

Columbia Gorge Region, Oregon and Washington

Hearing from Everyone on Health



Top Right: Hood River is a very active community with familes of all ages.

"We could have a lot more traction and our solutions could be more effective, if we actually slowed down and listened to the people we aim to serve."

 Mark Thomas, Chaplain, Providence Hood River Memorial Hospital With Mount Adams in Washington to the north and Mount Hood in Oregon to the south, the windy Columbia River Gorge boasts ideal conditions for kite surfers and sailors. Hi-tech companies have moved into new waterfront buildings up and down the river, joining tourism and agriculture as the area's main economic engines.

But the Columbia Gorge, a vast rural area larger than the state of Connecticut with only 75,000 people, is characterized by extremes. Not far from the coffeehouses and boutiques of Hood River, White Salmon, and The Dalles are remote towns where some residents live in poverty and the nearest doctor's office may be an hour away. Orchards throughout the region produce a bounty of pears, apples and cherries—but one out of five people report running out of food on a regular basis.

To bridge those disparities, the people of the Columbia Gorge region turned an ordinary requirement from Oregon lawmakers into an extraordinary opportunity to improve the health and wellness of all residents.

It started four years ago when the governor of Oregon signed into a law a new system for managing federal dollars for the medical needs of low-income residents. The state was divided into 16 regions, called Coordinated Care Organizations (CCO), and each had to assess the well-being of residents and come up with an action plan for improvements.

"We made a big decision," says Mark Thomas, chaplain at Providence Hood River Memorial Hospital. "We could have a lot more traction and our solutions could be more effective, if we actually slowed down and listened to the people we aim to serve."

In the Columbia Gorge, that directive became a catalyst for creating a more collaborative approach for shaping policy and improving results. People saw a chance to start a broader, deeper discussion on health, reaching across all sectors of the community.

Thirty-nine organizations participated in the health assessment, sending surveys to residents in three counties in Oregon and two on the opposite





side of the Columbia River in Washington. From that outreach, the community lined up around a set of shared priorities, says Kristen Dillon, a family physician and director of the Columbia Gorge CCO. "It continues to knit our community together as one community," Dillon says.

The RWJF Culture of Health Prize recognizes the spirit of collaboration in the Columbia Gorge. "It's a wonderful acknowledgement of what the community has been trying to do and continues to try to do," says David Edwards, chief executive officer of One Community Health, a federally qualified health center.

The community decided on the makeup of the 15-member Community Advisory Council (CAC), mandated by the change in the state's Medicaid system, and included individuals who rely on Medicaid for their healthcare, Latino residents and a parent of a child with a developmental disability. Drawing on the health survey and

input from medical and socialservice professionals, the advisers came up with a set of ten priorities. At the top were concerns about food, housing, transportation and jobs, followed by the need for better access to dental and mental health services, and better coordination between providers of healthcare and social services.

The council gives voice to the region's vast Latino population, which had been historically isolated from decision-making on health matters. About a quarter of the population of the Columbia Gorge is Latino, with many families arriving as migrants to work in the orchards. "First we were not heard, then we had to shout to be heard, and now we can talk together in the same room," says Elizur Bello, a program manager at The Next Door, a social services nonprofit with a large Latino client base.

The action plan for the Columbia Gorge includes expanding the longstanding use of Community Health

Left: Familes often work directly together. Carmen (daughter), Maria (mom), and Lazaro Vaeza (dad).

Right: Ben Saur grew up in the area and now sells at Farmers Markets. He is one of the very few locals who does not use chemicals. The horses are also used to plow fields in place of a tractor.



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- Eli Bello is the Program Director for Nuestra Communidad Sana, a program run through The Next Door. The Next Door is a social services nonprofit with a large Latino client base.



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- Paul Lindberg, a Collective Impact Health Specialist. He currently is a contract employee with the United Way.

Workers. For more than 25 years, The Next Door has relied on trusted community members to help Latino clients navigate issues or problems that may arise outside the clinic walls. The goal now is to expand that model; train and certify workers; and utilize them in a broader range of nonprofits, clinics and agencies.

Another successful initiative is the "Veggie Rx" program, in which health care and social service providers can issue individuals a monthly "prescription" for \$30 of fresh fruits and vegetables. Sarah Sullivan, executive director of the Gorge Grown Food Network, which administers the project, said the health assessment exposed the extent of food insecurity. The

Veggie Rx program "prioritizes food not just theoretically or through nutritional advice, but on the ground by screening patients for their food needs," she says. Recipients have embraced the idea: At senior centers, the redemption rate has been as high as 98 percent.

The conversation on health in the Columbia Gorge region depends on including all voices and working together as a community. "It's a willingness to be open and to listen to our end users and what our community actually needs," says Paul Lindberg, a Collective Impact Health Specialist with the United Way, "as well as a willingness to collaborate as community partners to address those needs."

Left: Community Health Worker, Vitalina Rodrignez, travels to a "picker house" (also known as "labor housing") to meet with a client. Vitalina helps her clients with things like lack of food and transportation issues.

Top Right: With vouchers, Veggie Rx recipients receive a monthly "prescription" for \$30 of fresh fruits and vegetables.

Bottom Right: June Husted qualifies for and uses Veggie RX (medical doctors "prescribe" this for patients). With vouchers, Veggie RX folks recieve free vegetables from places like farmers markets.





