



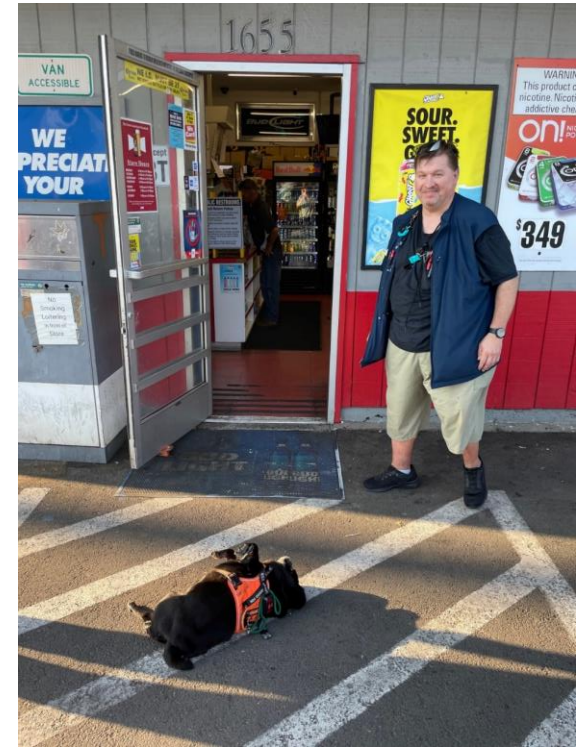
**Oregon State University**  
Center for Health  
Innovation



# Linn County Wellness in Neighborhood Stores

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# Pilot Summary

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January 2020-December 2022



\$99,485.35



Formative evaluation of perceptions, behaviors, and barriers around food access in Linn County Corner Stores



Recruit (5) store owners/managers, and (10) shoppers for semi-structured interviews and store surveys

# Key Findings



- Shoppers, especially those in rural areas, wanted more produce and grocery options at their local corner store.
- Independent stores faced more barriers to sourcing new items and produce than.
- Five out of ten shoppers identified WIC acceptance as an important factor in deciding where to shop.
  - None of the stores accepted WIC
- Over half of shoppers interviewed cited relationships and familiarity with customers as motivation for frequenting corner store.
- Four of five stores regularly sold fresh produce (typically apples, oranges, lemons and limes).
- Owners were generally hesitant to try out new produce items, concerned about spoilage and taking losses.

# Learning Experiences

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Did you make any changes because you learned how to do something better?

- The team started asking shoppers questions about transportation options as respondents indicated that food access was largely determined by car or transportation access.

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Did you do something that didn't work? How/What did you adjust?

- We learned that franchised stores and gas stations present unique challenges to store-based interventions. Future work should focus largely on independent convenience stores, particularly stores in rural areas.

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What were the key factors that helped the pilot through a difficult period?

- Growing the team in 2022 at both Linn County and Oregon State University increased capacity to complete deliverables.

# Successes



- We got to do the work!
- Found and recruited 15 key informants (5 retailers and 10 shoppers).
- Three of our retailer partners expressed interest in partnering post-pilot to expand and improve food options
- Demonstrated Linn County and OSU's commitment to healthy retail through interviews, repeated visits, and financial incentives for participants.
- Both project partners have been able to commit more resources than originally anticipated (more dedicated FTE).



# Partnerships & Collaboration

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- IHN-CCO
- Oregon Healthy Retail Workgroup
- Clackamas County TPEP Group
- Independent store managers who were enthusiastic about expanding nutritious food options in their stores
- OSU Extension Family and Community Health and SNAP-Ed
- Local WIC Clinics


# Remaining Challenges

- Assisting stores in sourcing and offering more fresh, nutritious, and local foods without hurting their business.
- Working with stores to help them qualify for WIC acceptance, could pursue amending WIC requirements for small rural stores.
- Partnering with OSU Extension Snap-Ed for in-store cooking demos and activities to create shopper behavior change
- Leveraging relationships between shoppers and retailers to support lasting changes to food access.

# Post Pilot Sustainability

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Currently exploring funding sources for more research, future store-based partnerships and policy changes



Research component can be replicated and scaled; the more data collected the better our understanding of food access in local corner stores

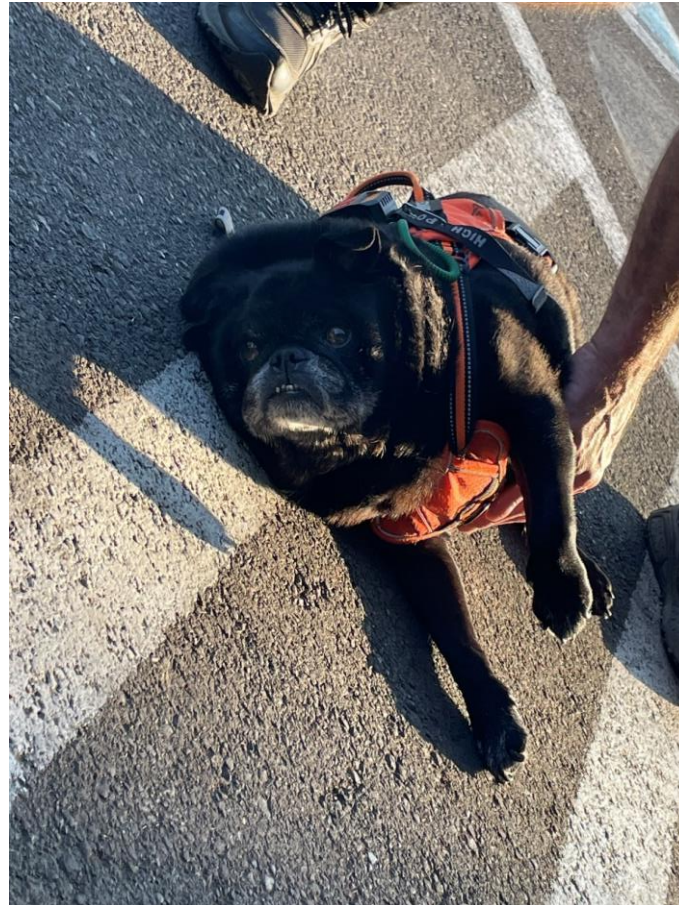


Questions remain about scalability of any store-based changes or interventions, as these changes can be financially risky and difficult to sustain.



# Discussion

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## Linn County Wellness in Neighborhood Stores (WINS)

January 1, 2020 to December 31, 2022

**Summary:**

Linn County Public Health (LCPH) and OSU Center for Health Innovation (OSU) are partnering with convenience store owners and managers on tobacco environmental and health impact assessments. Together, LCPH and OSU are invested community members who want to serve their fellow community members to create thriving businesses in a challenging economy. Based on the relationships we continue to build, we believe an opportunity exists for convenience store owners and managers to grow as partners in the larger health ecosystem to improve healthy eating and food security.

**A. Budget:**

- **Total amount of pilot funds used:** Both project partners spent the full award amount.
- **Please list and describe any additional funds used to support the pilot.**  
LCPH used funds from OHA’s Health Promotion and Chronic Disease Prevention Section to cover the Healthy Communities Coordinator’s additional time and to pay for gift card incentives for all participant’s time.

**B. Provide a brief summary of the goals, measures, activities, and results and complete the grid below.**

Goals:	Activities:	Measures	Progress to Date
<b>Engage IHN-CCO member shoppers to learn about member needs and behaviors in the retail space</b>	Work with IHN-CCO members to assess shopper needs and behaviors	# of key informant/focus groups conducted	10 IHN-CCO member shoppers interviewed
	Identify convenience stores in Linn County proximate to highest number of IHN-CCO members	List of top twenty stores that are closest to the largest amount of members	IHN-CCO member density GIS map created. List of 24 stores identified and contacted.
	Complete agreements with stores to participate in assessments	# of completed agreements (5)	Five stores and store owners/managers recruited to share perspectives.
<b>Collaborate with stores to assess and implement store level changes</b>	Partner with store owners and managers to complete WINS assessments	# of completed store assessments (5)	Five store walk-throughs and manager interviews completed
	Hold bimonthly meetings with store partners to review assessment results and provide technical assistance on policy and environmental changes	Meeting every other month with store partners (5)	Follow up call(s) to and visit(s) with each store for shopper recruitment completed
	Assist stores in implementing healthy store-based changes.	Each store adopts at least one store-based change	In planning for future pilot, projected 2023-24
<b>Evaluate and revise toolkit</b>	Conduct process evaluations with participants	Completed evaluations	In planning for future pilot, projected 2023-24
	Use evaluations to revise components of toolkit	Toolkit revisions	In planning for future pilot, projected 2023-24
	Finalize WINS Toolkit 1.1	Final toolkit	In planning for future pilot, projected 2023-24
<b>Increase number of WIC/SNAP certified stores in Linn County</b>	Partner with store owners to work towards WIC/SNAP	At least two stores move towards WIC/SNAP certification	In planning for future pilot, projected 2023-24

**C. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below:**

Type of THW (CHW, Doula, PSS, PWS, Navigator)	Full time or Part time	Race/Ethnicity	Disability (Yes, No, Unknown)	Preferred Language (English, Spanish, Sign Language)	Payment Type (FFS, Contract, Grant, Direct Employment, APM)	Location of THW (Clinic based or Community based)

**D. Did your pilot receive referrals for THW services? If so, please fill out the table below:**

Number of referrals received from members for THW services	
Number of referrals received from care team for THW services	

**E. What were the most important outcomes of the pilot?**

Through our evaluation, we gained valuable insight into which strategies and tools could be successful for improving food access in corner store retail spaces. We also had success finding and recruiting retailers who were excited about providing fresh food options to their customers. Ultimately, we demonstrated LCPH and OSU’s commitment to healthy retail through interviews, community engagement and financial incentives for participants.

**F. How has the pilot contributed to Triple Aim of improving health; increasing quality, reliability, and availability of care; and lowering or containing the cost of care?**

Improving access to food is one of the most important strategies at our disposal for prevention of chronic and diet-related disease. For many members of our community, especially for those living in rural areas without consistent transportation options, it is difficult to access grocery stores for fresh nutritious foods. This lack of access often leaves local corner stores as the only option for people to access food. Thus, efforts and partnerships geared towards improving food access in rural corner store spaces are critical to improving community health and lessening downstream costs of healthcare.

**G. What has been most successful?**

On the whole, retailers and shoppers were very receptive to working with us and considering changes to their local retail environment. By analyzing shopper interview data alongside manager interview data, we captured a more holistic picture of the financial and systemic barriers facing both groups.

**H. Were there barriers to success? How were they addressed?**

These retail spaces are difficult environments to change and disrupt. Retailers have limited sourcing and stocking options, and tend to be operating on tight profit margins. Shoppers, on the other hand, are not

accustomed to accessing fresh foods and groceries in corner stores. We intend to address these barriers by offering technical and financial assistance to businesses interested in improving their food and produce options while also helping to educate and raise awareness among shoppers of new nutritious options available in their local corner stores.

**I. How readily would the pilot be scalable or replicable? Describe cautions and considerations when considering scaling, or replicating the Pilot. (i.e. Success dependent on personality/skills set, or activities appropriate under certain conditions like size, target population, etc.)**

The evaluation and research conducted is very replicable and scalable, as more data from retailers and shoppers would only add to our understanding of food access in local corner stores. Questions remain about scalability of any store-based changes or interventions, as these changes can be financially risky and difficult to sustain.

**J. Will the activities and their impact continue? If so, how? If not, why?**

Yes, we are currently exploring new funding streams and partnership opportunities for future WINS work. Both Linn County and OSU Center for Health Innovation remain committed to the work and are determining what shape it will take going forward.

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# Developing a Diverse Dental Workforce

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LINDA MANN, DIRECTOR OF COMMUNITY OUTREACH,  
CAPITOL DENTAL CARE

KAREN HALL, ORAL HEALTH INTEGRATION MANAGER,  
CAPITOL DENTAL CARE

# Pilot Summary

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Start/End Date: 2/2022- 2/2023



Budget: \$52,785



Description of pilot: Recruit and train bilingual/bicultural high school graduates to become dental assistants



Pilot activities: Connect with Lebanon High School, create application for program, create course syllabus, locate offices and mentors for students.

# Key Outcomes

- **Specific key outcomes of the pilot**
- Six recent bilingual/bicultural high school students have taken their radiology exams and four are working as dental assistants!
- Dental Assistant training curriculum is developed and replicable to other areas where we have dental assisting shortages
- Partnerships with high schools and Gentle Dental office mentors are established

# Learning Experiences

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Did you make any changes because you learned how to do something better?

- Altered timing for certain classes- moved some classes earlier in the course
  - Added a Zoom meeting to maximize in-person learning
  - Will add additional training supplies
  - Provide additional time for test prep
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Did you do something that didn't work? How/What did you adjust?

- Initially just jumped into lessons, but realized they wanted “round table” discussions to share in-office experiences with each other. This helped them learn from each other and bond as a group
  - Better communication with in-office mentors prior to student arrival
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What were the key factors that helped the pilot through a difficult period?

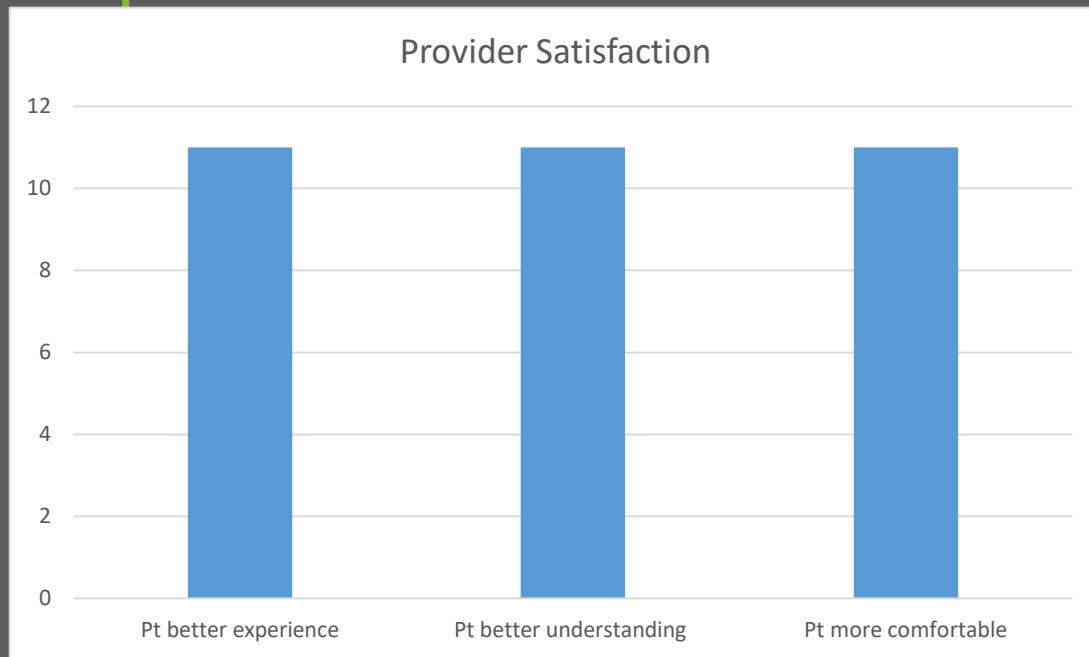
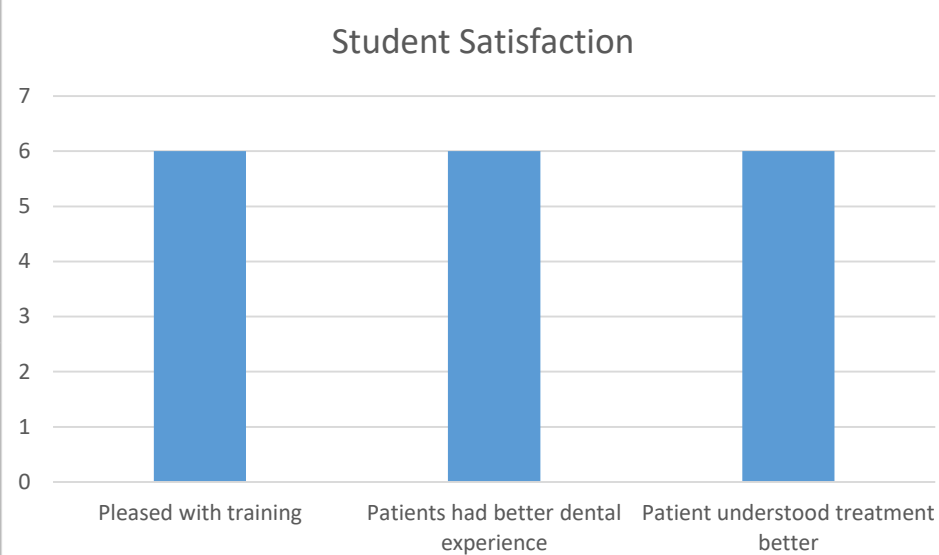
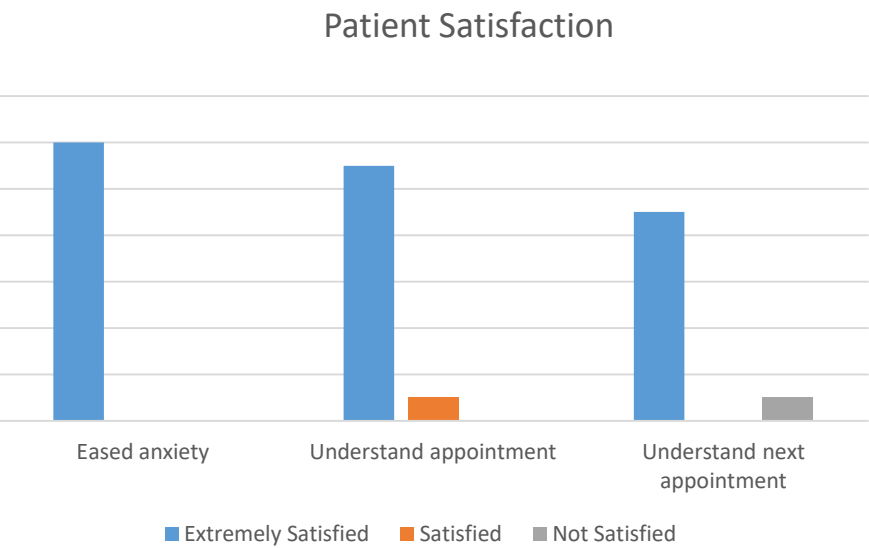
- Positivity and communication! The students needed encouragement from each other and Jessica while studying and taking tests. Group texts and chats helped.



# Education and training

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Satisfaction surveys



# Partnerships & Collaboration

We have built new partnerships with Lebanon High School




# Post Pilot Sustainability

Will your pilot be sustained post pilot? If yes, how? If not, why?

Our graduates are employed within our Gentle Dental offices



Replicability- We are expanding this program to several other areas of the state due to this pilot.



Scalability- Keeping instructor to student ratios small is one key to success. Our expansion is limited to the ability of our instructor to adequately manage the students in various regions and the number of offices that have mentors available.

# Discussion



## Developing a Diverse Dental Workforce

January 1, 2022 to December 31, 2022

**Summary:**

Developing a Diverse Dental Workforce aims to fast-track high school graduates into a dental career as certified dental assistants and interpreters after graduation. Capitol Dental Care (CDC) has a dental assisting (DA) program to train dental assistants but getting applicants to utilize this training program is difficult in the current employment environment. Dental assisting is a career that’s in high demand and is expected to grow over the next decade. By partnering with two local high schools, bilingual and bicultural students will be selected for this funded pilot. We will be relying heavily on the schools’ expertise and experience in their career counseling programs to advertise and identify applicants for this program. Upon completion, graduates will have radiology and dental assisting certification and will be contracted for full-time placement with full-time benefits as dental assistants in a CDC dental office. In addition, they will have fulfilled the requirements for the Oregon Health Care Interpreter Program.

**A. Budget:**

- **Total amount of pilot funds used:** \$52,785
- **Please list and describe any additional funds used to support the pilot.**  
[Click here to enter text.](#)

**B. Provide a brief summary of the goals, measures, activities, and results and complete the grid below.**

Baseline or Current State	Monitoring Activities	Benchmark or Future State	Progress to Date
Create partnerships	Create MOU contracts with Lebanon and Corvallis High Schools	Contracts will be finalized	Contracts were not required- Lebanon High School agreed to recruit candidates for the program.
Create applicant pool	Create application for program, interview applicants	Applicants will be chosen for the DA program	Application created, all candidates that applied were offered spots in the program.
Integrate CDC DA training program into school programming to educate students and provide training for DA certification	DA instructor will provide classroom education for students and coordinate in-office training for students.	Students will have classroom education completed upon graduation, most or all in-office training completed by graduation	Students received classroom training and in-office training.
Support students to complete Oregon Health Care Interpreter Program	Pay for and provide dedicated classroom and in-office time for completing requirements for the Oregon Health Care Interpreting Program and certification process.	Completion of requirements for certification	Students that are interested in obtaining certification will obtain online training beginning 4/2023.

Completion of surveys by DA students, staff and patients	Improved health outcome surveys will be distributed to DA students, staff and patients at 4 months and 12 months after DA enters workforce.	75% of those surveyed will say patient experience and health outcomes were improved.	100% said experience and understanding were improved.
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**C. Did your pilot utilize Traditional Health Workers? If so, please fill out the table below: NA**

Type of THW (CHW, Doula, PSS, PWS, Navigator)	Full time or Part time	Race/Ethnicity	Disability (Yes, No, Unknown)	Preferred Language (English, Spanish, Sign Language)	Payment Type (FFS, Contract, Grant, Direct Employment, APM)	Location of THW (Clinic based or Community based)

**D. Did your pilot receive referrals for THW services? If so, please fill out the table below:**

Number of referrals received from members for THW services	NA
Number of referrals received from care team for THW services	NA

**E. What were the most important outcomes of the pilot?**

Six recent high school graduates are now trained and xray certified to be dental assistants. Four currently have employment in the area with Gentle Dental offices, and the remaining two are awaiting openings.

**A. How has the pilot contributed to Triple Aim of improving health; increasing quality, reliability, and availability of care; and lowering or containing the cost of care?**

Because the candidates are bilingual/bicultural, patients who are also bilingual/bicultural are provided with a more equitable experience. Also, we have improved the availability of patient care by allowing the dentists to operate more efficiently by having adequate dental assistant staffing.

**F. What has been most successful?**

We have introduced a group of recent high school graduates to the dental profession who had not previously considered this career path. All six took their Radiation Health and Safety exams and remain committed not only to working as dental assistants, but to growing in their careers. Most of the students are interested in taking further exams to move toward an Expanded Functions Dental Assistant (EFDA) certifications. Some students have expressed interest in dental hygiene and even dentistry in the future, so this program has shown them one career path that could eventually take them even further. They have embraced being a part of healthcare field and demonstrated tremendous tenacity toward their goal, determination to demonstrate professionalism, empathy for patients and support for one and other as they grew into their roles.

Out of the six students in training, all 6 were extremely satisfied with the training, felt the patients had a better dental experience with having a bilingual/bicultural DA, and felt that all patients better understood their treatment and next appointments with having a biliungual/bicultural DA on their team.

Out of the 11 dental providers and staff surveyed, all felt the patients had a better dental experience with the bilingual/bicultural DA on the team, all thought the patients better understood their treatment and future appointments better, and all thought the patients were more comfortable with their care since a bilingual/bicultural DA was on their team.

Out of the 12 patients surveyed, all said that having a bilingual/bicultural DA on the team helped ease anxiety, helped them better understand their treatment, and all but one patient better understood their next scheduled appointment better. The one who did not said she was not good at explaining herself.

**G. Were there barriers to success? How were they addressed?**

There was a natural fear of the unknown as they moved from the learning environment to actively participating in the dental office for their in-office training. To combat this, we spent a significant amount of time role-playing, discussing various cases, scenarios, procedures, and every time we met the students were given an opportunity at the beginning of the class to discuss what they needed help understanding, what elements of the information they were studying that was not clear.

There was also the significant hurdle of taking an exam that they knew was very important to pass. They really worked hard to encourage each other, they met up weekly for study groups, and they elected to take the test together so that they could be supportive to each other under intimidating circumstances.

Limited access to transportation was a barrier for the students to accept positions outside the town where they live. We were able to find offices for them to train and are hoping there will be positions available soon within the transportation parameters needed.

**B. How readily would the pilot be scalable or replicable? Describe cautions and considerations when considering scaling, or replicating the Pilot. (i.e. Success dependent on personality/skills set, or activities appropriate under certain conditions like size, target population, etc.)**

Because we were able to pilot this project, we have created a replicable program. Having already established this program, we qualified for and received Oregon Health Authority SHOI-like workforce grant to expand to several regions throughout the state.

Considerations to replicating identified include:

*Smaller groups* (6:1 student to instructor ratio) are best so that we can provide a more individualized program and give each student time to work on whatever concept or skill they find personally challenging. A smaller group is also ideal because given the shortage of dental assistants in the dental office, having dental assistant mentors in the office who can devote time to training the students can be challenging.

*Instructors* leading the clinical elements need to have years of experience within the dental industry

*Mentors* (both dental assistant mentors and dentists) who know how to create a comfortable, safe learning environment for the students is critical in maintaining a positive experience for the students.

**C. Will the activities and their impact continue? If so, how? If not, why?**

Yes, our students from the pilot would like to continue towards EFDA certification and official translation certifications.