

Participants wanted to see Washington County develop **strategies to better serve marginalized communities:**

- Ensuring all communication is culturally and linguistically tailored, including public health campaigns
- Meeting access needs for health services
- Providing tangible resources

Health Equity

"I think on top of that accessibility in general… especially for any disabled people, any immunocompromised people, it's just impossible for them to do the "normal" processes, versus if we can find a way to change those processes to make them more diverse for everyone, I think we can reach more people and make it a little bit safer for everyone."

Focus group participant,

Phase 1

Health Equity

Participants from **CBOs wanted to build their skills, capacity, and power**:

- Program evaluation
- Data and research, with a focus on data sovereignty
- Community engagement
- Advocating for policy and systems change at decision-making tables

Health Equity

"For us, it's a priority that we are leading different conversations, we're leading our own movements, because again, we know best how to serve our communities. When we're given the space, we over-deliver. We've had partnerships with county, city, state, so we know that we can do the work if we're given the space and the resources to do it."

Interviewee,

Phase 2

Health Equity

Participants shared that WCPH can play an **important role in health equity work** by:

- Convening partners for shared learning and collective impact
- Serving as a resource and information hub
- Providing more health services in the community to address gaps in coverage and care

Health Equity

"So when I think of something that Washington County or Multnomah or anyone, it's this connecting piece and the ability to be facilitating those connections. Because otherwise there are tons and tons of tables and places where we would never cross paths, which just exacerbates the isolation that can come and not just for our community. So really it's that ability to proactively and intentionally bring the diversity of our community together in a shared space and for a shared purpose."

Interviewee,

Phase 2

Chat storm:

One word reflection on these health equity findings

Type it out but **wait** to press send until I say go, we will all go at once 😊

Community Health Improvement Planning

About CHIP Engagements

4 partner interviews

4 focus groups

2 knowledge exchange events

2 partner meetings

70+ participants from 20+ community based organizations

CHIP

Partners shared the CHIP has **fostered strong collaborations:**

- Opportunities for relationship-building with old and new partners
- WCPH provides support to uplift community work
- Low barrier CHIP grants have built community capacity
- New initiatives and shared advocacy

CHIP

Partners would like to see **deeper community engagement:**

- More effort in the CHNA to collect data from priority populations whose voices are underrepresented
- More outreach to CBOs to participate in the CHIP and compensate their participation
- More communication and touchpoints with community

CHIP

"So it's important for public health to really know who is the population, where are the gaps in the population, who is doing the work directly with that particular population? And to continue to build those relationships, understand, work with those agencies that are providing that service to community members, to engage with them, and know who they are, and just make that effort of continuing to have a good grip of what is happening."

Interviewee,

Phase 1

CHIP

Partners called for **specific CHIP strategies** focused on:

- Improving mental and behavioral health
- Access to care
- Building workforce capacity and connections (CHWs, county staffing, diverse leadership)

CHIP

Partners asked for **more focus on measuring impact:**

- Create data dashboards for priority health issues
- Track and report on health disparities
- Gather and share stories from grantees and other CHIP partners

CHIP

"All the work that the government does, that we do, it's going to be delivered to this community, but at the end, I mean I would love to see something that we can hear, okay, is the community feeling that all that work is worth it? I mean, did they feel that they got what they need or not? Are we meeting the expectations?"

Focus group participant

Phase 1

CHIP

Partners proposed **changes to the CHIP structure**:

- Engage the community more to select CHIP priorities
- Engage more partners from other sectors (education, health systems, business)
- Dedicate more funding for CHIP implementation
- Build different spaces for affinity groups, information-sharing, advocacy, and new initiatives

CHIP

"My vision for the CHIP? I'd like to see a process that includes many opportunities for community members to be involved in shaping and implementing strategies."

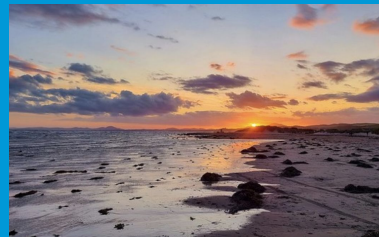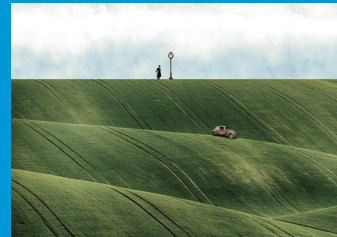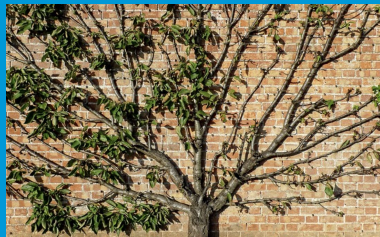**Partner meeting participant,**

Phase 2

Breakout Rooms

Any thoughts, questions, reactions?

What is standing out from the findings?

Activity: choose one image (next slide) to reflect your thoughts or feelings about these findings
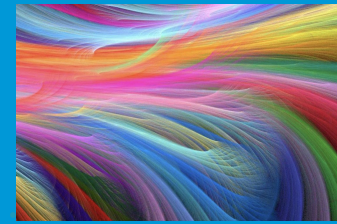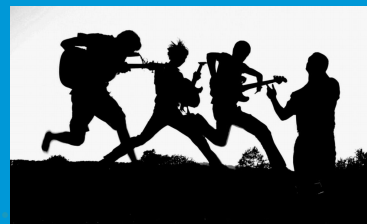
Thank you for joining!

Visit the Washington County Public Health webpage to:

- View or download the slides and presentation recording.
- Read the summary report of engagement findings (forthcoming)

Take the CHIP partner survey!