

Opportunities Assessment

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Report

Multnomah County's Community Health Improvement Plan's Opportunities for Innovation: Alignment, Opportunity, Feasibility and Recommendations for Implementation

Introduction

Multnomah County's CHIP is a community-centered and community-driven process and plan outlining five priority areas. While the document represents a holistic voice of community, the implications for implementation require we first recognize the health of community - and improving community health - is a responsibility that belongs to many. Partners within the public sphere cannot shoulder this responsibility alone, nor can those in the private sector.

Through the lens of the social determinants of health, the CHIP reminds us our health is affected by many aspects of our daily living. Affordable housing, food, transportation, and jobs are all critical components to overall health. Access to healthcare, institutionalized racism, and the oppression of cultural and indigenous ways of healing also affect our wellbeing. Implementing the CHIP means identifying these aspects of health and understanding how their intersection impact our community health, as well.

In order to design a comprehensive, achievable, and coordinated implementation plan, the CHIP team spent three months conducting a modified feasibility study, referred to here as an opportunity assessment. Following this approach, we sought to move our work beyond feasibility and into innovative, cross-system thinking about where alignment and opportunity exist to collaborate and amplify often siloed health equity work.

We must ensure strategies are funded, have broad-based support, and are set up for success. In the collaborative strategy development phase of this work, this report recommends that

stakeholder groups, or Opportunity Teams, come together as cross-sectoral partners to review CHIP strategies and develop formal recommendations for implementation.

What does success look like?

The CHIP team is in the process of developing an outcomes and evaluation team as part of the strategy development work. This team will track the efficacy of CHIP strategies and identify opportunities to track population health, utilizing our cross-system implementation model. As this team is developed and defined, the CHIP team relies heavily on our guiding principles as a basic roadmap for success. Therefore, successful implementation and evaluation of the CHIP’s strategies will be determined by the extent to which strategies are strongly aligned with existing work, principally led by key stakeholders with decision-making influence to ensure the process is community-centered, transparent, and rooted in evidence or practice-based data.

Understanding the 5 priorities in implementation

Below are the five priority areas summarized in the context of implementation. As our strategy development teams seek to advance CHIP goals and objectives, it is important we first acknowledge the structural and cultural disconnects within this work. Starting from this place, we can then move forward to mindfully build a shared language around what community need is, to ensure the system for implementing strategies of CHIP reflects this community need.

Priority Area	Relevant systems and sectors of influence
Priority 1: Access to Culturally & Linguistically Responsive Healthcare	
<p>Improving access to culturally responsive health care spans multiple systems. Currently our healthcare system services are misaligned with our communities’ cultural, behavioral, and communication needs. In lifting up the best opportunities for strategy development and implementation, we need to look at both existing systems of service, some of which may have failed to address barriers to culturally responsive health care in the past (i.e. Coordinated Care Organizations services), as well as places where community-based work has taken place out of urgency (i.e. Cover All Kids campaign, Healthy Birth Initiative program). This priority speaks to issues that range from proximity of care, cost, language, different cultural beliefs, social and geographic isolation, racism and past differential treatment, unwelcoming spaces in hospital and other healthcare settings, an overreliance on in-clinic health care, etc.</p>	<p>Multnomah County Commission Coordinated care organizations Oregon Health Authority Hospitals Health Care Worker Associations Multnomah County Health Department Department Health and Human Services Community Health Clinics Community-based organizations and advocacy coalitions Community advisory councils</p>
Priority 2: A Neighborhood Home for All	
<p>The second priority focuses on home as a core determinant of health. The CHIP relies on the base</p>	<p>Metro City municipalities</p>

<p>assumption that the stability and quality of where we live significantly impacts all levels of development from early childhood through adulthood, including the familial health and overall well-being and economic security of our communities. Several agencies intersect with Priority 2 recommendations, ranging from organizations with high capacity levels and resources to those with significantly lowered capacity, but high impact on communities experiencing the highest inequities. In combating gentrification, displacement, poor urban renewal, and the intersection of houselessness and health, we need to look at regional planning, investments in reclaiming place and geographic-specific community development, as well as housing specific policy.</p>	<p>Multnomah County Commission Oregon Housing and Community Services Home Forward Community-based organizations and advocacy coalitions Portland Development Commission (Prosper Portland)</p>
<p>Priority 3: Essential Community Resources</p>	
<p>Priority 3 addresses four core influencing factors of the social determinants of health. The essential community resources and services needed to move the dial on economic security and health, while strongly interconnected, span a vast set of systems and sectors. Priority 3 identifies transportation, education, jobs and food within in one priority area because not only is the their relationship to improved health outcomes reliant on collective success, but they are core components of place and community. While some of these sectors are siloed, there are many potential points of opportunity for connection that model CHIP's wrap around approach, and intersect with Priority 2. We see this as an opportunity to join systems around CHIP's shared goals and objectives.</p>	<p>Local municipalities, focus on Portland and Gresham Portland Public Schools Oregon Department of Education Portland Development Commission (Prosper Portland) Gresham Redevelopment Commission Multnomah County Commission Multnomah County Health Department Portland Neighborhood Initiatives All housing resources (see Priority 2) Worksource Oregon Community based services Oregon Food Bank Independent Community Development Coalitions Advocacy- Transportation, Food Policy, Jobs and Workforce Development Labor Partners Metro Trimet Community based organizations Transportation, economic justice and health advocacy coalitions City of Portland Bureaus</p>
<p>Priority 4: Supporting Family Ways</p>	
<p>Priority 4 approaches solutions in community health from relational, worldview, relying on a balance of physical,</p>	<p>Planning and land use agencies Metro</p>

<p>mental, emotional, and spiritual health. It spans systems that address family and community health and well-being. While many of the strategies occupy sectors that address land use, the economic vitality of whole communities, and oversee community specific investments, it is worth noting that cultural preservation and reclamation work has long been ignored by many of our public agency partners. Progress in Priority 4 will require cross-sector work and collective visioning, as it relied on whole community progress.</p>	<p>Neighborhood investment initiatives Multnomah County Health Department Housing advocacy coalitions Community Based organizations Law Enforcement</p>
<p>Priority 5: Transformative Change</p>	
<p>Priority 5 addresses the ways in which discrimination plays out on an institutional level. It puts forward strategies that affect how decisions are made (priority setting, funding, programming, data and outcomes) to how community experiences services, including how discrimination plays a role in both the health and well-being of our communities but also the efficacy of services. Efforts to address organizational culture as well as policy and programming, should be rooted in best practice, but ultimately be rolled out with leadership, investment and accountability.</p>	<p>Metro City of Portland's Office of Equity and Human Rights City of Gresham Multnomah County Commission Multnomah County Health Department Labor Partners Community based organizations</p>

Opportunity Assessment

Goals

In order to assess the feasibility of implementing CHIP strategies, we first mapped existing work in related systems and potential opportunities for alignment. Through our opportunity assessment, we sought to: 1) lift up existing work currently being done and identify the spaces where shared values (and overlapping work) come together; 2) identify economic opportunities, existing projects / neighborhood initiatives, community development, capital, and / or urban renewal investments; 3) identify where the strongest leadership and demonstrated commitment to community and equity exist, as well as 4) where community and advocacy have the greatest momentum, including coalitions; and 5) identify and begin to build relationships with potential strategy development and implementation partners.

Organizing priorities, objectives and strategies

We identified three levels for strategy development work:

- 1) **Alignment:** Where are the greatest opportunities to align CHIP strategies with existing work in a range of systems/sectors with intersecting health equity interests, such as housing policy, MCHD, Multnomah County, City of Portland, Metro, etc?
- 2) **Urgency:** Which strategies do not strongly align with existing work but are priorities that require more immediate implementation in 1-3 years?
- 3) **Long-term:** Which strategies do not strongly align with existing work but can be implemented in 3-5 years?

A focus on alignment in our current budget climate

State and County budgets reveal continued strains on resources critical to the health of our communities, in particular state and county health department budgets. New expectations of CCOs to cover budget shortfalls have limited CCO ability to flex funding to address social determinants of health. In addition, continued vulnerability to federal budget cuts to the Affordable Care Act, self-sufficiency benefits, and other programs have increased the burden on our communities. Regardless of this difficult budget climate, the five priority areas of the CHIP cannot be accomplished with county programming or money alone. We therefore determined that the bulk of our opportunity assessment should focus on identifying areas for alignment and partnership.

A core component of our alignment strategy (and implementation) has been the importance of broadening ownership, which has already begun in our work to deepen existing relationships and incorporating a health and well-being narrative into all our work.

Who we talked to

The CHIP team devoted extensive time to develop a narrative that puts the CHIP in a current context. With priorities that expand far beyond the health systems sector coupled with a need to approach racism directly, the leadership team outlined the current environment facing our communities. The Forces of Change described in the CHIP (discussed in next section) ultimately guided which agencies we engaged and directed the focus of each discussion. Between March 31st and May 31st, we met with the following organizations, coalitions, and individuals:

- Metro: Sam Chase, Scotty Ellis
- Transportation: John Gardner (Trimet), Kari Schlosshauer (Safe Routes to School)
- Oregon Health Equity Alliance: Members (Quarterly Meeting); Linda Roman (Policy Director)
- CHIP Leadership Team: Urban League of Portland, MCHD, ORCHWA, APANO, NAYA
- CCOs: Cyreena Boston-Ashby (Health Share of Oregon), Sandra Clark (FamilyCare), Denise Johnson (CareOregon), Carly Hood (Oregon Primary Care Association)
- Community Development: Tony de Falco (Verde), Emily Bauer (City of Gresham), Edward Hill (Rebuilding Center), Todd Struble (Jade District)
- Health Sector: Honora Englander (OHSU), Juliana Wallace (Unity Behavioral Health Center)
- APANO: Joseph Santos-Lyons
- Multnomah County Commissioners: Ana del Rocio (JVP), Commissioner Meieran and Renee Huizinga (Meieran), Roberta Hunte (Stegmann), Kim Melton (Kafoury)
- City of Portland: Antoinette Edwards, Andrea Valderrama
- Multnomah County Public Health Advisory Board: Monthly meeting and focus group
- Multnomah County Public Health Division: Rachael Banks
- AFSCME - Zev Nicholson
- Education: Multnomah County Sun Schools (Diana Hall), Kairos PDX (Zalika Gardner)
- Office of Equity and Human Rights (Dante James)

- Save and Thriving Communities, (Erin Fairchild)
- The Q Center, (Justin Pabalate)
- Additional input: Children First Oregon, Oregon School Based Health Alliance (Maureen Hinman)

What we learned: The scope and findings of the environmental scan

Following each discussion, we compiled information in a table, where we detailed what work exists, our analysis - including size of investment, strength of equity lens, strength of relationship as a potential partner, and CHIP strategies that connected to the work. “Work” ranged from infrastructure projects, program redesigns, major institutions strategic planning processes, to advocacy coalitions and county commissioner priority issues. For a full list of identified projects and work areas, see Appendix A.

The following summarizes both the CHIP Forces of Change framework - which guided our conversations - and opportunity assessment findings within each area. The Forces of Change were established by members of the CHIP Advisory Committee in Spring 2016 in response to specific questions about what occurrences, threats, or opportunities affect (or might affect) the health of our community.

Housing and Houselessness Gentrification, displacement, and a rising houseless population have significantly impacted the health of our communities. In the wake of an expanding population, we see that city and county collaboration, housing stability policy, and investment in affordable housing and houselessness prevention measures all provide key points of intervention for policy and practice change.

Our opportunity assessment revealed there is strong alignment with existing work that the city and county are doing in housing. From advocacy groups, such as Welcome Home Coalition, to the establishment of a Joint Office on Housing, housing has not only been central to City and County conversations and efforts, but Multnomah County Health Department has also begun to forge its own collaborations around the intersection of health and housing.

Additional analysis revealed that the greatest alignment to CHIP strategies in housing did not exist within housing policy or through high level, decision-making bodies, but rather in community development and neighborhood level work that was focused on building community-determined neighborhoods. In many of these projects, we found strong pre-existing relationships with CBOs leading the work and also strong need and opportunity to partnership with leaders in health equity.

Education All of Multnomah County’s six public school districts face challenges ranging from poor data collection in discipline policies to inequities in access to educational opportunities. However, opportunities for increased funding for at-risk families and children, drop-out prevention, early childhood programs, universal preschool, and daycare expansion are all important areas of focus in Priority 3.

Our opportunity assessment revealed some alignment with the education work of stakeholders; but it was more limited than any other area. While there was some alignment with individual projects / programs and initiatives, there was less opportunity

for cross-system collaboration on shared strategies. This ultimately meant it was not prioritized as an area of high opportunity for alignment.

We did identify areas where education partners can serve as a partner in strategy development toward larger community health goals and objectives (rather than education-specific goals). There is potential here to help support incorporation of health equity work into schools as well as build relationships and cross-partner work.

Health Care The CHIP identified multiple intervention opportunities that exist through Oregon's coordinated care organization metrics, potential community benefits dollars, public health modernization, new leadership at MCHD, public health's new focus on oral health, Multnomah County's safety net clinic's new focus on housing and economic development, and actions that come out of the Healthy Columbia Willamette Community Health Needs Assessment.

Our assessment revealed numerous opportunities for alignment in multiple health care systems. However, many of these systems are not well coordinated. The strongest alignment and opportunity was with Multnomah County Health Department. This is in part because MCHD is a CHIP partner and has been working on CHIP alignment for a few months already. Through strong leadership, an upcoming strategic plan, and the capacity to drive the work, it was clear that we have a strong opportunity to move many strategies identified in the CHIP here.

Discussions revealed that while CCOs lack opportunity for easy alignment, due in part to limited accountability structure, the potential investment in community work through community benefits or other redirected funds is significant. While individual CCOs are making some progress with equity planning and community investment, the current lack of community-informed processes and accountability structures suggest an investment in reform may be worth our strategy development team's focus.

Our analysis revealed the greatest overlap in strategies occurred in three main areas. The first was strategies that had to do with the reallocation of health dollars to communities / overall greater community investment. This includes everything from hospital and coordinated care organization community benefit dollars, to reallocating county funds to invest in culturally-specific community development work.

The second concerned a call for greater investment in a stronger and more robust community health workers (CHW) workforce, whether through public agency community engagement, CCO community investment, school-based health clinics, and best practices for county-wide community health clinics, etc.

Lastly, overlapping strategies emerged around opportunities to support and advance a more effective - through diversity *and* training - and culturally responsive health care workforce.

Transportation Gentrification has become increasingly linked to health improvement, affecting economic security, education outcomes, etc. Location and safety of transit stations, relationships with transit drivers, and engagement with transit systems impact

experience, rider representation, etc. Transit availability raises Title VI civil rights issues and finally, inequitable active transportation planning has affected sidewalks in east county.

Our assessment revealed some strong alignment among many transportation goals and priorities. It was not prioritized highly due to inconsistent health equity lens, likely due in part to its siloed work. However, it also revealed that many of the CHIP goals aligned well with pre-existing advocacy and policy work that was funded and had strong racial justice partners and leadership. It did not score highly for strategy development team work.

Physical and Built Environment Currently zoning allows for 1.3 million residences with the urban growth boundary and does not allow for projections of 2 million by 2035. This is coupled with a lack of safe, green spaces for majority communities of color and unchecked industrial pollution and has big implications on the CHIP. However, anti-displacement mandates included in the Portland Plan, zoning changes, sidewalk safety measures, and community development projects all offer an opportunity to influence how neighborhoods are grown to support and protect existing communities.

Some of the strongest community development work in our assessment involved many overlapping community based organizations that informed the CHIP. Many of these neighborhood initiatives and developments have strong leaderships, investment strategies, and community informed processes.

Additionally, our analysis showed varying levels of health equity analysis and social determinants of health approaches and a strong opportunity to establish a set of CHIP strategies for many of these community investments meant to serve our most impacted communities. Finally, we also found the most overlap of CHIP priorities in this area. When the shared approach was physical and built environment, many strategies from priorities 2-5 all aligned with potential work here.

Public Safety Racial inequities in use of force, perpetuated through law enforcement and the criminal justice system, will all be exacerbated through cuts in addictions treatment and recidivism prevention. Identifying opportunities for alignment with health goals may be the most effective way to begin to address this.

The CHIP did not identify many strategies specifically addressing justice system inequities. However, the intersection of health and the criminal justice system continued to arise in our conversations with partners. Our analysis revealed that while criminal justice reform was not necessarily named as a strong potential objective in CHIP goals, our opportunity assessment revealed that in order to improve root causes - specifically around health, housing and economic security - our strategies needed to address their intersection with the justice system.

Political Advocacy groups continue to work on local and state policy change and often provide the backbone needed to support larger practice change. Fairshot coalition, Housing Alliance, Oregon Health Equity Alliance, and other core advocacy coalitions are instrumental in advancing much of this work.

Many of the work of our advocacy partners were not lifted up in the assessment due to timing alignment. The assessment occurred while the legislature was in session and legislative priorities had already been decided. While many priorities of our partnering economic and health equity coalitions did move some of the strategies identified in the CHIP, such as ensuring Cover All Kids, or Just Cause Evictions, they were not intentionally aligned with CHIP priorities.

We began to build relationships with advocacy and coalition partners and are recommending a team to strategize long-term support and input into advocacy and policy change work moving forward. To that end, we also met with County commissioners to begin relationship building and implementation work with those offices.

Jobs and the Environment Any economic hit affects low wage workers and people of color first and the health of these communities. In addition to addressing wage stagnancy and the growing wage gap, other opportunities for intervention exist through city, state, and county jobs and workforce investments to integrate equity policies and target goals into city, state and county work. Leveraging investments in STEM, K-12 pilot/tech programs, and other tech boom money as well as capital project and infrastructure investments could all significantly influence social determinants of health.

Our opportunity assessment found the greatest opportunity for CHIP alignment for employment opportunities was in community development initiatives. While there was some alignment between city and county policy work, it was not prioritized as highly as community development areas where many other strategies - especially around built environment - aligned at the same time. We did identify strong opportunity to move culturally specific workforce development in the neighborhood specific work.

Structural Racism Policies continue to be created without an equity lens and continue to perpetuate racial inequities in all of the above system areas. High level equity strategies, progress on workforce diversity, data equity, and cross system collaboration around collective impact provide a great opportunity for intervention. They are also necessary components of long-term change.

MCHD and Metro showed the highest opportunity for large-scale system change in alignment with CHIP strategies. However, many other agencies, such as certain CCOs, revealed equity plans that showed a strong potential to move CHIP strategies.

Our analysis revealed a strong need for providing technical assistance to agencies interested in moving this work. This led to the creation of an Opportunity Team with focus specifically on cross-walking large scale equity plans of organizations with the CHIP.

Identifying Greatest Opportunity for Alignment implementation

What do we mean by greatest opportunity?

While many of the CHIP strategies aligned with existing work, in many cases, the resources, health equity analysis, or leadership was not there to ensure actual implementation of our

strategies. We sought to identify where successful implementation was most likely possible. The following summarizes the process through which we identified greatest opportunity for alignment implementation.

First round of analysis

In deciding where to focus our strategy development and alignment work (over the next 1-3 year time period), the following criteria were created to define “greatest opportunity”. The results serve as the foundation of our strategy development phase.

- Timing aligns
- Strongly aligns with one or more priority areas (How many? _)
- Sufficient time and organizational capacity for work (Is there funding to ensure operationalizing can occur? OR an existing effective intervention/oversight opportunity i.e. advisory committee, community advocacy coalition work, etc?)
- Strong level of health equity understanding exists (Do you know how to operationalize the work?)
- Strong leadership to support success (Is there leadership to enforce operationalizing happens?)
- Requires small lift - political, funding, time (in Implementation), including whether there are existing "intervention" structures/partners/etc. to easily influence the direction of the work
- Resonates with communities - ability to organize communities (e.g., develop campaigns)
- Community's ability to hold responsible parties accountable
- Large financial investment - dollars attached to the work, not dollars needed
- Positive impact on communities - Potential positive impact; if there was alignment between strategies and the work, the impact would be significant

The results yielded strong alignment with multiple projects occurring throughout the county. We then reviewed the results and identified areas where multiple strategies and projects overlapped. The analysis team considered the following clusters of work:

There are five main sets of factors when further weighing criteria. First, timing must align and the project must strongly align with CHIP strategies. Timing indicates the project or work has not completed already, but is work that will continue for the next several months and longer as an avenue to implement CHIP strategies. Without both factors present, it does not make sense for our Opportunity Teams to develop alignment strategies in these areas of work.

Second, project needed to contain a strong set of health equity components, including understanding, leadership, and capacity for implementation.

Third, even if health equity understanding and strong leadership were absent, a project contained a large financial investment as well as potential impact for our communities and the issue resonates with communities. Here, the likelihood for an “easy lift” may not be high, but the lift may be considered imperative, and therefore worth time invested by our opportunity teams.

Fourth, we looked for projects / work where sufficient time and organizational capacity for work existed or it requires small lift (political, funding, time - in implementation stage).

The fifth and final area for discussion considered areas where there was significant overlap in strategies and an opportunity to bring multiple parties together around shared goals.

We used this analysis to form a set of stakeholder teams, or Opportunity Teams, with shared strategies and goals that align with the CHIP and have an interest in leveraging their existing work to accomplish these shared goals.

Recommendations for Strategy Development

Strong Accountability Structure for CHIP Team

To successfully oversee the implementation of the CHIP, an implementation team should have essential components integrated into its structure: 1) accountability, 2) community-informed voice, 3) an integrated role for Multnomah County Health Department / Public Health, 4) evaluations and metrics, and 5) technical assistance and capacity-building.

Multnomah County Health Department is a strong CHIP partner. Given its strong health services and equity framework, we see multiple avenues for their participation in strategy development and implementation. Additional core components speak to the guiding principles of the CHIP and to building its long-term sustainability.

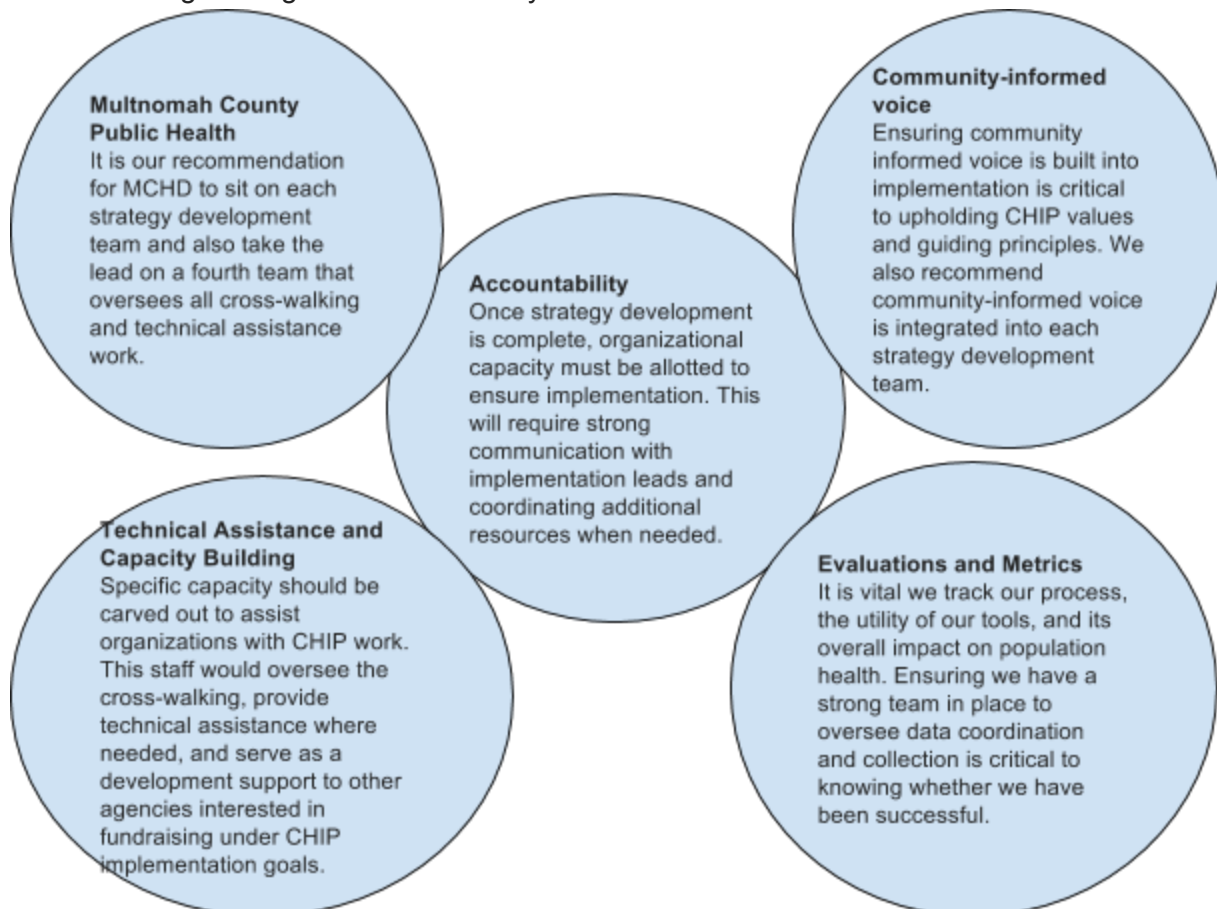


Figure 1. Core components of Opportunity Teams

CHIP Implementation Workgroups: Opportunity Teams

We recommend the formation of a set of Opportunity Teams, cohorts representing a cross section of systems, community, and health equity experts, that will carry out strategy development. These Opportunity Teams will carry out the collaborative strategy development stage of the CHIP. In determining the Opportunity Teams, we sought to identify what system / sector intersections show the greatest opportunity to move a set of shared CHIP priorities. In forming these teams, we considered the following questions:

- Where are organizations/sectors already working together on strategies that have the opportunity to align with CHIPs? (I.e. Housing and health equity)
- Where have sectors voiced mutual interests (I.e. trauma-informed approaches in law enforcement and health services) that intersect with CHIP strategies?

Opportunity Teams: Core Roles

Each team will be comprised of 10-15 core thought partners representing the following;

- CHIP Implementation Team (staff from County Health Equity Initiative and OHEA CHIP) - co-facilitating
- Leads (partner with capacity / infrastructure to help move the work)
- System / sector leadership and thought partners
- Community representation (options: Multnomah County Public Health Advisory Board, Pacific Islander Council, Future Generations Collaborative, Multnomah Youth Commission, etc.) - *will fit for purpose*
- Also considering youth representation, private partners, member who understands deeply healing and community ways)
- Outcomes and Evaluations - What does success look like?

Team Sessions:

- 4 sessions of 2-3 hours each
 - First session needs to be orientation to the CHIP process and introduction of teams and expectations

Implementation Teams

1. Opportunity Team - Community Investment

Purpose:

To assist in developing a 1-3 year strategy that aligns existing work with CHIP implementation goals and objectives, using the shared knowledge, resources, organizations, and opportunities in stakeholder group.

Shared Goal:

Leverage community benefit dollars (CCOs, hospitals, development commissions, etc.) to create a stronger investment in and reallocation of resources to culturally specific, community based organizations in order to increase access to culturally responsive healthcare, community education and housing services.

Systems/Sectors:

MCHD, hospitals, County, CCOs, health care and safety net systems

Proposed Opportunity Team

Leads:

1. CHIImplementation Staff Marilou Carrera, Katie Sawicki, Joe Inlet, and Samantha Kaan
2. Coalition of Community of Health Clinics, Janelle Mellor

Partners:

1. Hospital Accountability Project, Joseph Santos Lyons
2. Family Care and MCPHAB, Sandra Clark
3. HealthShare, Michael Anderson-Nathe.
4. Kaiser Permanente, Katherine Potter
5. Care Oregon, Denise Johnson.
6. County Commissioner staff, Kim Melton.
7. Prosper Portland, TBD.
8. Outcomes and Eval, TBD.
9. A Home For Everyone, Shannon Singleton.
10. Integrated Clinical Services, TBD.

Prioritized opportunities for alignment (drawn from prioritization table):

CCO equity plans and community investment dollars, CCO reform, Prosper Portland anti-gentrification dollars and Tax Increment Financing (N/NE community development plan), Hospital Accountability Project, County Commission housing agenda, Community Reinvestment Act.

Shared CHIP Goals and Strategies:

Priority 1: Access to Culturally & Linguistically Responsive Health Care

Goal 1: Diversify the health care workforce to reflect the changing racial / ethnic demographics and need in Multnomah County

- Make fiscal investments in culturally specific organizations who are using proven best practice models to diversify services and workforce (for example, actively hire nurses and health professionals who have certifications from other countries as health educators)

Goal 2: Eliminate the barriers facing communities that are ineligible for insurance or are underinsured

- Make fiscal investments in culturally specific organizations who are using proven best practice models to diversity services and workforce (actively hire nurses and health professionals who have certifications from other countries as health educators for example)

Goal 3: All people are provided timely, responsive health care inclusive of mental health, oral health and vision health services. Specific attention is given to ensure that this is true for people of color, LGBTQ2I, people with mental illness, people with disabilities (inclusive of mental health, oral health and vision health services).

- Develop partnerships and foster funding investments by CCOs in the **safety net clinics**. Increase investments to build community capacity for health care, including mental health, oral health and vision health services.
- CCOs, county health departments, safety net clinics, hospital systems and all other providers work together on oral health mental integration and mental health

integration

Priority 2: A Neighborhood for All

Goal 1: Create safe, welcome, and secure neighborhoods that promote equity and good health for all people in Multnomah County

- Fund CBOs to continue participating in various housing, houselessness, transportation, mental health, disability and anti displacement coalitions and organizations.

Goal 2: Comprehensive reform for houseless individuals and families and people experiencing lack of fixed, regular, and adequate nighttime residence

- Advocate to city and county to increase affordable housing for the most underserved and needy populations, and decrease number of houseless community members through community led and funded strategies
- Fund culturally specific CBOs to work with (or continue to work with) a Home for Everyone and MC Homeless Youth Continuum to address shelter needs
- Advocate to city and county for immediate houseless needs such as, but not limited to, hygiene facilities, shelters for people recovering from illness and injury, and transitional housing

Priority 3: Essential Community Resources and Services

Goal 1 - Create, re-allocate and prioritize access to resources and services for people of color, low income, immigrant and refugee communities including youth, elders, houseless, LGBTQ2, people experiencing mental illness, and people with disabilities.

- CBOs work with city, county, and / or academic partners to conduct assessment identifying areas lacking community centers and partner with city and county to identify key stakeholders who will benefit in investing in these areas
- Funders, CCO community benefits programs fund CBOs to increase language and other community education supports
- Partner with hospitals to identify opportunities for investment through community benefits programming
- Advocate for culturally responsive community based organization investments

Goal 3- Create and provide more opportunities for an education ecosystem that all learners can thrive.

- County, Portland Community Development Commission, and other funding partners fund CBOs to provide programs that connect individuals to employment opportunities
- Fund CBOs to offer childcare and additional education programming for children / youth

Goal 5- Improve and expand living wage with benefits, job opportunities for all communities

- Partner with Portland Community Development Commission to develop investments that create opportunities for residents within their own neighborhoods and around the region.

Priority 4: Supporting Family and Community Ways

Goal 1: Develop and amplify strategies that promote and support cultural preservation

and reclamation

- Community based orgs and agencies secure Tax Increments Financing (TIF) investments and other funding that support culturally-led development and redevelopment of neighborhoods and support culturally specific programs, micro enterprise, and small business development.

Goal 2: Secure ongoing funding (county, city, hospital community benefits, and CCO flex funds), and formalize, through policy change, for cultural preservation and reclamation work

- By FY2018, secure ongoing funding to support culturally-specific CBOs in engaging community to increase signage and public art highlighting historical and current place-based significance of local sites to specific cultural communities
- Support culturally-specific CBOs and community groups to develop and implement culturally-specific programs and educational curriculum/core history standards that support cultural preservation, accurate historical context and community reclamation (i.e., tribal sovereignty classes for youth)
- By FY 2020, secure ongoing funding through formal policy change where a proportion of regional funder and public agency investment is consistently allocated to culturally specific CBOs and community groups
- Assess potential benefits to cultural preservation and reclamation of policies in land use plans, coordinated care organization planning and use of hospital community benefit dollars (in development)
- Advocate for consistent city, county and regional funder investment support of culturally specific community based organizations
- Advocate for city and county investment in cultural preservation and reclamation.

Goal 4: Communities are able to access health supportive classes related to healthy eating and active living from organizations that mirror their lived cultural experiences

- Advocate for government and private investment in intergenerational integrated housing and wellness centers that include healthy eating and active living (in development)

Priority 5: Transformative Change towards Equity and Empowerment

Goal 2: Developing, resourcing and leading new racial equity strategies, programs and partnerships

- Multnomah County Health Department, City of Portland, CCOs, Metro and other government structures will ensure funding is sufficient for staff to develop an equity plan for all strategies and programs. They will also dedicate funds toward partnerships with communities of color on strategies, programs and partnerships, prioritizing communities most affected by the work (adapted from Racial Equity Strategy Guide).

Goal 4: Protect and promote the history of communities of color

- Advocate for increased and consistent city, county and regional funder investment support of culturally specific community based organizations and centers (needs development)

2. Opportunity Team - Pathways to a Culturally Responsive Workforce

Purpose:

To assist in developing a 1-3 year strategy that aligns existing work with CHIP implementation goals and objectives, using the shared knowledge, resources, organizations, and opportunities in stakeholder group.

Shared Goal:

Increased pathways to a culturally responsive workforce--including CHW / THW job creation, improved culturally responsive, linguistically appropriate and trauma-informed trainings for healthcare professionals, and improved hiring and retention.

Cross sector collaboration and deployment of community health workers in multiple sectors; workforce diversity in healthcare systems; and culturally responsive and trauma-informed capacity building within healthcare systems.

Systems/Sectors:

MCHD, hospitals, County, CCOs, health care and safety net systems, schools, community centers

Proposed Opportunity Team:

Leads:

1. CHIPlementation Staff, Oliviah Walker and Katie Sawicki/ Marilou
2. Coalition of Community of Health Clinics, Janelle Mellor

Partners:

3. ORCHWA, Alise Sanchez
4. Community Capacitation Center, Pei-ru Wang.
5. Sun School System, Peggy Samolinski or Dianna Hall
6. Defending Childhood Initiative/Violence Prevention Programming, Erin Fairchild
7. School Based Health Clinics, Maureen Hinman
8. County Commissioner Meieran staff, TBD.
9. Legacy Emanuel Hospital, Pamela Weatherspoon
10. Oregon Health Authority, Abdiasis Mohamed.
11. OHSU, Brian Gibbs
12. Q Center, Justin Pabalak
13. Outcomes and Eval, TBD.
14. MCPHAB member, _____.
15. Integrated Clinical Services, TBD.

Prioritized opportunities for alignment (drawn from prioritization table):

CCO CHW Program, Health Based School Clinics pilots, Sun system redesign, CCOs trauma-informed care in schools, Safe and Thriving communities.

Shared CHIP Goals and Strategies:

Priority 1: Access to Culturally & Linguistically Responsive Health Care

Goal 1: Diversify the health care workforce to reflect the changing racial / ethnic demographics and need in Multnomah County

- Policies and values in these organizations value diversity and inclusion, that translates to hiring practices, interview panels, diversity goals, accountability standards across management positions.
- Develop and pass a cultural competency training for medical providers in

- collaboration with state, academic, and other community partners
- Ensure CHWs can be certified and CHW services are reimbursable by federal and state agencies
- Develop the infrastructure that supports recruitment, hiring, and retention of CHWs into county health departments and healthcare systems, including pathways that allow for further diversification of the healthcare system after hire (e.g., CHWs receive reimbursement for education to become medical assistants, etc)
- Hire community health workers
- County agencies and clinics work with colleges to develop certifications and programs to train staff.
- County agencies work with partner institutions to create healthcare profession pathways for CHWs and related professions (all THWs)
- Make fiscal investments in culturally specific organizations who are using proven best practice models to diversity services and workforce (actively hire nurses and health professionals who have certifications from other countries as health educators for example)

Goal 2: Eliminate the barriers facing communities that are ineligible for insurance or are underinsured

- Get CCOs and other health systems to make financial investments in community based organizations who use CHWs in their provision of services

Goal 3: All people are provided timely, responsive health care inclusive of mental health, oral health and vision health services. Specific attention is given to ensure that this is true for people of color, LGBTQ2I, people with mental illness, people with disabilities (inclusive of mental health, oral health and vision health services).

- CCOs, county health departments, safety net clinics, hospital systems and all other providers work together on oral health mental integration and mental health integration
- Conduct assessment that documents barriers to accessing services including but not limited to wait times, access to culturally and linguistically competent providers, and geographic and economic barriers to accessing current locations. Present results to commissioners with recommendations to address gaps.
- Increase access and availability of health care services to transgender communities.
- Work with state Medicaid office and Dept of Consumer and Business Services to identify federal matching opportunities not currently utilized by county or state.
- LGBTQ2 work with MCHD to advocate and develop and implement a training to support transgender and LGBTQ2
- Partnership with community based organizations serving LGBTQ2 communities

Priority 5: Transformative Change towards Equity and Empowerment

Goal 1: Adopt new practices of decision-making that shift composition, character, structure and power relations in Multnomah County decision-making through full implementation of the Equity and Empowerment Lens

- Consistent, complete and competent implementation of the Equity and Empowerment Lens in all County programs and services.
- In partnership with community- based organizations, county will review and

revamp governance and decision - making structures around EEL based decision- making

Goal 3: Foster a diverse workforce

- The MCHD will increase the diversity of the workforce to better reflect community demographics, and will increase funding for culturally specific, trauma- informed training for all levels of staff and selected contractors by June 2020 (in part adapted from Racial Equity Strategy Guide)
- Public agencies align budget for all staff and selected contractors to receive annual training on cultural competency and trauma informed care. (needs development)

Priority 3: Essential Community Resources and Services

Goal 5- Improve and expand living wage with benefits, job opportunities for all communities

- Support and endorse campaigns to eliminate employment policies that create barriers and promote poverty conditions for communities most negatively affected
- Support and endorse policies that create opportunities and are inclusive of all communities, including undocumented, people of color, youth, and LGBTQ2 people
- Assess hiring practices with an equity lens
- Assess feasibility of creating a pilot licensing system that recognizes degrees and certifications from other nations
- Organize and elevate the voices of those community members who are licensed / certified professionally in other states but are denied opportunity to practice

Priority 4: Supporting Family and Community Ways

Goal 5: Establish referral pathways and payment mechanisms from physical and behavioral health practitioners to cultural preservation and reclamation opportunities.

- Support policy development and advocate for policy that establishes funding mechanism for Traditional Health Workers

3. Opportunity Team - Community Health Equity

Purpose:

To assist in developing a 1-3 year strategy that aligns existing work with CHIP implementation goals and objectives, using the shared knowledge, resources, organizations, and opportunities in stakeholder group.

Shared Goal:

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

Systems/Sectors:

Neighborhood Prosperity Initiatives and community development initiatives, Community Based Organizations, City of Gresham, City of Portland, Portland Development Commission.

Proposed Opportunity Team:

Leads:

1. CHIImplementation Staff, Marilou Carrera, Katie Sawicki, and Kamesha Robinson.
2. *Need Lead*

Partners:

3. Rockwood Rising Project, Robyn Stowers.
4. SW Corridor, Tram / Nick Sauvie.
5. African American Financial Capabilities Coalition, TBD.
6. Black Food Sovereignty, Nikoya Phillips
7. Prosper Portland, TBD.
8. Healthy Communities Coalition/ OPAL, Vivian Satterfield.
9. Anna Herrington, Living Cully.
10. Welcome Home Coalition, TBD.
11. Multnomah Idea Lab, Mary Li.
12. Roots 2 Rise, Todd Struble
13. Green Workforce Collaborative, Edward Hill
14. Rosewood Initiative, Jenny Glass.
15. NAYA, Cary Watters.
16. Outcomes and Eval, TBD.
17. MCPHAB member, TBD.
18. STRYVE, Vanessa Micale.

Prioritized opportunities for alignment (drawn from prioritization table):

Roots 2 Rise, SW Corridor, Rockwood Rising REACH, Living Cully, County - CBO collaboration in East County anti-poverty strategies, Metro's Equitable Housing Strategy for the Southwest Corridor. Additional opportunities: Safe and Thriving Communities, Purpose Built Communities, \$250 mill tax bond, USPS relocation & redevelopment, EPA neighborhood investments.

Shared CHIP Goals and Strategies:

Priority 2: A Neighborhood for All

Goal 1: Create safe, welcome, and secure neighborhoods that promote equity and good health for all people in Multnomah County

- Ensure alignment of housing and built environment priorities include goals regarding stress, racism and correlated health outcomes
- Develop and implement a strategy to align and coordinate work of the various housing, houselessness, transportation, mental health, disability and anti displacement coalitions and organizations around eliminating housing and health disparities for communities of color
- Adopt and implement anti-displacement measures in all city comprehensive plan
- Advocate at state level to implement Just Cause evictions, remove state pre-emption for rent stabilization policies, and landlord education through mandatory landlord licensing
- Advocate at city level to develop a policy on community benefits agreements
- Advocate at local and regional level to ensure new parks and green spaces are prioritized for historically neglected or underserved communities
- Advocate at city and regional level to ensure safe parks and green spaces are incorporated into regional planning and community safety policies

- Advocate for city and county investment in collaborations like Living Cully
- Advocate at city, county level for investments and policy opportunities to improve air quality, especially in low- income communities and communities of color

Goal 2: Comprehensive reform for houseless individuals and families and people experiencing lack of fixed, regular, and adequate nighttime residence

- Fund culturally specific CBOs to work with (or continue to work with) a Home for Everyone to explore the development of sanitation stations, reproductive health needs, and other health and hygiene needs identified by houseless community
- Implement policies and programs to support and house, houseless residents living with infectious disease and/ or addiction

Goal 3: Ensure quality and safe homes.

- Advocate for healthy housing policies that are proven to have cost savings and a positive impact on health
- Advocate for better clean air, environmental health policies
- Support and fund Cully Weatherization 2.0; replicate effective policies and strategies in other communities (such as Green and Healthy Homes initiative)
- Fund culturally specific CBOs to educate community members about pollutants, unsafe housing conditions, and tenant rights
- Explore development of medical legal partnerships with FQHCs related to quality housing; helping patients manage landlord issues and unsafe housing conditions
- Advocate at state level to implement Just Cause evictions legislation
- Advocate at state level to continue funding the Healthy Homes program

Goal 4: Increase supply and access to affordable housing

- Leverage success of Rose CD and Living Cully (and other community led economic development initiatives) and advocate to implement their successful policies and programs at the county and city levels.
- Advocate to expand New Generations project, ULPDX's Housing Assistance Program, and affordable housing units owned and operated by culturally specific organizations
- Promote race equity and health equity statements as a requirement for community developments/ Community development projects, programs, and organizations apply racial and health equity lenses to their work
- Develop a community-centered communications approach that elevates the experiences of community members most likely to experience housing disparities
- Explore best practices in rent control measures for counties of similar size and demographic as Multnomah County
- Advocate at state level to implement Just Cause evictions, remove state pre-emption for rent stabilization policies, and landlord education through mandatory landlord licensing

Goal 5: Support comprehensive economic security reform

- Organize those organizations addressing health and those focusing on community development and work collaboratively to present the connections to key stakeholders
- Develop a community-centered communication strategy that elevates the stories of community members and their experiences at the intersection of health and community development
- Identify and partner with key stakeholders to develop policies that reduce

economic disparities for communities most at risk of displacement and ensure those community members are part of the discussion from the beginning

- Partner with county and city government, as well as police agencies and housing-focused organizations to develop re-entry policies that address housing and employment disparities for people with criminal justice backgrounds – based on best practice:

<http://action.naacp.org/page/-/Criminal%20Justice/Reentry%20Toolkit.pdf>

Priority 3: Essential Community Resources and Services

Goal 1: Create, re-allocate and prioritize access to resources and services for people of color, low income, immigrant and refugee communities including youth, elders, houseless, LGBTQ2, people experiencing mental illness, and people with disabilities.

- CBOs work with city, county, and / or academic partners to conduct assessment identifying areas lacking community centers and partner with city and county to identify key stakeholders who will benefit in investing in these areas.
- Identify and partner with community education programs, adult learning schools, and academic institutions to develop culturally responsive curriculum for youth and people of color.
- CBOs conduct storytelling initiatives elevating the experiences of community members and the ways in which culturally responsive CBOs have provided services
- Disseminate storytelling initiatives broadly to regional funders such as Meyer Memorial Trust, MRG Foundation, Grantmakers of Oregon and SW Washington, Multnomah County, etc.

Goal 2: Provide equitable transportation access for all community members.

- Organize communities of color on the issue of affordable transit to educate on need and impact of transit on lived experience
- Advocate for active transportation infrastructure
- Partner with transit agencies to create trainings describing impacts of racial profiling on communities of color and that address racism, discrimination, and implicit bias

Goal 3 Create and provide more opportunities for an education ecosystem that all learners can thrive.

- Examine existing allocations of public agency dollars by end use, neighborhood community served
- Partner with public agencies to develop disbursement option that more equitably allocate funding
- County, Portland Community Development Commission, and other funding partners fund CBOs to provide programs that connect individuals to employment opportunities
- Advocate to align education costs with the needs of students taking into account socioeconomic status, disability status, languages, grade levels and achievement level
- Advocate to establish accountability mechanisms that links funding to achievement outcomes
- Implement ethnic studies in schools across the county

- Develop school-based curriculum addressing racism, implicit bias, and discrimination, and impact of racial profiling on communities of color
- Advocate to end zero tolerance discipline policies in school districts
- Advocate for school districts to use restorative justice as a discipline measure

Goal 4: Ensure all communities have access to culturally relevant, nutritious, affordable food in their neighborhoods

- Promote development of small businesses, i.e. culturally specific grocery stores in areas lacking full-service grocery options
- Funders provide opportunities for community members to develop culturally responsive small businesses, i.e. grocery stores
- Create incentives and innovative private public funding structures to increase number of grocery stores where people of color live (i.e. within 1.5 miles)
- Form partnerships between full-service grocery stores and other partners to create sustainable produce cost reduction programs that support families experiencing food insecurity
- Develop culturally-responsive criteria for enrollment in supplemental food programs (e.g. WIC) and community gardens
- Invest in community gardens throughout Multnomah County, in areas where access to fresh fruits / vegetables are limited
- Promote development of small businesses, i.e. culturally specific grocery stores in areas lacking full-service grocery options
- Create incentives and innovative private public funding structures to increase number of grocery stores where people of color live (i.e. within 1.5 miles)
- Funders provide opportunities for community members to develop culturally responsive small businesses, i.e. grocery stores

Goal 5: Support comprehensive economic security reform

- Identify and partner with key stakeholders to develop policies that reduce economic disparities for communities most at risk of displacement and ensure those community members are part of the discussion from the beginning
- Organize those organizations addressing health and those focusing on community development and work collaboratively to present the connections to key stakeholders
- Improve and expand living wage with benefits, job opportunities for all communities
- Partner with Portland Community Development Commission to develop investments that create opportunities for residents within their own neighborhoods and around the region.
- Fund spaces for employers and interested individuals to discuss employment opportunities
- Develop and approve alternative identification for people lacking documentation status in order to work.
- Provide community development investments that create opportunities for residents in their own neighborhoods and around the region.

Priority 4: Supporting Family and Community Ways

Goal 3: Increase culturally specific intergenerational healthy eating and active living opportunities offered by Portland and other City Park Departments, farmers markets, SUN schools, seniors centers, community based organizations, etc.

- Community based organizations offer food, garden and recreation programming
- Assess current healthy eating and active living programming available by demographics in Multnomah County to identify unmet needs (in development)
- Provide produce vouchers to food insecure families
- Community based organizations offer food, garden and recreation programming
- Identify possible land parcels for conversion to living green infrastructure
- Advocate for public and private investments and planning policies to maintain and expand green space
- Work with existing land owners to convert land to living green usage i.e. farming, natural play, gardens

Goal 4: Communities are able to access health supportive classes related to healthy eating and active living from organizations that mirror their lived cultural experiences

- Secure ongoing funding to support access to annual traditional food preparation classes, community gardens, CSAs, and local food gathering sites (within A/PI, African American, Latino and Native American communities);
- Secure ongoing funding to support active living opportunities
- Expand existing food and active living opportunities in communities and neighborhoods that are most underserved
- Identify possible land parcels for conversion to living green infrastructure
- Advocate for public and private investments and planning policies to maintain and expand green space
- Work with existing land owners to convert land to living green usage i.e. farming, natural play, gardens

Priority 5

Support Teams

4. Opportunity Team - CrossWalk

Proposed work portfolio: Multnomah County Health Department, City of Portland Fire Department, Metro.

Purpose:

To provide staff/ team capacity and technical assistance to partner institutions in work planning and goal setting around shared outcomes with CHIP.

Shared Goal:

Ensuring large agencies eager to advance and implement equity have the technical assistance and opportunity to cross walk and align their work with the CHIP.

Cross-walk CHIP and equity/strategic plans to ensure efforts are aligned, especially for places already doing the work. Provide technical assistance in work planning long-term strategies when organization identifies capacity to implement.

Proposed Opportunity Team:

1. CHIPlementation Staff, Marilou Carrera and Katie Sawicki.
2. OHEA and County technical assistance staff.

2 Teams focused on new work:

5. Opportunity Team - Response

National, state and local policy changes are now, more than ever, influencing the feasibility of CHIP implementation. In order to respond to the greatest needs of communities, we must acknowledge this work area may shift with policy and environmental changes. We need to be able to address policy changes as they arise and have the capacity and foresight to address urgent and long-term needs.

Purpose:

To create a plan to provide short and long-term capacity to support partnering organizations, coalitions, grassroots efforts responding to national, state, and local policy change and/or events affecting the health of our communities.

Shared Goal:

Ensuring support for responses to national, state, and local policy change or events threatening the health of our communities and providing community health equity analysis when needed.

Proposed Opportunity Team:

1. CHIPlementation, Marilou Carrera and Katie Sawicki.
2. OHEA policy team.
3. Fairshot Coalition, TBD.
4. Western States Center, TBD
5. Grassroots organizing partners

Systems/Sectors: Community Advocacy, policy, emerging Campaigns,

Cross sector collaboration around shared goal: Intersectional campaign work (state/county/local) that unifies multiple sectors around shared goals.

6. Opportunity Team - CHIPlementation

There are goals and objectives identified by our communities that do not align with existing projects that were prioritized. These gap areas are the space that health equity change agents, such as OHEA and/or MCHD's HEI, have a responsibility to fill. In order to fill these gaps, goals and objectives classified as Urgent or Long-term must be assessed for feasibility on a timescale that may move beyond 1 - 3 years. Prioritization criteria may need to change given a potential shift in timeline.

Purpose:

To create a short and long-term work plan for goals, objectives, and strategies that are not currently being addressed through existing opportunity teams.

Shared Goal:

Ensuring long-term planning is clearly articulated and supported in an implementation work plan and accompanied by a development plan.

Proposed Opportunity Team:

Leads

1. CHIImplementation, Marilou Carrera and Rujuta Gaonkar
2. Outcomes and Evaluation

Partners

3. OHEA, Sophia Bass
4. HEI Staff
5. OHEA, Katie Sawicki

Best Practice (currently being drafted/ guided by questions below)

Timeline - completion: 9/15/17

Scope

1) Community Reinvestment

Where and how have communities successfully leveraged community development dollars (hospitals, healthcare systems, development, banks, etc) towards cbos/community investment/ community health?

What are some reallocation of funds strategies and how that was accomplished? (county resolution? community advisory boards? Campaigns to incorporate population health outcomes and equity into budgeting?

I.e. Portland's Hospital Accountability Project (successfully investing community benefits dollars in a culturally specific project and related cbos), Community Reinvestment Act, etc.

2) Creating a comprehensive and robust CHWs and a culturally responsive health care workforce

Where have communities/healthcare systems built upon lessons/community connections to traditional/community health workers/ peer specialists, etc. and incorporated this approach and work into mid/upper level providers?

Where have community health worker models successfully employed chws/thws in multiple areas (schools, clinics, hospitals, community development) to advance community health?

In a time of increasing demand for geographic and community specific health care delivery (decentralized and increasingly contracted work), are there any labor models we can pull from that ensure connections to a supported workforce?

3) Community health in community development

Where have communities successfully integrated health equity and community health into geographic specific and community development work?

How could a health equity initiative (like CHIP) successfully partner with economic community development work?

What food justice campaigns can we learn from?

APPENDIX A - Opportunity Table

APPENDIX B - Prioritization 1 and 2 Tables

APPENDIX C - Prioritization Criteria Document