

CORE

Center for Outcomes
Research and Education



2021 ANNUAL REPORT

Evidence for Change

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CORE
Evidence for Change

ProvidenceOregon.org/CORE

Welcome



Keri Vartanian, PhD
Director of CORE

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LOOKING BACK AT THE PAST YEAR, IT'S EVIDENT THAT 2021 WILL BE REMEMBERED AS A DIFFICULT TIME FOR COMMUNITIES NEAR AND FAR.

The ongoing COVID-19 pandemic has exacerbated existing barriers to community health and wellness and highlighted long-standing societal inequities. This has further illustrated the need for the rigorous pursuit of better systems, policies, community conditions, and services to support health and equity. Perhaps more than ever, here at CORE we've found ourselves at the intersection of these issues as we seek to deliver impactful research, analytics, and support that advance community health and equity. This report describes some of those efforts and how we're working with our cross-sector partners to shape a healthier tomorrow.

In 2021, we managed 35 projects spanning research, evaluation, strategy, analytics, and more. We built and strengthened new partnerships and supported a variety of efforts aimed at some of today's biggest barriers to wellness. We continued expanding our portfolios around housing as healthcare and workforce development. We launched our Data for Change program and raised flexible funding to help community partners use data to drive lasting, positive change. We built impactful evidence around the disparate impacts of COVID-19. And as we continued to focus on the social determinants of health, we also began wrapping up some of our state-level metrics work in Oregon and Washington.

As one of our key focus areas, I'm especially proud of our ongoing efforts to place equity at the center of everything we do. That includes a new Equity Roadmap, which established clear goals for advancing equity within CORE and through our work. There's a lot more work to do and we are excited to build on this progress in 2022.

Plus, we redoubled our efforts to create a workplace culture at CORE that creates space for reflection and focuses on individual needs during these difficult times, including embracing flexible schedules and keeping Fridays free from internal meetings. Our entire team has been working from home, but we are preparing our office space for a hybrid work model in 2022 that allows people to use the office as needed and for collaborative work and in-person meetings.

We feel so lucky and proud to have such incredible staff, partners, and funders. We hope you enjoy reading about our accomplishments in 2021 and the direction we are heading in 2022.

Keri Vartanian



ABOUT CORE

THE CENTER FOR OUTCOMES RESEARCH AND EDUCATION (CORE) is an independent team of scientists, researchers, and data experts with a vision for a healthier, more equitable future.

Based in Portland, Oregon, we work with our many partners to take on today's biggest barriers to better health—from the COVID-19 pandemic to the housing crisis and beyond.

OUR MISSION: To drive meaningful improvements in health and health equity through collaborative research, evaluation, analytics, and strategic consulting.

OUR VISION: Engaged communities, effective programs and policies, equitable systems, and healthy people.

OUR TEAM: CORE has more than 30 full-time staff who specialize in high-impact research, evaluation, analytics, and strategic consulting. Through this work, we deliver research and insights that help shape and sustain healthier systems, policies, programs, and communities.

OUR PARTNERS INCLUDE: Health systems, state Medicaid programs, community groups, and foundations, as well as the housing, education, and criminal/legal sectors, and more.

Social Determinants of Health

Working Upstream & Downstream to Improve Health & Equity

Health is shaped by a series of interconnected external factors—the social determinants of health (SDH). This is conceptualized as a stream, where upstream systems and policies shape community conditions, which then influence downstream practices and services. Discrimination and bias can be found at every point in the stream, creating inequity and harm that culminate in poor physical and mental health and early death. These negative consequences are disproportionately experienced by traditionally marginalized populations such as BIPOC or low-income individuals—reinforcing bias and creating major and unacceptable health inequities.

Discriminatory beliefs and biases set the foundation for disparities at every step.

Inequitable outcomes can reinforce or justify those biases back upstream.



Social Determinants of Health

Examples of CORE's work

Our work focuses both upstream and downstream to create more equitable outcomes and better health for all. Below are just a few examples.



Our study of a **VALUE-BASED PAYMENT (VBP)** model's impacts on quality and cost will inform best practices for healthcare payment policy and help scale and spread VBPs in Oregon and beyond.

See page 15 for more information.



Our work with the **BUILDING HEALTHY COMMUNITIES INITIATIVE** supports community power building as a driver of policy and systems changes that improve community conditions and health outcomes.

See page 11 for more information.



Our **DATA FOR CHANGE PROGRAM** is helping seven community-based organizations grow their capacity to use data to measure, communicate about, and sustain their work.

See page 8 for more information.



Our evaluation of the **HOUSING IS HEALTHCARE INITIATIVE** showed how housing improves patterns of healthcare use and reduces costs, promoting healthcare investments in affordable housing.

See page 19 for more information.



By examining **DISPARITIES IN BREAST CANCER SCREENING**, we're providing evidence to help improve service delivery of and access to critical early screenings for marginalized communities.

See page 14 for more information.



Our evaluation of a **PATHWAYS CARE COORDINATION PROGRAM** is building evidence for how a community-based workforce can help people meet their health, social, and economic needs.

See page 17 for more information.

UPSTREAM

DOWNSTREAM



OUR WORK

In 2021, CORE continued supporting and leading a wide variety of high-impact research, evaluation, analytics, and strategic consulting projects designed to advance health and equity in communities everywhere.

By engaging with our cross-sector partners on some of today's most pressing challenges, we built evidence for change by:

- ▶ Helping community partners **BUILD CAPACITY TO USE DATA** to support and sustain their efforts
- ▶ Partnering with a wide variety of cross-sector stakeholders on **COMMUNITY-DRIVEN CHANGE INITIATIVES**
- ▶ Collaborating with researchers inside and outside of Providence to **ADVANCE HEALTHCARE AND PREVENTION**
- ▶ Supporting programs aimed at creating a **HEALTHIER, MORE RESILIENT WORKFORCE**
- ▶ Expanding our housing research portfolio and building evidence for **HOUSING AS HEALTH**
- ▶ **ADVANCING UNDERSTANDING OF COVID-19** and its disparate impacts

**LEARN MORE ABOUT OUR WORK
IN THESE AREAS** in the pages ahead.



Building Capacity to Use Data for Change

- Data for Change Cohort
- Oregon CCO Metrics Dashboard
- Better Health Together

Organizations working to advance community health and equity often face barriers and capacity challenges around collecting, understanding, and using data. In response, CORE is working with states, healthcare, cross-sector partners, community-based organizations, nonprofits, and others to advance their ability to use data to support and sustain impactful programs that reflect the needs and goals of their communities.

DATA FOR CHANGE COHORT

Advancing Health Equity Through Data

In 2021, CORE launched the [Data for Change program](#) in partnership with the [Providence Community Health Division](#) to support seven community-based organizations (CBOs) in Oregon who make up the inaugural Data for Change cohort. Cohort members receive one-on-one technical assistance and participate in regular workshops to facilitate shared learning aimed at growing their ability to use data to create and sustain positive change.

Through this collaboration, CORE is gaining a deeper understanding of the opportunities and challenges CBOs experience around using data in community settings. These organizations' experiences and expertise will help inform ongoing Data for Change efforts, as well as CORE's future community-based work. [▶ Read more in our blog.](#)

DATA FOR CHANGE COHORT

Seven community-based organizations make up the inaugural Data for Change cohort launched by CORE in 2021.

“

I like to listen to everybody brainstorm. We might be different [organizations] but we are faced with a lot of the same things that other groups are dealing with. Hearing how they are dealing with it opens us to do more and different things with our program.

—AMY MALLETT, Executive Director, Hood River Valley Adult Center, Data for Change Cohort member

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We really appreciate CORE's partnership over the last 7+ years. Your team's work on the metrics and the dashboard tool was instrumental to making the CCO incentive program a success.

—JENNIFER DAVIS,
Policy Analyst, OHA



OREGON CCO METRICS DASHBOARD

Advancing Healthcare Transformation

The Oregon Health Authority (OHA) uses performance measures to show how Coordinated Care Organizations (CCOs) are improving care, making quality care accessible, and addressing health disparities for Medicaid members enrolled in the Oregon Health Plan. Since 2014, CORE has produced monthly metrics dashboards that are used by CCOs to target quality improvement efforts.

During 2021, CORE partnered with OHA to build their capacity to take on dashboard production themselves as they update the incentive metrics program for the 2022 Medicaid waiver renewal. This is yet another way that CORE supports health transformation efforts in Oregon and beyond. ► [See Oregon's CCO metrics at OHA's website.](#)



BETTER HEALTH TOGETHER

Improving Health in Eastern Washington

As part of CORE's ongoing analytics and consulting work with [Better Health Together \(BHT\)](#) in northeastern Washington, we provide technical assistance to BHT's more than 30 local partners from primary care, behavioral health, and community service organizations. CORE staff provide resources and individual feedback to these partner organizations to help develop aims and milestones for health system transformation projects. We also help formulate relevant outcome measures for integrated care, improved equity, and community-based care coordination. CORE's work helps BHT and its partners achieve their vision of an integrated community health system.

► WHAT'S NEXT?

Strengthening Data Capacity with Better Health Together:

Beginning in 2022, CORE will expand its partnership with [BHT](#) to include data support and technical assistance for seven county-based, cross-sector collaboratives that BHT facilitates in their region. CORE will help each collaborative use data to identify a priority health equity issue and will assist with project planning, measure development, and monitoring to track the impact of the collaborative's actions.



Collaborating Across Sectors on Community Initiatives

- All Children Thrive
- Building Healthy Communities
- California Accountable Communities of Health Initiative
- Oregon Health Authority

Across the western U.S., our partners work alongside community members who experience health inequities to shape lasting change. They have formed community collaboratives, Accountable Communities of Health, Coordinated Care Organizations, and other partnerships that are bringing new ideas and innovative approaches to addressing the roots of poor health. Collaboratives and initiatives all along the West Coast partner with CORE to evaluate and inform their efforts.

ALL CHILDREN THRIVE

Addressing Childhood Trauma

All Children Thrive (ACT) is a community-led initiative funded by the [California Department of Public Health](#) and designed to transform how cities across California address childhood trauma and promote child wellbeing. CORE worked with the ACT team to design a developmental evaluation of the three-year pilot, with the goal of identifying promising practices to facilitate growth and scaling of the initiative. The evaluation included ongoing analysis of program data, a city survey, and interviews with staff and participants from ACT cities. ACT was reauthorized by the state of California for five additional years, and CORE's evaluation findings will be used to inform the design and expansion of the initiative beginning in 2022.

ACT EVALUATION DATA SOURCES



KEY INFORMANT INTERVIEWS

with ACT staff, ACT City Team members, and Learning Community Participants



PROGRAM DATA

Quantitative and qualitative data created and collected by ACT Staff



CITY SURVEY

of ACT City Team members

OUR WORK ► Collaborating Across Sectors on Community Initiatives

BUILDING HEALTHY COMMUNITIES






Community Power Building

Building Healthy Communities (BHC) was a ten-year initiative of [The California Endowment \(TCE\)](#) designed to improve health equity in 14 communities. In the BHC theory of change, community power building is a key driver of policy and systems changes, which lead to improved opportunity environments and, ultimately, more equitable health outcomes. To evaluate this complex initiative, CORE used a synthesis retrospective evaluation approach to create rich datasets and enable robust tests of the BHC theory of change.

CORE developed and applied a “universal” coding framework using quantitative and qualitative data from various sources, including systematically categorizing BHC’s array of investments and accomplishments. This enabled evaluation approaches that move beyond a simplistic “treatment vs. control” analysis of the initiative and its effects. For example, it allowed CORE to summarize the initiative’s voter engagement efforts and analyze their impact on turnout in BHC sites vs. similar communities. Additionally, the coding framework was mapped to the initiative’s conceptual frameworks, allowing CORE’s work to be connected to that of other evaluators.

CORE is currently working with TCE to implement a version of the coding framework for grantmaking purposes. Additional work focuses on reporting on BHC’s impact and expanding understanding and measurement of power building at the organizational level through the California Network Project.

APPLICATIONS OF THE BHC UNIVERSAL CODING FRAMEWORK

	INVESTMENTS	> 10,000 grants, \$1.8B total investments
	POLICY, SYSTEMS, PHYSICAL CHANGES	List of > 1,500 activities and accomplishments, tracked by site and statewide teams
	DOCUMENT INVENTORY	> 1,200 partner-produced documents
	ORGANIZATIONAL NETWORK	Primary data collection, > 500 participants from California’s power building ecosystem
	OTHER SECONDARY DATA SOURCES	American Community Survey, California Redistricting Database, California Healthy Kids Survey, Behavioral Risk Factor Surveillance System (BRFSS)

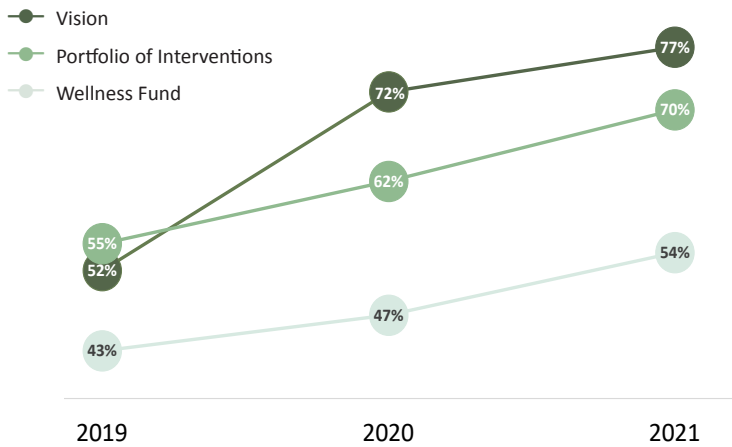
“Having a large collaboration of organizations that provide legal services, immigration support, community outreach, etc. work together has been very helpful. [We] have been able to connect and further partnership work with several of these groups.

—Southern California
immigrant rights
organization



CALIFORNIA ACCOUNTABLE COMMUNITIES OF HEALTH INITIATIVE (CACHI) Examining Place-Based Collaboratives

PERCEPTIONS OF PROGRESS



Year-to-year comparison of the percentage of participants reporting significant progress achieved

Across the U.S., cross-sector collaboratives and community coalitions are working to advance social change, improve community health, and transform health systems. Along with evaluation partners Desert Vista Consulting and AGD Consulting, CORE is evaluating one such model: the [California Accountable Communities of Health Initiative \(CACHI\)](#). CORE is supporting CACHI through a learning evaluation using surveys, key informant interviews, observation, and document review. Our findings will help CACHI examine the roles and actions of 13 place-based collaboratives across the state and explore the value they bring to their communities.

OREGON HEALTH AUTHORITY

Supporting Community Health Assessment & Community Health Improvement Plans

In 2021, CORE partnered with the [Oregon Health Authority \(OHA\) Transformation Center](#) to provide Coordinated Care Organizations (CCOs) with Technical Assistance (TA) on how to conduct shared Community Health Assessments and Community Health Improvement Plans (CHA/CHP) with their local public health and hospital partners. Drawing from expertise locally and nationally, CORE developed webinars and 1:1 TA to advance best practices and key learnings. Resources and findings from this work informed the CHA/CHP Learning Collaborative partnership being developed by CORE and the OHA Transformation Center for CCOs and their partners in 2022–2023.

► WHAT'S NEXT?

Facilitating a Learning Collaborative for OHA's CHA/CHP Partners: Building on our partnership work with the [OHA Transformation Center](#), in 2022 CORE will work with OHA to facilitate a CHA/CHP Learning Collaborative for CCOs and their partners across the state. CCO partners include local public health authorities, hospitals, tribes, and others. The collaborative aims to share strategies around the operational side of developing and implementing a shared CHA and/or CHP such as funding, staff, governance structures, timelines, and cycles of work. CORE will lead six in-depth work sessions and offer tailored 1:1 technical assistance to CCOs and their partners from January 2022 through June 2023.



Partnering to Advance Healthcare & Prevention

- [Geno4Me](#)
- [Breast Cancer Screenings](#)
- [Value-Based Payments in Primary Care](#)
- [Providence Diabetes Collective Impact Initiative](#)

CORE has a long history of collaborating with healthcare systems and providers on healthcare transformation and evaluation of promising programs or interventions at the point of care. We continue to partner with organizations and communities to understand the disparate health impacts of our existing healthcare system and practices, with the goal of using evidence to shape change that improves outcomes for all.

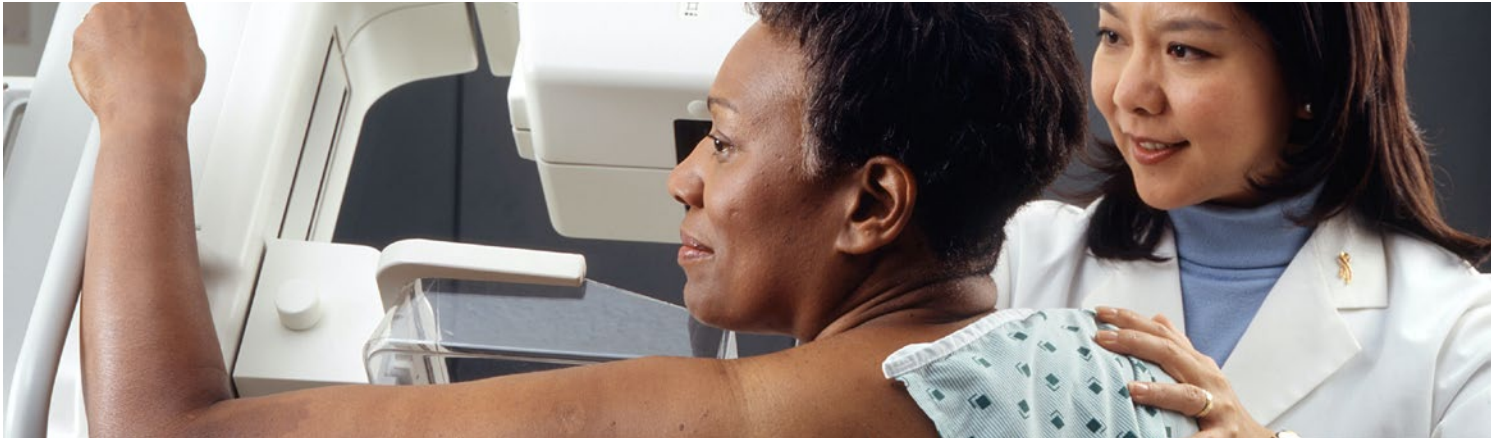
GENO4ME

Revolutionizing Personalized Medicine

In 2021, CORE teamed up with [Providence Genomics](#) on [Geno4Me](#), a new study aimed at advancing genomic medicine to improve disease treatment and prevention. CORE is supporting efforts to enroll thousands of Providence patients in the study, which includes one-time free genomic screening using whole genome sequencing. The study empowers patients to discover what their genes can indicate about risk for certain cancers, cardiovascular diseases, and other inherited medical conditions, as well as the safety or efficacy of certain medications.



Additionally, as part of the study, participants answer questionnaires on non-clinical risk factors such as health behaviors, healthcare access, and social determinants of health such as food insecurity and access to housing. Combined with the genomic data, this information helps create a unique and more comprehensive medical portrait of risk factors for each patient in the study. CORE is also working to recruit under-represented populations not historically engaged in genetic testing and research. By reaching a more diverse group of study participants, Geno4ME seeks to enhance equity in care and improve health outcomes for all. [▶ Read more in our blog.](#)



BREAST CANCER SCREENINGS

Examining Disparities

Early detection is key to improving cancer outcomes. However, data show that individuals with lower socioeconomic status do not receive cancer screenings as often as other groups. Furthermore, Black, Indigenous, and People of Color (BIPOC) are more likely to be diagnosed with cancer at more advanced stages, receive less aggressive treatment, and have a lower five-year survival rate.

With funding from the [KUNI Foundation](#), CORE launched a [study of preventative breast cancer screening](#) that explores disparities in mammography by race/ethnicity, primary language, urban/rural geography, and insurance type. CORE will examine access to care, experiences with and opinions about breast cancer screening and prevention, cultural and linguistic competency in care, and experiences of health care discrimination.

To understand disparities in mammography, CORE distributed surveys (offered in five languages) to 20,000 Providence patients with and without gaps in preventative breast cancer screening. CORE received over 7,000 completed surveys. Survey analysis will begin in early 2022.

We are fortunate to have partners within and outside of Providence supporting this work. This includes Providence's Community Health Division, Physician Enterprises, and cancer specialists/ clinicians, as well as researchers and experts in health and racial equity at the Coalition of Communities of Color. CORE also received invaluable insight from the Promotores program of community health workers. ▶ [Read more in our blog.](#)



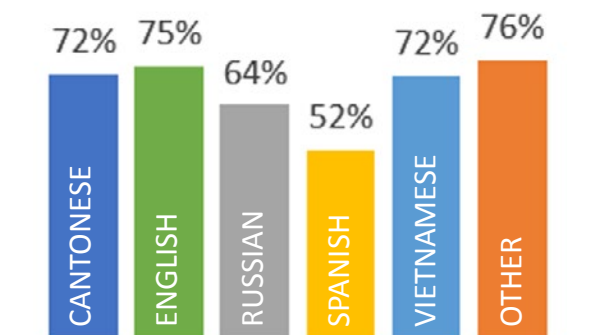
Up until now, no health professional has explained anything to me about this topic, and I have not had the opportunity of talking to someone about this.

—Focus Group Participant



MAMMOGRAM SCREENING BY LANGUAGE GROUP

Percentages of Providence patients by primary preferred language who are up-to-date on their mammogram based on their electronic health records.



“

When it comes to Value-Based Payments, model design and implementation are both important. In this study, we get the chance to assess the impact of a particular VBP model on quality and cost, as well as on willingness and capacity to engage in more advanced VBP arrangements.

—LISA ANGUS,
Program Director, Analytics &
Strategic Counseling, CORE

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VALUE-BASED PAYMENTS IN PRIMARY CARE Incentivizing Quality over Volume

U.S. healthcare costs rank among the world’s highest, yet past research has shown that this outsized spending does not translate to better quality or outcomes. One potential strategy to address this is Value-Based Payments (VBPs), which incentivize quality rather than volume of services provided. However, evidence for VBPs’ benefits is mixed, particularly for primary care.

In partnership with [CareOregon](#) and with funding from [The Patrick and Catherine Weldon Donaghue Medical Research Foundation](#), CORE is evaluating the impact of a primary care VBP across 130 clinics serving Medicaid and Medicare members in both rural and urban areas. The study will help set best practices for spreading VBPs in Oregon and beyond. ▶ [Read more in our blog.](#)

PROVIDENCE DIABETES COLLECTIVE IMPACT INITIATIVE

Improving Diabetes Care

With funding from the [Merck Foundation](#), the Providence Diabetes Collective Impact Initiative (DCII) aims to improve diabetes care and health outcomes for vulnerable and underserved populations with type 2 diabetes by fostering comprehensive approaches that bring together high-quality health services with interventions targeting social determinants of health. The evaluation assesses if the DCII has improved disparities in quality and health outcomes between Medicaid and commercially insured patients. Learnings will be used to help improve and disseminate the model as appropriate.





Supporting a Stronger, Healthier Workforce

- Healthy Team Healthy U
- SWACH Pathways & Workforce

The events of the past few years have put unprecedented pressures on workers in healthcare and other sectors, exacerbating long-standing challenges and giving rise to new ones. Organizations are focused on the health of their staff and their workforce models as they aim to achieve their objectives. Our work in this area has focused on exploring models that center on a community-based healthcare workforce, as well as programs to support employee health and wellness. We are also launching new projects focusing on healthcare and behavioral health workers as they experience increased burnout, lack of resources, and inadequate support.

“

CORE’s prior research found that the Health Engagement Model reduced costs, but these savings were concentrated among employees with the highest medical expenditures. The additional five years of healthcare utilization data, as well as surveys and interviews with Healthy Team Healthy U users, will allow us to better understand program experiences and impacts for all participants.

—MONIQUE GILL, PhD,
Associate Research Scientist, CORE

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HEALTHY TEAM HEALTHY U Examining Employee Wellness

Across sectors, employers turn to wellness programs to support employee wellness and productivity, while also seeking to address the rising costs of employer-provided health care. However, past research has shown mixed results around these initiatives’ ability to drive measurably better outcomes and reductions in healthcare costs.

Building on CORE’s past research into the State of Oregon’s public employee Health Engagement Model, in 2021 we launched a new evaluation of an evidence-based employee wellness program called Healthy Team Healthy U (HTHU). This new evaluation brings five years of additional data that CORE will use to evaluate HTHU’s impact on a range of outcomes, including participants’ health and health behaviors, as well as impacts on health care utilization. [▶ Read more in our blog.](#)

OUR WORK ► Supporting a Stronger, Healthier Workforce



SWACH PATHWAYS & WORKFORCE Evaluating a Community-Based Care Coordination Program

The Southwest Washington Accountable Community of Health (SWACH) HealthConnect Hub supports a variety of care coordination programs and efforts. The Pathways program leverages a community-based workforce to help participants meet their health, social, and economic needs. Community Health Workers (CHWs) work with individuals to navigate often fragmented and siloed healthcare and social services systems. In CORE’s evaluation of the program’s impacts, we interviewed CHWs, their supervisors, and executive leaders. Findings highlighted key aspects that make the program successful at meeting the CHW workforce’s needs:

- CHWs build and strengthen relationships between organizations through increased communication and collaboration, allowing for better navigation of the care landscape on behalf of program participants.
- Ongoing training supported CHWs’ professional development, while ongoing collaborative meetings with CHWs from different organizations helped proactively address challenges.
- Pathways fosters an interconnected, supportive network that supports organizational and CHW resiliency and autonomy, which has been key to responding to COVID-19.

CORE also interviewed Pathways participants to assess the impact of the program on enrolled individuals. We found that:

- By connecting people with multiple unmet needs with a CHW who is approachable, reliable, and highly knowledgeable about community resources, the program provides a unique setting for participants to share and make progress towards addressing their needs.
- Participants described better connections to health and social services, a greater sense of health and wellbeing, and increased confidence in their ability to navigate different systems of care more independently.

“

It’s never *you*, it’s always *we*.
[My CHW] includes herself into that category of, ‘I’m not here telling you what to do, I’m here to take this path with you.’

—Pathways Participant

”

THE SWACH HEALTHCONNECT MODEL



Image: <http://southwestach.org/healthconnect-hub>

OUR WORK ► Supporting a Stronger, Healthier Workforce

► WHAT'S NEXT?

Strengthening the Behavioral Health

Workforce in Southern Oregon: CORE was recently awarded a grant from the William E. and Thelma F. Housman Foundation for Medical Research to help partners in Oregon's Jackson and Josephine Counties use data to address the area's ongoing behavioral health workforce shortage. This work aims to assist local partners in their efforts to grow and sustain the region's behavioral health infrastructure, which has been heavily impacted by both regional wildfires and the ongoing COVID-19 pandemic. Throughout 2022, CORE will partner with a coalition of healthcare, workforce development, education, government, and non-profit groups in the two counties to identify key areas where additional information or analysis can help drive improvements or highlight innovations in behavioral health workforce development. ► [Read more in our blog.](#)



Building Evidence for Housing as Health

- Housing is Healthcare Initiative
- Council for the Homeless
- Re-entry Housing Collaborative

Housing and health are inextricably linked. Without a safe place to call home, it's nearly impossible to focus on basic health and medical needs. That is why we continue to support and lead a robust portfolio of research on housing and health including the study of different housing models and cross-sector outcomes.



HOUSING IS HEALTHCARE INITIATIVE The Healthcare Impacts

The Housing is Healthcare initiative leveraged a [\\$21 million investment](#) from six local hospital systems to Portland's [Central City Concern \(CCC\)](#) to build housing and provide services to homeless individuals. The project's cornerstone, the [Blackburn Center](#), opened in 2019.

With funding from the engaged hospital systems, CORE conducted an observational study of the impacts of obtaining recovery housing or recuperative care housing at the Blackburn Center and found several major positive impacts. For recovery housing, we found reductions in readmission to detox care, reductions in emergency department use, and increases in use of primary care. For recuperative care housing, we observed lower than benchmark readmission rates at 30 days. [▶ Read more in our blog.](#)

RECOVERY HOUSING HEALTHCARE OUTCOMES

ODDS OF HOOPER
DETOX READMISSION
within 90 days

Reduced by **63%**



Average use of **EMERGENCY DEPARTMENT** per member **REDUCED BY**

3.65
visits annually



Average use of **PRIMARY CARE** per member **INCREASED BY**

3.02
visits annually



COUNCIL FOR THE HOMELESS

Strengthening the Homeless Crisis Response System

Council for the Homeless (CFTH), a nonprofit organization serving Clark County, Washington, has employed three strategies to strengthen the county’s homeless crisis response system: integrating peer-led care coordination into housing sites, supporting provision of personal care services, and strengthening partnerships between housing and behavioral/physical health organizations. CORE is partnering with CFTH to evaluate these bodies of work.

Evaluation learnings highlight a strong foundation of trust and value between the health and housing sectors. They also point to ongoing challenges that limit local organizations’ ability to integrate across sectors, such as a lack of shared language and limited capacity. Interviews with staff and clients engaged in the personal caregiving services pilot project revealed the importance of the caregiver role as a bridge between newly sheltered individuals and another source of support in the stabilization process. Additional findings will be published in 2022.

“ Right now, I feel really good about myself. Everything looks great right now, even with the COVID thing. Things will get better. They really will. I have [my caregiver] to thank for it.

—Caregiving client

”



THE RE-ENTRY HOUSING COLLABORATIVE Evaluating Strategies for Housing Individuals with Criminal Records

In 2021, we completed our evaluation of the housing impacts of the Re-entry Housing Collaborative, which sought to re-house individuals experiencing barriers to housing due to criminal records—a major challenge that disproportionately impacts communities of color. With funding from Meyer Memorial Trust, partners including [Urban League of Portland](#), [ACCESS](#), and [Sponsors, Inc.](#), helped remove barriers to housing including prior debt, fines, and fees. They also provided case management and additional assistance with deposits, rent, and expenses.

Our findings, to be published in early 2022 in the *Journal for Advancing Justice*, demonstrated the substantial potential impact of targeted financial assistance combined with supportive case management, both in getting people housed and aiding in the re-entry process. ► [Read more in our blog.](#)



Advancing Understanding of COVID-19's Disparate Impacts

Language Barriers • Long-term COVID • My COVID Diary

2021 was a year of significant progress in the fight against COVID-19. Yet despite the incredible breakthroughs in vaccines and treatment, the pandemic remains one of the most pressing global health crises, and its disparate impacts cannot be overstated. This year we continued examining those impacts, with a goal of helping inform more equitable and effective COVID-19 care and treatment for all.

LANGUAGE BARRIERS

Examining Language Disparities in COVID-19 Test Positivity

While other studies have shown that COVID-19 disproportionately impacts communities of color and those with lower socioeconomic status, this year,

CORE conducted one of the first large studies focused on understanding the role of language barriers in COVID-19 infection risk and exploring the complex intersection of language, race, and social factors in this context. CORE analyzed 164,368 positive COVID-19 test results from Providence patients across Oregon, Washington, and California, including 14,170 for people who preferred a language other than English. Not only were the individuals who had a non-English primary preferred language three times more likely to test positive, but the higher risk among this group persisted even after adjusting for race/ethnicity and social factors like housing and job type.

These findings point to a significant need for translation during medical visits, translation of printed materials, culturally competent support, and other strategies that address language-related barriers to COVID-19 care and public health communication. [▶ Read more in our blog.](#)

“

This study shows that regardless of factors like one's socioeconomic status or race, if you prefer to speak a language other than English, you're more likely to be impacted by COVID-19.

These findings strongly highlight the need for healthcare providers and systems to address structural and systemic language barriers to health and health care in the United States.

—HANNAH COHEN-CLINE, Program Director, Research & Evaluation at CORE

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LONG-TERM COVID

Studying Disparities in Use of Health Care

The COVID-19 pandemic has had an unprecedented impact on healthcare systems and health care utilization over the last two years. This project, funded by the William E. and Thelma F. Housman Foundation, analyzed data from across the Providence health system to better understand disparities in healthcare access following COVID-19 diagnosis among Providence patients. Key findings include persistent disparities in in-person and telehealth care use following COVID-19 diagnosis by race/ethnicity and measures of neighborhood vulnerability. Results will be used to develop recommendations on how health systems can better target health care resources for vulnerable groups.



MY COVID DIARY

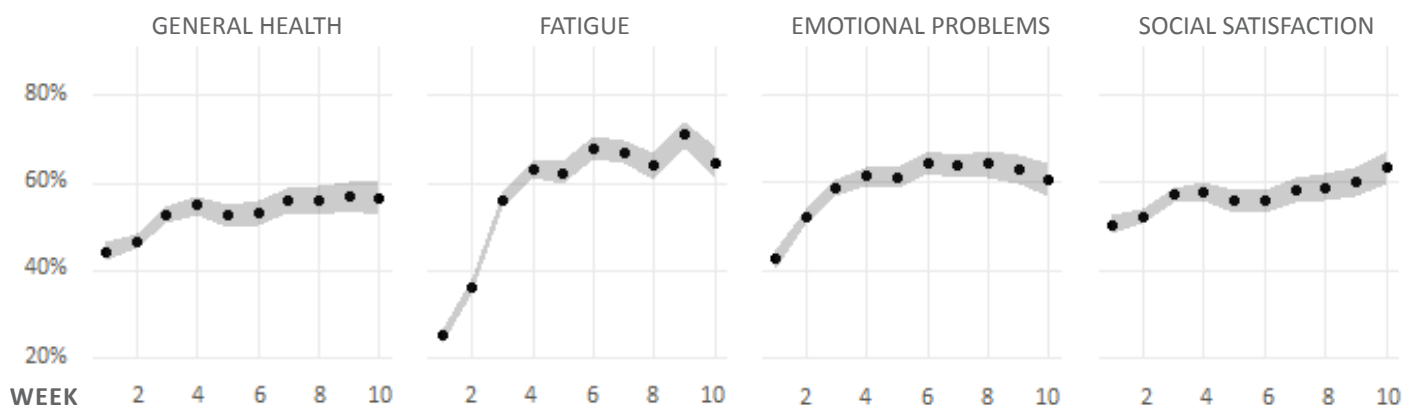
Understanding the Patient Experience of COVID-19

With funding from the Providence St. Joseph Foundation and health system, CORE is partnering with Providence's Clinical Analytics Team on their My COVID Diary research project. The project uses an app-based digital platform to collect and analyze first-person accounts of COVID-19 in order to understand symptoms, disease progression, subsequent medical challenges, and social implications and experiences.

Over 14,000 Providence patients have joined the study so far and they have supplied over 90,000 journal entries and survey responses documenting their COVID-19 experience. We are currently using this data to explore patient-reported outcomes for vaccinated patients and to document the long-term experience and implications of COVID-19 infection. ▶ [Visit the My COVID Diary website.](#)

PATIENT-REPORTED OUTCOMES FOR MY COVID DIARY PARTICIPANTS OVER TIME

Percent of patients reporting favorable response by week since onset of COVID-19 infection



Additional Highlights

THE REGIONAL SUPPORTIVE HOUSING IMPACT FUND Centering Racial Equity and Lived Experience in Research on Homelessness

What does it look like for homelessness research and evaluation practices to be rooted in racial equity and centered on people who have lived experience with homelessness? That is the key question CORE set out to answer with the Regional Supportive Housing Impact Fund's (RSHIF) cross-sector partners, who are working to respond to a growing need for Permanent Supportive Housing for people experiencing homelessness with serious health care needs in the Portland metropolitan region.

CORE collaborated closely with the Portland State University (PSU) Homelessness Research & Action Collaborative on this project and drew on PSU's practice-based research experience in racial equity in the region. Together, we conducted interviews with community members, literature reviews, and an environmental scan. Though this process, we found broad stakeholder agreement on how RSHIF could engage in community-centered participatory research and governance. A corresponding report provides a framework and specific recommendations for governance, research, and evaluation work that centers BIPOC and people who have lived experience with homelessness. [▶ Read the report at PSU's website.](#)



VALUES AND VALUE COMMITMENTS

What values and value commitments should organizations hold when working with Black, Indigenous, and other People of Color who have experienced homelessness? What do they look like as Health Share and RSHIF move forward?

CORE'S INTERNAL EQUITY WORK

Deepening our Commitment to Equity

CORE's strategic plan in 2020 deepened our commitment to equity; in 2021 we began the process of answering the question of "How?" by developing an Equity Roadmap. The roadmap seeks to identify real and meaningful opportunities to better integrate equity into our organizational culture and policies. It also outlines practices to become a more inclusive workplace, more effective community partner, and better equipped to advance health and racial justice. We are currently in the process of workshopping our draft roadmap internally with staff and anticipate implementing this plan in 2022 as part of our Strategic Priorities. If you would like to learn more or have questions/suggestions for us, please get in touch: core@providence.org.

▶ WHAT'S NEXT?

Strategic Priorities for Greater Equity: We are advancing our strategic priorities next year through initiatives focused on modernizing our survey efforts to make them more equitable, implementing an internship and mentorship program with emphasis on demographics traditionally underrepresented in public health careers, expanding our external dissemination efforts to share knowledge and data, and focusing on our internal infrastructure for equity work.



THANK YOU!

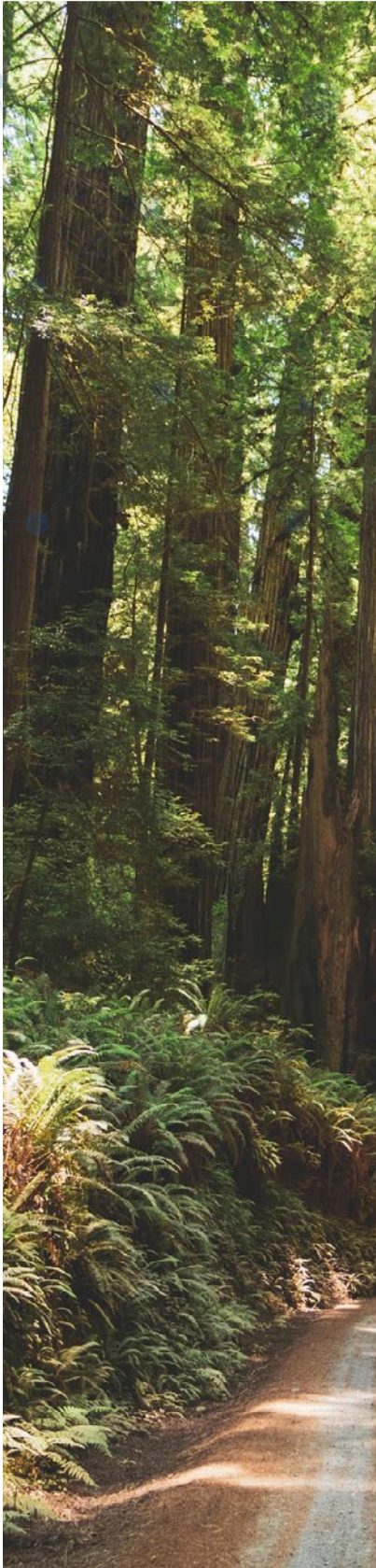
... to all our **PROJECT PARTICIPANTS, PARTNERS, FUNDERS, and COMMUNITY STAKEHOLDERS** for your collaboration and support. We're proud to be a part of your important work!

...to the **COMMUNITY MEMBERS, PROVIDERS, and SURVEY AND INTERVIEW PARTICIPANTS** who put your trust in us and took the time to contribute to this work by sharing your insights and experiences.

...to the **ENTIRE CORE TEAM** for your hard work, ideas, and commitment to advancing health and health equity every day.

Thank You

Philanthropic Support



CORE relies on grants, contracts with partnering organizations, donors, and funders to conduct our work. Philanthropic support helps us grow our body of work and advance our organization and skills in support of informing and inspiring a healthier, more equitable world. Your support today will enable CORE to:

- ▶ Address key drivers of health and promote health equity by launching new studies and expanding our capacity to support, guide, and scale programs that advance health equity within systems, organizations, and communities.
- ▶ Help community-based organizations and collaboratives use data for change by providing tailored capacity building to help them leverage data to improve conditions in their communities.
- ▶ Close the research-to-practice gap by disseminating research and project results to more communities and practitioners that can use it to drive positive change.
- ▶ Build a stronger and more equitable research workforce by supporting and creating future applied researchers and experts through internships and mentoring, with an emphasis on those who are underrepresented in public health.

FOR MORE INFORMATION ON HOW YOU CAN HELP OR TO MAKE A GIFT, PLEASE CONTACT:

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Partners & Funders

Our work is generously funded and conducted in partnership with a wide range of cross-sector partners, including foundations, community-based organizations, government agencies, ACHs, CCOs, health systems, and more. Examples include:

- ACCESS
- Action Health Partners
- AGD Consulting
- All Children Thrive
- All in for Health
- Better Health Together
- CareOregon
- CCS—Care Coordination Systems
- Center for the Study of Social Policy
- Clatsop Community Action
- Coalition of Communities of Color
- Communities of Excellence 2026
- Community Partners (California)
- Council for the Homeless
- Data Across Sectors for Health
- Desert Vista Consulting
- The Patrick and Catherine Weldon Donaghue Medical Research Foundation
- Growing Gardens
- Health Share of Oregon
- Hearst Foundation
- Home Forward
- Hood River Valley Adult Center
- Housman Foundation for Medical Research
- Illinois Public Health Institute
- Jack Coleman Communications
- JOIN
- Joint Office of Homeless Services
- Kaiser Permanente Northwest Community Health
- Kuni Foundation
- Legacy Health System
- Merck Foundation
- Meyer Memorial Trust
- Nashville PrEP Coalition
- National Institutes of Health: National Cancer Institute
- NW Pilot Project
- Our Village Gardens
- Oregon Health & Science University
- Oregon Health Authority
- Pixel37 Design
- Portland Street Medicine
- Providence Foundations of Oregon
- Providence Health Plan
- Providence St. Joseph Foundation
- Providence St. Joseph Health
- Providence St. Joseph Health—Oregon: Community Health Division
- Providence St. Joseph Health—Oregon: Earle A Chiles Research Institute
- Providence St. Joseph Health—Center for Cardiovascular Analytics Research and Data Science
- Providence Supportive Housing
- PSU Housing Research and Action Collaborative (HRAC)
- Public Employees Benefit Board (PEBB)
- Public Health Advocates
- Robert Wood Johnson Foundation (RWJF)
- Rogue Valley Farm to School
- SIREN: University of California, San Francisco
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- Sponsors, Inc.
- Stanford University
- The California Endowment (TCE)
- UCLA Center for Healthier Children, Families, and Communities
- Uncommon Solutions
- Unidos
- United Way of San Diego
- Urban League of Portland
- Vancouver Housing Authority

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Evidence *for* Change