NEHALEM BAY HEALTH DISTRICT COMMUNITY ENGAGEMENT PLANNING AND SERVICE RECOMMENDATIONS

Prepared By:

Center for Public Service	Oregon Kitchen Table
Margaret Banyan	Wendy Willis
Elizabeth Braatz	Sarah Giles
	Tiffany Ganir

For more information contact the Center for Public Service at: publicservice@pdx.edu or (503) 725-8261

Portland State
UNIVERSITY

Contents

Overview

In early 2024, the Nehalem Bay Health District (NBHD) received a grant from the Oregon Community Foundation to develop plans to engage members of their community who have traditionally been excluded from public decision-making. Though not a direct service provider, the NBHD recognized that it has a significant opportunity to engage with the community as it partners with other direct service providers internal and external to its property.[1] [2]

To better understand and take advantage of those engagement opportunities, NBHD entered into an agreement with Portland State University's Center for Public Service (CPS) and Oregon's Kitchen Table (OKT), also known as the PSU Team. The PSU Team scheduled and conducted a number of community connector interviews with community members who could offer their perspective on serving and engaging with communities who have been excluded from traditional processes. The focus for the community connector interviews were those individuals and groups that are often underserved by health care institutions and that are often left out of public decision-making.

Because of the interrelationship between services and engagement, the PSU Team asked community connectors about their thoughts and experiences related to health and healthcare in the NBHD service area, as well as about engagement barriers and opportunities.

This report describes the community connector interview process and summarizes themes and recommendations related to programs / services and engagement. Not surprisingly, there is a good deal of overlap between the themes and recommendations related to health services and those related to engagement. They are reported separately, however, in order to make the related, but not identical, sets of recommendations easier to understand and implement.

Program and service recommendations focus on improving access through a partnership lens for the continued development of facilities and services that are physically accessible throughout the community, strategies for more widespread language accessibility, simplified processes, improvements to transportation, efforts to support the social determinants of health, training to develop cultural competency, and fostering trust and inclusion.

The engagement recommendations include: 1) engaging in relationship mapping, building, and strengthening; 2) developing partnerships to strengthen community-wide civic capacity; 3) using the health district property as a civic asset; 4) disseminating information through a wide variety of communication channels; 5) ensuring that engagement efforts serve multiple purposes and are fun; 6) creating opportunities for communities to engage around interests and identity groups; 7) building internal engagement capacity; and 8) reporting back to the community.

---

[1] This report was commissioned by the NBHD through the generous support of the Oregon Community Foundation. However, the recommendations in this report are of broader relevance to health and social service organizations in the area, including direct service providers such as the Nehalem Bay Health Center and Pharmacy and the Nehalem Valley Care Center.

[2] The NBHD is not a direct service provider. The District owns two properties in Wheeler - an approximately 5 acre site located on Rowe Street (current home of the Nehalem Valley Care Center, the Nehalem Bay Health Center and Pharmacy, old Wheeler hospital, North County Food Bank, and the District) and a 1.3 acre site at Highway 101 and Hospital Road. The relationship between the NBHD and the direct service providers is described in a graphic that appears in Appendix D of this document.

Community Connector Interviews and Feedback Methods

Interview Process

To further the goals of the grant, the PSU Team worked with the NBHD and members of the Nehalem Bay Health Center and Pharmacy (NBHCP) where members of each organization joined together in an ad hoc steering committee. Throughout the process, the steering committee offered feedback and guided decisions important to successful project implementation. To launch the community connector interviews, the steering committee jointly developed a plan to interview a cross-section of community members on issues related to health, health care, and community engagement in North Tillamook County, including identifying community connectors from a diverse range of active community members and community-based organizations.

About Community Connectors and Interviews

Community connectors are people who are widely respected and trusted within their communities, as well as outside their communities. They have relationships both within their own communities and externally and have a good grasp on where policies intersect (or don't) with people's on-the-ground experiences in their communities. While they have their own perspectives on issues, they are aware of and understand other perspectives that other people in their community might hold.

Community connector interviews are intended to help inform the design of outreach and engagement plans. They help to identify venues, organizations, and individuals that might serve as additional points-of-contact in a variety of ways during community engagement activities, such as organizing or directly inviting people to participate or hosting activities that will be of interest to community members. These interviews also help to explore how a particular decision intersects with their community's priorities or concerns to identify where there is energy or interest around topics and therefore opportunities to connect with people.

For this process, steering committee worked together over two meetings to identify organizations and individuals from a range of different communities, service organizations, and community-based groups who could speak to both health care needs and opportunities for community engagement in the area.

The PSU Team then contacted over 30 community members and offered interviews through Zoom, phone calls, and in-person.[3] Gift cards were offered to participants to recognize their significant contribution of time and labor.[4] A total of 23 individuals were interviewed though the process. Initially, the PSU Team conducted 16 interviews, with 19 individuals remotely via Zoom and/or phone calls. An additional three interviews with four individuals were conducted following the first draft of this document. This approach allowed the PSU Team to reflect on the major themes that were developing and address information gaps. The results of these interviews are summarized and incorporated in the themes and recommendations that follow.

---

[3] The community connector interview protocol appears in the Appendix of this document.

[4] In addition to gift cards, the NBHD offered complimentary tickets to the NBHD and NBHCP Rick Estrin and the Nightcats community benefit concert on June 23, 2024.

Feedback Methods

While not the focus of the engagement efforts, offering the opportunity to receive feedback on the results can help to generate broader information and provide a check on assumptions. The results of this work were presented to interviewees, shared with attendees at a community concert, and posted on the Nehalem Bay Health District Facebook page the form of a one-page summary written in English and Spanish. The results were also discussed with the NBHD Board and with an attendee at a drop-in session. The project offered additional feedback opportunities through a brief online survey and an online/remote meeting.[5] Feedback received in these venues were incorporated into this document.

The following discussion offers the themes and recommendations that this process generated. The themes and recommendations are organized into programs and services, followed by engagement themes and recommendations.

---

[55] There were no attendees present at the remote/online session and to date, no feedback has been received through the online survey. Any additional feedback received through the online survey will be delivered to the NBHD separate from this report.

Programs and Services Themes and Recommendations

Programs and Services Themes

There were several themes related to programs and services that resulted from the interviews. The following discussion summarizes these themes.

Access to Health Care

Access to healthcare was a relatively broad category of responses, as access involves a wide range of physical, financial, and programmatic considerations. Each is explored below in more detail.

- Physical access. The rural characteristic and geographic distance of the NBHD jurisdiction and Tillamook County presents several challenges related to physically accessing health care for residents. The ability to physically access health care creates inequitable outcomes where those with financial resources and caregiver support are able to travel longer distances to reach care.
  - Geographical access and isolation: Remote locations or areas with sparse healthcare infrastructure can lead to geographical barriers, making it difficult for individuals to access timely medical care. This can exacerbate health disparities, particularly for marginalized communities as well as people whose health limits the ability to travel.
  - Transportation: Participants noted that accessibility to healthcare was hindered by limited transportation options. This is especially true in rural or underserved areas. Factors such as cost, availability of public transportation, and physical mobility can affect individuals' ability to reach healthcare facilities. In addition, participants noted that people who are not feeling well have even greater challenges in accessing transportation.
- Language and information barriers. Many participants suggested that language barriers, coupled with limited health literacy, had impacts on individuals' understanding of healthcare information and their ability to navigate the healthcare system effectively. This includes challenges related to accessing interpreters or translated materials. Participants noted the lack of translated materials, lack of bilingual health care providers, and limited oral translation. At least one interview emphasized that diversity in health care providers may be more important than translated materials. Language barriers were related to challenges in information access, a feeling of inclusion, and ability to participate in services.
- Financial barriers. Healthcare costs, lack of insurance coverage, and out-of-pocket expenses prevent individuals from seeking necessary medical care. Financial barriers disproportionately affect low-income and uninsured populations. While many of the services provided by the NBHCP are available to people with lower incomes, the facility may not be within a reasonable travel distance.
- Personnel availability, staffing and facility closures. Many participants noted the shortages of doctors, nurses, and other health care personnel. This is not uncommon in rural areas in general. Participants mentioned that personnel availability and service closures, such as the shutdown of healthcare facilities or reductions in operating hours, have the potential to further restrict access. The interviews noted concerns over shrinking resources that may cause additional stressors for the community.
- Facilities design and availability. Participants noted concerns over the availability of facilities for health care related activities. This includes facility design and facility purpose. For example, people with physical disabilities have greater difficulty in accessing buildings that lack accommodation. In addition, there are a lack of facilities available in the community for health related or

community use. For example, participants noted the need for senior care facilities and assisted living to serve the aging population. Facilities related to gathering, health related activities, and safe spaces are also lacking in the community. For example, participants noted a lack of general (secular) community space and queer gathering spaces.

- Programmatic access. In addition to physical aspects of care, there are other program-related aspects that are barriers. This included the following:
  - Reputation. The reputation of healthcare providers and facilities can influence individuals' perceptions and choices regarding where to seek care. Positive reputations may instill trust and confidence, while negative perceptions can deter individuals from accessing needed services. For example, participants noted that while the NBHCP provides high quality care, some community members still associate it with the former clinic, which was associated with a low-income service provider. As a result, some continue to avoid seeking services at that location. Instead, some community members are choosing to drive long distances to Portland or Astoria.
  - Bureaucracy and paperwork. Complex administrative processes, such as insurance claims and medical paperwork, also create barriers to accessing care. This is particularly true for individuals with limited resources, language barriers, or understanding of healthcare systems. Participants noted that people who are not feeling well have greater difficulty with bureaucratic systems and paperwork and choose not to access care as a result.
  - Mistrust. Historical and systemic issues, including discrimination and mistreatment, can contribute to mistrust of healthcare systems among certain communities. Providing culturally competent care for people for traditionally marginalized, LGBTQI+, elderly, people with disabilities, and other identities can help to mitigate mistrust over time. As a result, having a greater understanding of the culture of various communities, coupled with strategies to address their needs is fundamental to care. Understanding the health care concerns among a very diverse population is a way to improve access. Participants noted that building trust is also related to building connections and engagement.

Service and Program Gaps

Participants identified a wide variety of health care service and program needs. The focus was on gaps in service provision, such as primary care, preventive care, and community wellness programs. There appeared to be a need to tailor care to specific populations, including women, unhoused individuals, people with disabilities, pediatric, or geriatric populations, or people seeking gender affirming care. Other gaps are related to a lack of queer gathering and health care spaces. Connectors noted gaps in recognizing the needs of individuals who may face stigma and discrimination, and who may have specialized needs for affirming care.

Specialized Services

A somewhat related discussion focused on medical specialties that were needed or desired in the community. Access to specialized medical care, such as substance abuse treatment, mental health care, cardiology or neurology, is limited in the area. This requires individuals to travel long distances or wait extended periods for appointments. This can result in delays in diagnosis and treatment and has an impact on overall community health (a full list of the health care needs discussed in the interviews is provided in the Appendix).

Housing and Health

Many participants mentioned the relationship between housing and health. The interviews related housing to health care affordability, stability, and safety. These factors influence the ability to access healthcare and to maintain an overall well-being. Houselessness and housing insecurity exacerbate health disparities and complicate efforts to ensure access and provide care.

Programs and Service Recommendations

As noted above, the interviews began with questions designed to solicit feedback about health care services offered and those that the community desires. The interviews did not distinguish between those services offered by the Nehalem Valley Care Center, the Nehalem Bay Health Center and Pharmacy, or any other provider in the area. The purpose of these questions was to give participants the opportunity to voice their needs and concerns without having distinguish between the health district, the health center, and the senior center.

Participant feedback about programs and services was generated as part of the interview protocol. The information gathered appears to be consistent with other surveys or needs assessments in the Tillamook County / North Coast area. Nevertheless, the deeper nature of the interviews allowed for a more nuanced understanding of how interconnected inclusion practices are with community health. To implement these recommendations, additional analysis should need to be pursued, such as the appropriate entity for implementation, provider capacity, cost, and available funding. Among these recommendations, there may be ongoing initiatives that are currently being implemented or those that may be just beginning.

The most significant recommendation as part of this assessment is that improving health care access to the community is a matter of partnership and relationship building. From this perspective, the NBHD and other partners simply do not have the resources needed to singularly affect the needs in the community. For example, expanding priority care is a complex process that requires considerable collaboration, funding, and planning. Partnerships are especially important because users of health care generally are not focused on which entity provides the care, but whether it can be accessed.

The continued participation of NBHD and the NBHCP in the community has required an understanding of the roles and capabilities of many entities. For example, other providers in the area are pursuing initiatives that can be helpful. Additionally, the NBHD is not a direct-service provider; but both the NBHCP and the Nehalem Valley Care Center have a role in service delivery. The NBHD can have a role in both convening and participating in partnerships, and should continue to identify the appropriate opportunities.

Improving access through a partnership lens may imply the following initiatives:

- Facility and physical access development. Facilities that are available throughout the community that meet the needs of those who cannot travel or who cannot travel during provider hours. This may require additional investments and considerations for mobile clinics as well as improved buildings. Mapping accessibility for travel distance and public transportation availability may have some value to health care planners in the community.
- Language accessibility. Language accessibility for community members was a common theme among participants such that there is a clear need for additional partnerships and investments to ensure access to translated materials in Spanish. The NBHD and other providers may facilitate a shared language access plan to identify the most important documents for translation. In

addition, supporting the expansion of bilingual providers for the purpose of language access may have significant value. This may include incentives for training existing staff and/or paying additional wages for those skills.

- Simplification of processes. Area providers may also consider investing in process improvements to simplify bureaucratic barriers or training personnel that can help community members navigate complex systems. While some versions of this may already exist in the community, programmatic approaches such as these should be well-known and available.
- Improving transportation access. In addition to participating in health care related initiatives, there is an increased need to partner to ensure transportation access. The transportation system is fragmented, with Clatsop and Tillamook counties providing different access to residents within the NBHD boundary. This likely adds up to a confusing system and limits participants' ability to access services available in the community and on the NBHD site in general. While the NBHD may not be in a position to directly affect these options, representatives might consider participating in a decision-making capacity to expand options. The inclusion of dial-a-ride and other programs to serve the community should be part of the programmatic mix.
- Efforts to support social determinants of health, including affordable housing. Participants recognized the connection between health, housing, poverty, unemployment, and education. Similar to transportation, affordable housing is a complex and multi-jurisdictional issue. The efforts of the NBHD in housing are an example of how a health district can play a role in implementing strategies to address complex problems. Similar to transportation, where there are collaborative initiatives to address the social determinants of health, having a seat at the decision making 'table' can build energy and be impactful. Grassroots organizations and community groups may also provide for good collaborative partnerships.
- Cultural competency and fostering trust. Continued efforts to promote communication between healthcare providers and communities can build trust over time. This may involve such efforts as providing cultural competency training to promote cultural humility and sensitivity to address the diverse needs of the community. This may ensure that healthcare settings are welcoming and inclusive.

One of the primary ways that the complexity and significant challenges in health care can be met is through a collaborative and inclusive approach. There are evolving tools, and opportunities to address barriers to healthcare access, improve quality of care, and promote health equity within communities. There is a continued need to understand how these new tools are affecting underserved populations through continued engagement.

Community Engagement Themes and Recommendations

A number of themes emerged related to the engagement landscape and the civic infrastructure needed to support engagement in the Nehalem Bay Health District service area. Those themes are summarized below, followed by recommendations that will provide opportunities for the Nehalem Bay Health District (the health district)and the Nehalem Bay Health Center and Pharmacy (the health center) to engage with a broader range of community members in the region, while also strengthening the relational and civic capacity of Tillamook County more broadly.

Community Engagement Themes

Engagement Landscape

Our interviews revealed a community that is both segregated and quite transient. As one interviewee put it, "there is a big disconnect between people in higher up positions and the community." The overlapping identities of community members are predictive of how connected people feel to many mainstream institutions across the community. Factors such as race, ethnicity, socioeconomic status, age, sexual orientation, gender identity, language spoken, and disability all contribute to disconnection between community members and the institutions that hope to serve them.

According to census data, over ten percent of the residents of Tillamook County identify as Latino or Hispanic. Interviewees noted that Latino community members, particularly those whose preferred language is Spanish, mistrust many government institutions–including the health district and the health center—both because of language barriers and because of fear of immigration and other law enforcement officials. Interviewees mentioned that Latino members of the community will reach out for assistance or respond to invitations if a trusted member of their community who has a relationship with the institution is the go-between. Information tends to spread by word of mouth and by flyers and social media content posted in Spanish. Some interviewees noted that Spanish speaking community members often go to other parts of the county or the region outside the District's boundaries (the City of Tillamook, for example) to find resources or participate in community activities.

Interviewees also mentioned that members of the LGBTQ2SIA+ community have often felt "invisible" and have deferred seeking health care and/or engaging with health-related institutions in part because there is no gender-affirming care or other explicitly queer-serving institutions in the county. As one interviewee put it: "Is it safe for LGBTQ+ folks to be their authentic selves?"

We heard similar stories related to both community members living with disabilities and community members experiencing poverty. Because the community has limited services (like transportation) and even shopping options (like affordable and weather-appropriate clothing) available in the community), many people face barriers to gathering in community spaces or engaging with institutions.

All of this is complexified by the fact that the community is relatively transient. As one person put it, there is "constant turnover," and they were "not sure if people know how to get involved." The lack of health care options, particularly specialists, also contributes to people's decisions to move away from Tillamook County and the Oregon Coast more generally.

Though most of these factors are part of the civic backdrop for all–or at least most– community-serving institutions in the county, they significantly affect both the health district and the health center as they seek to serve and engage with the entire community, particularly those who have been excluded in the past.

Civic Infrastructure Necessary to Support Engagement

Transportation

As mentioned above, transportation is a major barrier to people connecting with one another and/or participating in community activities, events, and gatherings. The majority of people we interviewed named lack of transportation options as a barrier to community members both meeting their health care needs and engaging with the health district and health center more broadly.

The lack of transportation options is made more complex by an aging population, severe winter weather, and road conditions. As a result, interviewees noted that in addition to elderly community members, people with children and people experiencing poverty are also limited in their ability to seek services, attend events, and engage with institutions. As a result, there is significant concern that people with disabilities, elderly residents, and other vulnerable community members are not only separated from community-serving institutions but are also personally isolated, in part because of the lack of transportation in the region.

Language access and community connectors

Language and cultural barriers prevent–or at least discourage–Spanish-speaking and other Latino community members from accessing services and engaging with a variety of institutions in the community. At a minimum, it is important for community-serving institutions to have Spanish-speaking staff members and materials readily available. It is also worth noting that many Oregonians from Latin America speak a Mesoamerican language rather than or in addition to Spanish. Those languages can be hard to detect by community institutions because they are often embedded in a family of languages, and many of them come from an oral, rather than a written, tradition.

Trusted community members who either formally (*i.e.,*staff) or informally serve as connectors between institutions and culturally specific communities provide important connective tissue for those communities, particularly for community members who face language barriers or who perceive themselves to be at risk from law enforcement or immigration officials.

Technology access

We heard that in addition to language and cultural barriers, community members' abilities to access technology platforms of different kinds can limit both how they receive information and what resources and services they can seek. Several connectors mentioned that they would like to see some kind of computer and technology assistance lab to support community members in connecting to different kinds of services, particularly when the service or resource isn't physically available in Tillamook County. One person shared their story of trying to find particular legal aid unavailable in Tillamook County and trying to connect to a resource in another part of Oregon without having the ability to use video conference on their phone. As mentioned below, given the reliance on some digital platforms to share information in the area, people who don't have easy access to computers or smart phones or applications are excluded from those communication and outreach channels.

Public gathering spaces and occasions

There is a significant need for gathering spaces in North Tillamook County, particularly spaces that are large enough to accommodate a big group, welcoming to a wide variety of community members, and accessible to people of various abilities. We heard that there is a smattering of small spaces that serve particular communities, such as the LGBTQ2SIA+ community or religious communities, but they do not have capacity for larger gatherings. People also noted that coffee shops, grocery stores, and the post office also provide spaces where people run into one another and have conversations. But again, those venues are not particularly conducive to larger or more formal gatherings. One interviewee noted that "there was nowhere for the community to come and grieve when [a] community member died by suicide."

There are also very few gathering spaces that are universally accessible, which further inhibits participation from community members of varying abilities and/or elderly community members.

Several churches are stepping up to fill the need for both gathering space and community events, though as mentioned above, some of those spaces are also limited in size. In addition, one interviewee noted that the community is a fairly secular one and that some people do not feel comfortable gathering in a religious space, even if the purpose of the gathering is secular or civic.

Interviewees noted a number of community events that are key places or times for gathering, including the farmers' market in Manzanita, a winter market at the Grange, and Back to School nights at the elementary and middle schools.

Outreach and communications channels

Existing communication channels in the service area are varied and do not appear to reach the entire community. As one person put it, "if you aren't in the know then you won't know." Several people mentioned that "word of mouth" drives engagement in the community but that that type of informal communication can only go so far in reaching people and that "word of mouth" invitations do not move across demographic communities very easily if at all.

There was some difference of opinion about whether community-organized digital message boards (such as Facebook, Nextdoor and the BBQ platform) or hard-copy materials posted around the community are more effective in driving engagement. People we spoke with use both means of announcing events and inviting community participation.

With regard to flyers, some interviewees suggested that it is effective to post flyers on community bulletin boards in coffee shops, grocery stores, and the post office. People also suggested that it is or might be effective to distribute flyers through the foodbank. One interviewee noted that Spanish-speaking community groups post flyers *only* in Spanish "because we don't want to get unwanted attention."

Yet other people noted that media channels such as television, newspaper, and radio, as well as organizational newsletters, are effective ways of communicating about events and gatherings. Not surprisingly, many of the people we talked to recognized that community-serving institutions must use many different communications channels to reach a broad range of community members and that no one channel or handful of channels would reach everyone. Several community members shared that they are grappling with similar issues and are also trying to determine the most effective ways to reach a wide variety of communities in the Nehalem area.

Trust

One of the most important pillars of civic infrastructure is also one of the most difficult to build and maintain. As mentioned above, many of the most vulnerable members of the community approach institutions with a lack of trust. Some of that lack of trust is related to institutions broadly and a fear of harm, such as the possibility of a local institution or organization calling immigration officials or institutions being hostile to the LGBTQ2SIA+ community. But some of that lack of trust is specifically related to bad experiences with the healthcare system that community members have either experienced themselves or heard about from others.

In addition to a background lack of trust, there is a sense that there has been a lot of community engagement by local institutions that does not lead to results. As one person put it: "Focus groups happen a lot, organizations wanting to know what the needs of the community are but nothing ever changes. It feels like where I was coming from, that nothing is new and been happening for a long time and people getting tired of providing same feedback and the programs already in place not receiving funding, a lot of money and effort in doing surveys and interviews but not a lot of funding towards programs that could be helping them."

As the health district and the health center move forward with engagement, staff and board members will need to attend to trust and responsiveness with every interaction, both formal and informal.

Community Engagement Recommendations

1.Mapping, building, and strengthening relationships

Mapping

First and foremost, it is easy, inexpensive, and essential to continue to build relationships with community members and organizations that serve a broad range of people in the service area. The leadership and the staff should begin by mapping existing relationships and partnerships, as well as communities and organizations with which the health district and health center would like to develop and/or strengthen relationships in the future.

As part of the mapping exercise, the health district and health center would benefit by creating an equity screen to ensure that relationships encompass the entire community. In particular it is important to pay special attention to building and nurturing relationships with individuals, networks, and organizations connected to and serving:

- Latinx and Spanish-speaking communities
- LGBTQIA+ people
- People who are experiencing poverty and/or houselessness
- People who are experiencing a disability
- Families with children
- Elders

As one of the community connectors emphasized, it is also important to pay attention to where these identities intersect to create specific needs and barriers to engagement.

Individual relationships

As one of the interviewees said, "The connections we make often happen one on one," and it is important for the leadership and staff of the health district and health center to continue to build and nurture those relationships. If there are <u>individuals</u> with whom the health district or the health center staff or leadership would like to establish or strengthen relationships, it is important to approach them as people first and with their needs and interests in mind. It is important to get to know participants personally before asking them to do something on behalf of the health district or health center.

Organizational reciprocity

Once community <u>organizations</u> have been identified (both those with whom there are existing relationships or the health district or health center are seeking to establish relationships), there are several ways to show up in community and reciprocity, including:

- Inviting representatives of those organizations to promote their own work, events, and initiatives at NBHD events and facilities, as well as in health district and health center publications
- Participating in community activities and events other community organizations are hosting, including tabling, sponsoring, volunteering, and otherwise supporting those activities and events
- Partnering with community organizations, connectors, and leaders to co-host culturally specific events and activities

Ongoing attention

All relationships require ongoing care and attention. But because of the segregated and transient nature of the population in the service area, it is even more important to refresh and strengthen relationships as the community changes and the NBHD and NBHCP build connections across historical divides.

2. Partnerships to Strengthen Community-Wide Civic Capacity

In addition to the relationships and light-touch partnerships recommended above, there are potential formal partnerships that could be explored to improve the infrastructure and capacity for engagement across the community. A few examples include:

- There is strong potential for partnership with the North Coast Recreation District, both because of the overlapping service areas and because of the shared interest in a community culture of health. The health district and the recreation district could work together to address any of the projects listed below and/or to jointly engage communities around health-related topics.
- Transportation was consistently listed as a barrier, both to consistent healthcare access and to robust community engagement. Several of the interviewees noted that the lack of transportation options hindered community engagement across the Nehalem Bay service area, affecting both community-serving institutions and individuals. As noted above, cross-institutional collaboration that includes local governments, special districts, non-profits, and perhaps even private sector and faith-based partners might explore how to jointly seek and pool resources to support and sustain additional transportation options.
- Similarly, community connectors identified several communication barriers that prevented or limited engagement between community members and institutions, including the health district and the health center. Similar to the recommendation related to transportation, the health district and the center may join forces with community partners to improve the communication infrastructure that supports engagement, including:

- A shared inventory of communication channels that local community-serving institutions can use to distribute announcements and invitations;
- A shared system for interpretation and translation so that community members who speak a language other than English can seamlessly participate in community life;
- A set of computers that community members can use to access information about upcoming community events and opportunities for engagement. It is possible that the local library might be able to step into this role;
- Communication and partnership when local institutions and organizations intend to engage the community in a decision or when they intend to ask for community input. If feasible, institutions should join forces and create a shared process rather than repeatedly ask community members for their opinions without coordination or planning for the future.
- Join with local community-serving institutions to determine accessibility needs for the community members in the service area and disseminate that information across community-serving institutions. This strategy would help to set expectations and accountability across the county related to universally accessible community engagement.

3. The Nehalem Bay Health District Property as a Civic Asset

Given the community's need for gathering spaces, as well as the community's desire for the health district and the health center to strengthen community-wide civic capacity, NBHD should consider how current and future development on the property can meet the need for community gathering space, alongside the needs related to healthcare and housing. The property offers opportunities for more immediate community engagement activities, as well as long-term opportunities for the property to serve as a civic asset for years to come.

Short-term
- Invite community members to be part of co-designing spaces on the property, particularly related to how such spaces could be accessible, welcoming, and friendly.
- Invite community members to envision new ways the property might be used for gathering or for a variety of purposes that might serve all members of the community.

Long-term
- Create or develop a space for community gatherings, including larger community gatherings, that are welcoming and friendly for community members from a variety of backgrounds. This should include welcoming space for different cultures, language groups, abilities, identities, and ages.
- Co-locate other services, community groups, or programs to promote multiple ways for people to engage and to contribute to relationship-building. Co-locating other programs would also allow the health district and the health center to invite community members to health-related conversations or activities when they visit the property for other purposes. For instance, the Center could set up targeted health care activities (a blood pressure check, for instance) alongside other non-health related services to reach community members who may be less likely to seek out such services or are harder to reach.
- Create ongoing activities or opportunities for community members to contribute updates to a community gathering space. For example, regularly bring community members together to consider site improvements to address accessibility issues for different groups.

- Establish standing protocols for community meetings at the property. Protocols could include:
    - providing supervised activities for children
    - offering culturally relevant and religiously appropriate food
    - compensating for community members for their time
    - offering translation and interpretation services during the meetings.

4. Wide Range of Communication Channels

In order to reach more people from a wide variety of communities across North Tillamook County, it will require the health district and health center to use a wide variety of communications channels, as well as outreach materials in different formats. That breadth of outreach will help move beyond the "word of mouth" limitations community organizations are facing now.

The health district and community partners should create and maintain an inventory of communication channels. As with the mapping exercise recommended above, there is an opportunity to identify dissemination points, both physical and virtual, and to map out what might be needed to reach each of those points. Below are some of the factors that should be considered in creating the inventory:

- Format
- Languages
- High touch (*e.g.,* does someone need to call through to families or individuals?) vs. low touch (a simple announcement or post on a local community Facebook group)
- Graphics or images
- Points of contact (*i.e.,* who to talk to in order to get permission to post a flyer on-site or to place an announcement over the radio)
- Calendar of events (Culturally specific family nights at schools, for instance)

Such an inventory will require regular updating in order to add new dissemination points or adjust details, such as dates or point of contact. As recommended above, area providers, including the health district and health center, could and should work with other community-serving institutions to create a shared inventory.

5. Multiple Goals and Having Fun

When talking about where people already gather and past successful engagement efforts, interviewees frequently mentioned events that included food, fun, and multiple activities. For instance, one person mentioned a recent "Nachos and Narcan" outreach and education series that took place in Nehalem Bay and "made a good foundation." Several people also talked about the effectiveness of disaster relief or emergency preparedness organizing, which includes events and trainings, as well as networks of volunteers.

With those stories in mind, we offer the following recommendations:

- Combine education, outreach, and engagement opportunities with social events that are engaging across community groups, as well as ages
- Focus on topics where there is energy, interest, or excitement. Community connectors talked about a range of different topics they thought might be of interest. A few that cut across different communities we heard:

- Movement activities
- Mental health
- Accessibility issues for elder community members and people experiencing disabilities
- Cooking and food
- Addiction treatment and support
● Include games and prizes. These could tie into the topic at hand, or it could be unrelated but contribute to community and relationship-building. Prizes could be low or no-cost and organized in partnership with community organizations or businesses to highlight their work or offerings.
● Ensure there is food, whether that's organizing around a community potluck, offering a meal to attendees, using a picnic or block party format, or providing simple snacks. Take dietary, cultural, and religious needs into account when providing food and beverages.

6. Interest and Identity Group Engagement Opportunities

Several community connectors said that they would welcome the opportunity to gather around more specific interest-areas (for example, housing or climate change or disaster preparedness). This kind of convening and hosting role would serve to deepen the health district's connection with community members and might also help the health district and health center staff and leadership make explicit connections between healthcare, wellness, and other areas of community interest.

Similarly, as the health district and other providers begin to engage more formally with community members about their healthcare needs and priorities, there should be an opportunity for culturally specific or other groups with shared identities to meet in their own groups before—or even instead of–meeting in more heterogeneous groups. This may provide those community members who have been excluded from public decision-making an opportunity to participate with others who have faced similar barriers or who might have sensitive information to share.

7. Building Internal Engagement Capacity

While there are many formal and informal opportunities for the health district and other providers to lead externally focused community activities, it is also important to continue to build internal capacity to engage meaningfully and appropriately with the community. With that in mind, we offer the following recommendations:

● Continue to consider and value the lived experience, cultural competence, community relationships, and language capabilities of the staff, board, advisory group members, and volunteers.
● Provide continuing education or training for the staff, board, advisory group members, volunteers, and perhaps even community partners on topics such as:
- Trauma-informed communication
- Unconscious bias
- Cultural competence
- Universal accommodations
- Intergenerational communication
● Create a community connector program through existing or new staff, board and advisory group members, as well as individuals contracted specifically to assist community members interface

with the health district and other providers. Specifically seek out people who are able to help community members who have traditionally been excluded from public decision-making navigate and engage with community-serving institutions.

- Compensate community members who help the health district or other providers to connect with specific communities. This work is labor and compensation for serving as a community connector or serving on a board or advisory committee is essential.

8. Communicating Back

If and when the health district other providers engage community members or partners and invite them to share their needs, values, ideas, or advice, it is essential that the solicitor of that feedback communicate the results of the decision or project back to the community. It is not necessary--or even remotely possible–to meet all of the preferences or to follow all the advice of hundreds or even dozens of community members. But it is possible to report back on what you heard and how it informed your decision-making.

As stated above, some community members feel that local institutions have lost the trust of the community because those institutions regularly invite people in to participate in surveys or focus groups or other means of engagement and that the institutions soliciting the information do not report back to the community. As a result, members of the community are left with the impression that the input did not matter, the institution was not listening, the community members wasted their time, and that, more broadly, institutions are not to be trusted to follow through on what they heard from the community. As a result, prompt reporting back is important to creating and then maintaining trust with the community.

Next Steps

This report provides recommendations for programs and services and engagement strategies as developed out of interviews with community members in the NBHD area.

If the NBHD or providers in the area are interested in further developing these recommendations, several next steps can be pursued.

1. Individual organizations and entities may consider how these recommendations may be appropriate with respect to their missions. Many of the recommendations are relevant to all organizations in the community, such as building trust, focusing on inclusion, and collaborating.
2. Consider discussing and vetting recommendations for their cost, viability, and priority in the wider community, such as through joint planning efforts. For example, the NBHD may choose to prioritize and plan for initiatives in its next strategic planning process. And/or the NBHCP may consider updating its plans with respect to engagement.
3. Just start building relationships. Put more simply, the most effective and straightforward way to encourage engagement is to build relationships through any and all opportunities. This may require a change to reach outward first.
4. Do not feel obligated to start everything at once. These recommendations can be implemented step-by-step over a period of months and even years.

The NBHD, NBHCP, and other providers are well-positioned to do this work with a good heart and motivation for inclusion. This report ends with a restatement of the vision of the NBHD and NBHCP. Each of these visions embraces health as holistic and community centered. Engagement becomes the means to connect health care to a broader community good for all people.

Nehalem Bay Health District Vision

We envision a future where the Nehalem Bay Health District is the heart of the community and where all residents live a happy, high-quality, and healthy life. We believe that health results from economic, social, and environmental well-being.

Nehalem Bay Health Center and Pharmacy Vision

A community in which all people achieve their full potential for health and well-being across their life span.

Appendix A. Community Connector Interview Protocol and Questions

About the project

The Nehalem Bay Health District serves north Tillamook County communities. The District helps to deliver health and community services in partnership with other organizations in the area, including the Nehalem Bay Health Center and Pharmacy. The Health District also operates the Nehalem Valley Care Center, a senior center in Wheeler

As the District, the Center, and other partners develop a new health center, a renovation of the Center, and workforce housing projects, they want to learn more about how best to hear from community members about these efforts and others going forward. The Center and the District want to ensure that they serve all members of the community, so they are particularly interested in hearing from community members they are not currently serving.

The Nehalem Bay Health District and the Nehalem Bay Health Center and Pharmacy are working with Oregon's Kitchen Table to hear more about how they might best serve the needs of your community now and in the future.

Oregon's Kitchen Table is a program of Portland State University that creates ways for people to influence the decisions that affect their lives.

We are talking to a number of different people throughout the region as we plan to better understand some of the different perspectives around health services and opportunities for making sure we hear from people in your community. Together with our partner center at PSU, the Center for Public Service, we'll create a report from what you and others share with recommendations for future community engagement for the District.

Questions about community priorities and concerns
- How are people in your community talking about health care and their health care needs?
    - What health care needs are already being (satisfactorily) met in the community? Who is providing those services??
    - What kinds of health care services do people wish they could get but aren't able to? (This may include things like primary care, specialty care, substance abuse treatment, mental health care, or in-home care)
    - What do you think would need to be in place to help people get those services?
- How are people in your community talking about senior care and supports for people with disabilities generally?
- What kinds of health-related activities, events, or programs would you be interested in seeing offered in your community? (examples: yoga classes, walking clubs, or educational programs)
- What would you or people in your community be interested in learning about in regards to health care and health issues?

Questions about community engagement
- What are the best ways for the District or Center to communicate with members of your community? (and ways to avoid – ways that no one in your community will see / open / respond to)?
- Are there places or events where your community regularly gathers? Would people in your community welcome an opportunity at any of those events or places to learn more

about the District or the Center and share about how they might meet community members' needs?

- What needs are you aware of that members of your community might have in order to be able to participate in conversations about health care and related programs? (transportation, language preferences, supervised activities for children, food, setting, meeting set-up, materials, etc.)
- Who might be the best person or organization to invite you or members of your community to engage on this topic?
- One idea is to create an advisory board or committee for the Health District and/or Health Center to provide ongoing advice and input. Do you have any ideas about people from your community who might want to serve on such a committee?
- Who else would you suggest we connect with about engaging community members in north Tillamook County - both in general and around health care issues in particular?

Appendix B. Key Community Organizations / Spaces

Potential Partners and Community Connectors

- Nehalem Vally Care Center
- Clatsop Community Parks and Recreation
- Columbia Pacific Advisory Council of Columbia Pacific CCO (interviewed)
- Conscious Aging Group
- Consejo Hispano
- Emergency Volunteer Corps of Nehalem Bay
- Heart of Cart'm
- Hope Chest
- HUGGS Help Us Get/ Give Support
- Juntos
- Little Apple
- Little Food Pantries
- Methodist Church
- North County Recreation District
- Neah-Kah-Nie School District Inclusion Alliance
- Nehalem Bay Community Services Board
- Nehalem Bay Health Center
- Nehalem Bay Health District Patient Advisory Council
- Nehalem Bay United Methodist Church
- North Coast Pinball Nehalem
- North County Food Bank
- North Tillamook Library
- Oregon COAAST Network
- Oregon Food Bank
- Pine Grove
- Postmaster
- Rainy Day Village
- Sammy's Place
- St. Catherine's Episcopal Church
- Tillamook Community College
- Tillamook Pioneer

Organizations / Venues / Spaces for Engagement

Communication and Engagement

- BBQ platform
- Local Radio
- Nextdoor
- North County News Facebook Group

- NW Senior and Disability Group
- What's up Tillamook County Facebook
- TillamookountyWellness.org
- Nehalem Elementary School Back to School Night
- Neah-Kah-Nie Middle School Back to School Night

Shared Spaces

- Farmer's Markets
- Manzanita Fresh Foods
- Mohler store
- News and espresso
- Wanda's Cafe
- The Grange Hall on Highway 53
- The Hope Chest in Rockaway
- The Old Cartum

Potential Organizational Partners

- Emergency Preparedness Team
- North County Community District
- The Wave Bus
- YMCA in Tillamook
- Tides of change
- City council members
- City Disaster Relief Volunteers
- Neah-Kah-Nie School District

Appendix C. Specialized Services Noted by Participants

The following list is organized by general cost of providing such a service. This list was generated by participants and is not exhaustive.

1. Pharmacy

2. Blood Draws

3. X-Ray

4. Audiology and speech pathology

5. Dental and Pediatric dental care

6. Dermatologist

7. Ophthalmologist

8. Physical Therapy

9. Pain management

10. Mental health

11. Rheumatologist

12. Gastrologists

13. Naturopath

14. Acupuncture

15. Addiction services

16. Urologist

17. Respite Care

18. Oncology

19. Neurologists

20. Cardiologist

21. Dialysis Care

22. EMT

Appendix D. NBHD On-Site Property Ownership and Partners

Nehalem Valley Care Center

Private for profit management company leases and operates Care Center
Care Center owned and governed by NBHD

Nehalem Bay Health Center & Pharmacy

Local nonprofit organization leases and operates Health Center
Center owned by NBHD

North County Food Bank

Nonprofit organization
Operates food bank on NBHD property

Nehalem Bay Health District (NBHD)

Oregon Special District

Property & Facility Owner & Developer