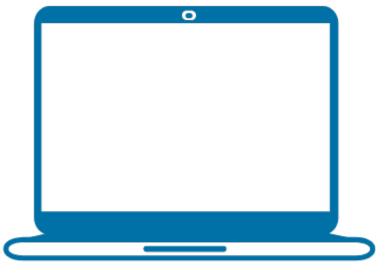


## **Virtual Norms**

- Find a quiet place where you can stay engaged and (mostly) avoid distractions
- Use a webcam if possible; seeing one another builds trust and will help facilitate more meaningful small group discussions
- Speak at a slower pace and be comfortable with silence
- Please mute when not speaking and feel free to utilize the chat box to raise questions or comments
- OCH meetings are open to the public; all insights and opinions are valued
- Care for yourself: stand, stretch, drink water, eat, use the restroom as needed



# Healthy people, thriving communities

Vision

**Purpose** 

Mission

A healthier, more equitable threecounty region.

To tackle health issues that no single sector or tribe can tackle alone.

To solve health problems through collaborative action.

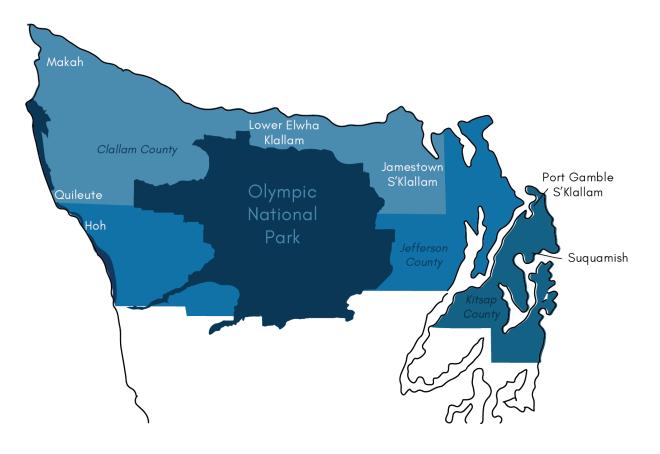


# Land Acknowledgement

Olympic Community of Health would like to acknowledge that we are on the territorial lands of the Coast Salish, Klallam, and Chimacum tribes.



# **The Olympic Region**



#### The Olympic region includes:

Clallam, Jefferson, and Kitsap

#### We are in the territorial lands of seven Sovereign Nations:

The Hoh, Quileute, Makah, Lower Elwha Klallam, Jamestown S'Klallam, Port Gamble S'Klallam, and Suquamish.

#### **80,163** Medicaid beneficiaries

#### **Contracted OCH partners**

- 14 Behavioral health providers
- **11** Primary care providers
- 4 Hospitals
- **7** Community-based organizations and social service providers







### **Jefferson Successes**

- Jefferson County Public Health featured community members in their weekly campaign, #MaskUpMonday. This campaign shared local perspectives regarding the question "why do you wear a mask?"
- Discovery Behavioral Healthcare's client no show rates have dropped to 14-16%
- OlyCAP set up a study library in a conference room and hired tutors to support local high school students in need of a quiet place to study and use the internet.











# Regional Successes



OCH received full DSRIP earnings to pass along to partners. \$11,255,352 paid directly to partners 2018-20. An additional \$1,255,390 in targeted investments to support partners.

**22 submissions in the student poster contest**, "Plant Hope, Grow Resilience", encouraging resilience during COVID-19 through art and creativity.

**12%** increase in preventative and restorative dental services between Jan 2017 and Dec 2019 (all ages).

**16,790 participants in chronic disease programs** across community-based partners.

**78%** of Medicaid Managed Care contacts in the Olympic region were in **value-based payment arrangements** (16% increase from 2019).

# Equity, Vaccines & COVID-19 recovery

Presented by: Olympic Community Action Programs:

Your Community Action Agency for Jefferson and Clallam Counties on Washington's Olympic Peninsula

www.olycap.org

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

What Is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation, 2017

## The COVID pandemic underscores that:

- Our health is inextricably linked to that of our neighbors, family members, childand adult-care providers, co-workers, school teachers, delivery service people, grocery store clerks, factory workers, and first responders, among others;
- Our current health care, public health, and economic systems do not adequately or equitably protect our well-being as a nation; and
- Every community is experiencing harm, though certain groups are suffering disproportionately, including people of color, workers with low incomes, and people living in places that were already struggling financially before the economic downturn.

Health Equity Principles for State and Local Leaders in Responding to, Reopening and Recovering from COVID-19

https://www.rwjf.org/en/library/research/2020/05/health-equity-principles-for-state-and-local-leaders-in-responding-to-reopening-and-recovering-from-covid-19.html

# Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond

### Working Group on Equity in COVID-19 Vaccination

February 2021

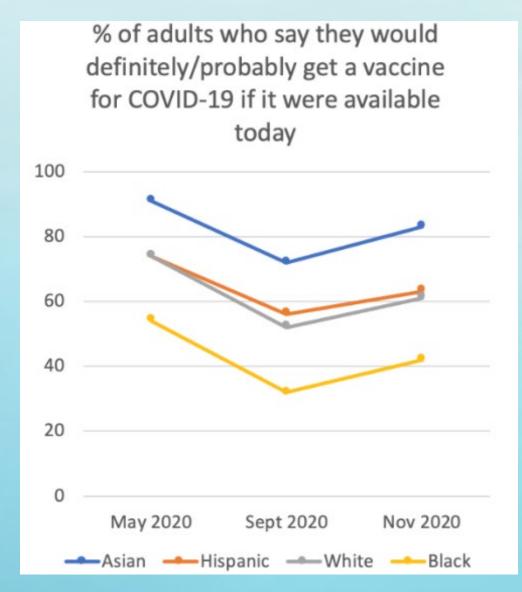
Table 1. COVID-19 Cases, Hospitalizations, and Deaths by Race/Ethnicity<sup>1</sup>

| Rate Ratios vs. White* | Indigenous* | Asian* | Black* | Hispanic/Latino/Latinx |
|------------------------|-------------|--------|--------|------------------------|
| Cases                  | 1.8x        | 0.6x   | 1.4x   | 1.7x                   |
| Hospitalizations       | 4.0x        | 1.2x   | 3.7x   | 4.1x                   |
| Deaths                 | 2.6x        | 1.1x   | 2.8x   | 2.8x                   |

<sup>\*</sup>Non-Hispanic. Note: Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to healthcare, and exposure to the virus related to occupation.

1. US Centers for Disease Control and Prevention. Infographic: COVID-19 cases, hospitalization, and death by race/ethnicity. Updated December 10, 2020. Accessed March 2, 2021. <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/infographic-cases-hospitalization-death.html">https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/infographic-cases-hospitalization-death.html</a>

#### **VACCINE HESITANCY BORNE OUT OF EXPERIENCE**



While BIPOC communities could benefit greatly from safe and effective vaccines, longstanding biases and barriers often hinder them from obtaining COVID-19 vaccination.

Legacies of oppression at the hands of medical actors, sometimes backed by governmental authority, influence COVID-19 vaccine confidence in BIPOC communities.

Based on a survey completed in mid-January 2021, White (52%) adults were more likely than Black (35%) and Hispanic (42%) adults to say that they want to get vaccinated "as soon as possible."

Intergenerational traumas include involuntary sterilization under 20th-century eugenics laws, experimentation without informed consent as in the Tuskegee syphilis study, and racial quarantining during epidemics and forced segregation in the name of public health.

#### Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Recovery and Beyond

Working Group on Equity in COVID-19 Vaccination

February 2021

The coronavirus disease 2019 (COVID-19) pandemic has had tragic and disproportionate adverse effects on Black, Indigenous, and People of Color (BIPOC) communities across the United States. The number of cases, hospitalizations, and deaths related to this disease is significantly higher in these groups. Additionally, members of BIPOC communities are among those hit the hardest by the <u>economic and social upheavals caused by the pandemic</u>.

As the COVID-19 vaccination campaign begins, it is critical that vaccines be delivered fairly and equitably—so that everyone has the <u>same</u> <u>level of access to this lifesaving technology</u>. Just as pressing is the need to address longstanding disparities that have created the unequal situation that BIPOC communities are now in.

This plan provides elected and appointed officials with the tools to create, implement, and support a vaccination campaign that works with BIPOC communities to remedy COVID-19 impacts, prevent even more health burdens, lay the foundation for unbiased healthcare delivery, and enable broader social change and durable community-level opportunities.

COVID-19 vaccination is the most likely way out of the current pandemic. It is also an opening to create equity and durable benefits for BIPOC communities, who have been devalued and too often cut out of opportunities in the United States. We hope that you consider this and the specific recommendations made in this report as you begin to implement COVID-19 vaccination campaigns in your own towns, cities, and states.

https://www.centerforhealthsecurity.org/our-work/publications/equity-in-vaccination

#### The 5 key principles and their associated action items in the plan are:

- •Iteration: Repeated engagement with BIPOC communities is necessary. There is a race to get as many people vaccinated as soon as possible, and this urgency must be balanced with the need to build real trust in BIPOC communities. In many areas, this trust is low or nonexistent, which means that building trust will take time. It will require committing to engaging with BIPOC communities, including organizing productive "listen-and-plan" sessions in which community members have the opportunity to explain their thoughts on COVID-19 vaccination and where officials have the opportunity to listen and hear what is being said, and in partnership, put these ideas into action.
- •Involvement: Moving forward, BIPOC community representatives and advocates must become active collaborators in the public health process. This will involve implementing mechanisms for 2-way communication (particularly with trusted leaders, influencers, and pillar institutions in local BIPOC communities) and engaging with these key representatives as partners, not as audiences to persuade or subordinates to command. One way this can be done is by encouraging BIPOC individuals and community organizers to actively participate in the COVID-19 vaccination campaign in ways that respect their self-determination and strengthen their self-reliance. A longer-term approach is to ensure BIPOC individuals are in positions of power in government and public health.
- •Information: Effective communication with BIPOC community members is essential in the ongoing COVID-19 vaccination effort. Applying best practices for communication during this time will be useful for moving forward. As a starting point, it is important to recognize that vaccination messages must be tailored to address the specific concerns of local BIPOC communities. This can be done in one of the following ways (or through a combination of these approaches): identify and support trusted BIPOC individuals and organizations who can relay information and help set community norms related to COVID-19 vaccination, apply learning from "listen-and-plan" sessions to frame COVID-19 vaccination in the communities' own terms, and enlist allies to blanket BIPOC communities with accurate information that can drown out misinformation.
- •Investment: All of the efforts described above will require investments of time, attention, and funding. At the same time, the vaccination process itself can be viewed as an opportunity for economic revitalization, with the potential to lead communities out of the pandemic and its economic hardships. This type of revitalization is particularly important to BIPOC communities that historically, and presently, are often economically challenged. Practical suggestions for investment include: pull together the necessary resources to ensure COVID-19 vaccination is equitable (meaning, easily available to the most marginalized individuals in the community) and then fight to keep these resources in place moving forward; creatively finance nonprofit and for-profit entities with BIPOC community roots to strengthen the vaccination enterprise; and enlist the help of private capital to support vaccination, for example, by getting transportation companies to commit to providing free rides to and from vaccination sites or by having a local grocery store sponsor a "get vaccinated" poster contest for schoolchildren.
- •Integration: Looking forward to the end of the pandemic, it is important to recognize that recovery will take time. COVID-19 will have long-lasting physical, psychological, and financial effects, especially in BIPOC communities. Because of this, the COVID-19 vaccination campaign cannot be viewed as a final step in returning to "normalcy." Instead, it needs to be seen as a step toward a more complete recovery that can, and should, include meaningful social change. This can take place as the recommendations outlined above—including "listen-and-plan" sessions, empowering BIPOC individuals and communities, and investing in equitable public health—are integrated into ongoing community initiatives and as government and public health officials commit to ensuring durable social change and community benefits that include adequate housing, food security, living wages, and leadership opportunities.

#### The 5 key principles and their associated action items in the plan are:

#### Iteration:

- •Meet regularly with BIPOC community members to gather perspectives on COVID-19 vaccination and recovery needs as well as to better understand other issues or needs affecting the health and wellbeing of BIPOC communities.
- •Gather information to better assess reasons for vaccine hesitancy, delaying, and refusal. Use this information to help inform vaccine outreach efforts.

#### **Involvement:**

- •Ensure BIPOC individuals and groups are engaged as peers with agency and a right to self-determination, rather than treated as subordinates or wards to protect.
- •Compensate BIPOC community members, leaders, and organizations for their time and work in these and all other capacities mentioned in the checklist/plan.
- •Use traditional communications channels (eg, newspapers, public service announcements, church newsletters, flyers) to share important information and invite input from those without access to the internet or other technologies.

#### Information:

- •Work with BIPOC communities to identify and connect with influential members who can advocate for the COVID-19 vaccine (eg, cultural leaders, political leaders, faith leaders, ethnic grocery store owners, family matriarchs, meat packing plant supervisors, community health workers, ethnic radio personalities, minority-serving institution faculty and students, BIPOC healthcare practitioners and their associations).
- •Enlist all allies and avenues to fill BIPOC communities with "good" (ie, valid, reliable, culturally relevant, and actionable) information to counteract misinformation. Employ artists (eg, poets, muralists, singers) from within the community to spread "good" information.

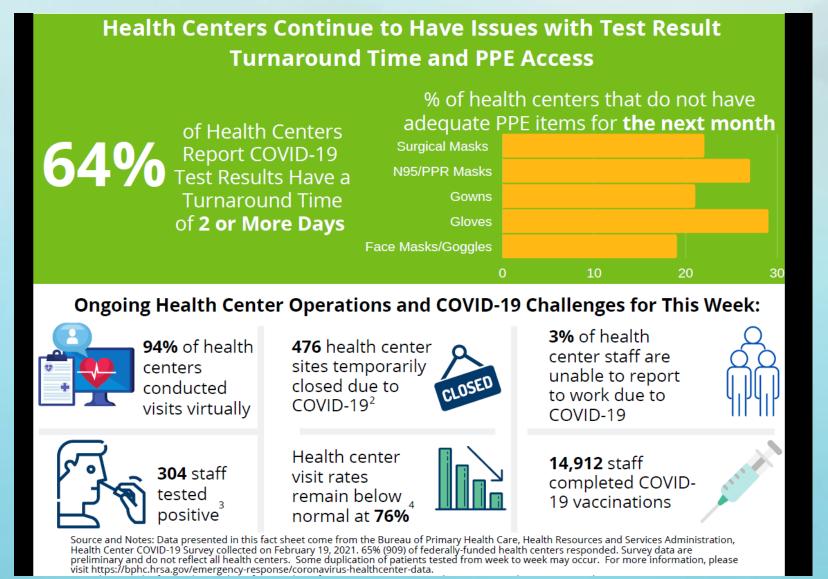
#### **Investment:**

- •Creatively finance BIPOC nonprofit and for-profit entities to strengthen COVID-19 vaccination uptake and foster a coherent community health sector that serves all constituents.
- •Apply creative contracting mechanisms (eg, securing a fiscal intermediary who can "pass through" funds promptly) to finance the work of community- and faith-based organizations and community health workers with cultural and linguistic roots in BIPOC communities.
- •Partner with transportation providers (eg, taxicab companies, on-demand driver networks like Uber and Lyft) to coordinate free rides to vaccination sites.

#### Integration:

- •Align public agencies around a "whole person" model of recovery, to meet BIPOC communities' self-identified needs and to multiply the benefits of a single vaccination encounter. Provide no-strings-attached vaccination alongside delivery of other goods and services to meet community-identified needs that may include food, housing, income-generating opportunities.
- •Convene a cross-sector council of stakeholders to assess the compound adverse effects of the pandemic (eg, trauma, lingering medical needs, economic displacement, disrupted educations) and to develop plans for addressing these issues.

The nation's 1,400 community health centers provide primary healthcare to nearly 30 million people—the majority of whom are people of color—in every state and territory, including 1 in 5 rural residents, 1 in 3 living in poverty, and more than 1 million of both agricultural workers and people experiencing homelessness.



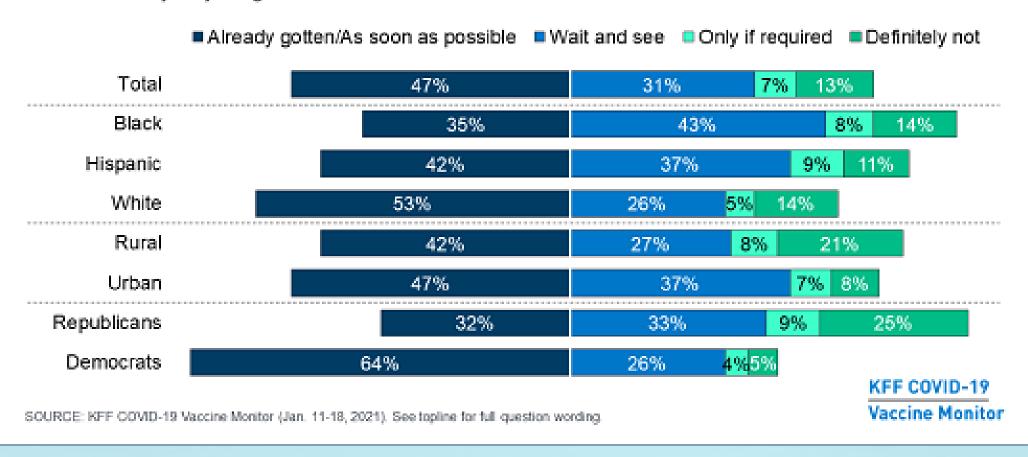
Federally Qualified Health Centers(FQHCs) nationwide. FQHCs serve more than 30 million patients each year—1 in 11 people nationwide. Many are people of color and individuals struggling to make ends meet.

#### **Challenges in Deploying the COVID Vaccine- Washington State**

| Metrics  | Value  |
|--|--------|
| Financial reimbursement for costs associated with vaccine administration | 15.79% |
| Staffing to administer the vaccine                                       | 31.58% |
| Vaccine confidence   | 10.53% |
| Vaccine storage capacity   | 15.79% |
| Vaccine supply   | 84.21% |
| Other  | 10.53% |
| None   | 15.79% |

### Republicans, Rural Residents Most Resistant To COVID-19 Vaccination; Black, Hispanic Adults Most Likely To "Wait And See"

Percent who say they will get a COVID-19 vaccine:



https://www.kff.org/coronavirus-covid-19/press-release/vaccine-monitor-nearly-half-of-the-public-wants-to-get-covid-19-vaccine-as-soon-as-they-can-or-has-already-been-vaccinated-up-across-racial-and-ethnic-groups-since-december/ (last accessed 3.2.21)

### National Institutes of Health (NIH) COVID-19 Vaccination Communication: Applying Behavioral and Social Science to Address Vaccine Hesitancy and Foster Vaccine Confidence

Underserved rural residents, homeless populations, and migrant communities (including those without legal residency) are critical populations to prioritize for vaccination communication. In addition to perpetuating existing disparities, if these populations are not addressed in communication outreach plans, the vaccines will not reach their full effectiveness potential because of insufficient population-level uptake.

Some of these groups may have to overcome significant logistical barriers (e.g., poor access to regular health care or lack of COVID-19 Vaccination Communication insurance, long distances from vaccine administration sites, lack of childcare to allow them to take the time to get vaccinated) while also lacking access to accurate information regarding COVID-19 vaccines (e.g., due to limited Wi-Fi access or literacy challenges).

Messages targeting these populations need to directly address actual and perceived barriers, facilitate information access, and foster self-efficacy to take the actions needed to get vaccinated.

https://obssr.od.nih.gov/wp-content/uploads/2020/12/COVIDReport\_Final.pdf

### Rural challenges:

- Transportation and long distances to vaccine distribution sites
- Lack of internet access and technology equipment (e.g., smart phones) poses a challenge to booking appointments
- Prevalence of misinformation, including among rural people-of-color populations (e.g., distrust of the health system) and among those with certain political beliefs (e.g., do not believe the COVID-19 pandemic is real)
- Hesitancy among rural health care workers may further hamper trust building with the broader community
- Outreach to get information to hard-to-reach populations (e.g., homeless, undocumented, non-English-speaking, or those without internet access) will require partnerships with trusted stakeholders and community-based organizations.
- Data- reporting systems are scattered and gathering information from vaccination participants has not been consistent

# What steps can policymakers take to ensure more equitable vaccine distribution?

Collect complete, high-quality race and ethnicity data when administering vaccinations

Collecting race and ethnicity data on disease burden and other consequences of the pandemic has helped identify disparities, but as shown in Urban's COVID-19 resource tracker, there is substantial variation in how states are tracking COVID-19 across populations and sectors. A federal mandate to improve data collection last summer increased race and ethnicity reporting for COVID-19 cases and deaths. But the federal demographic data collection requirement does not extend to COVID-19 vaccinations; as of early February, only 23 states report race and ethnicity data for vaccinations. Even when states report data, the share missing race data can be high, and the share missing ethnicity information is far higher.

A similar data collection requirement for vaccinations could be issued and expanded to include <u>primary language</u>, <u>residential location</u>, and <u>occupation</u> to allow public health administrators to monitor whether vaccines are reaching priority populations, <u>including people of color and high-exposure workers</u>. Data collection efforts should ensure sensitive information such as Social Security numbers are never collected, explain why individual demographic data are needed and how they will be used and protected, and allow individuals to opt out of providing information to ensure vaccine uptake.

The Biden administration has declared its pandemic response will be data driven and has proposed allocating \$20 billion to vaccine distribution—100 times as much as the previous administration offered—indicating potential resources and guidance for improving state and local data collection capabilities could be forthcoming. Nunez-Smith has also made it clear the administration will work to address the insufficient collection of race and ethnicity data.

In summary:

- COVID has disproportionately effected BIPOC communities, rural residents, low-income persons and those with lower educational attainment (obviously, thanks to historical inequities, some of these populations overlap/co-exist)
- In order to address the inequities, there will need to be targeted measures to address & adequately vaccinate these populations this will be more costly and time-consuming than online appointment, mass-vaccination sites

What we know in Jefferson County, WA:

- Homeless populations have not been prioritized or vaccinated (despite some of them fitting the current age tier); We have not been able to allocated the staff to help coordinate setting time/date, and getting transportation set-up for those at emergency shelter, permanent supportive housing, or at non-regulated sites, like the Fairgrounds
- Home health care aides are taking a "wait and see" approach; they say it is "too new," and was "developed too fast"
- Staff or volunteers working with high-risk have not been vaccinated-shelter monitors, meals on wheels drivers, case managers meeting with customers
- We have customers calling in who don't know how to go online and make an appointment, who don't have enough minutes on their phone to wait on hold for call-in, and who have specific questions about their health situation (recent cancer treatment, recent other vaccine, certain medications, past reactions, etc.) and they don't know who to call and ask

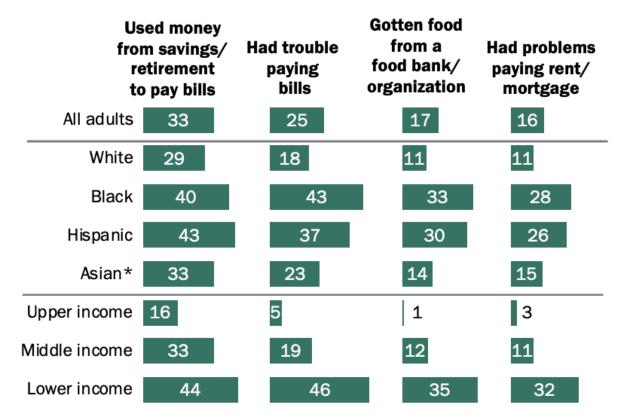
# Recession has Nearly Ended for High-Wage Workers, but Job Losses Persist for Low-Wage Workers

While employment rates have rebounded to pre-COVID-19 levels for high-wage workers, they remain significantly lower for low-wage workers.



## Financial pain points during coronavirus outbreak differ widely by race, ethnicity and income

% saying they have \_\_\_\_ since the coronavirus outbreak started in February



<sup>\*</sup>Asian adults were interviewed in English only.

Note: White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanics are of any race. Family income tiers are based on adjusted 2019 earnings.

Source: Survey of U.S. adults conducted Aug. 3-16, 2020.

#### **PEW RESEARCH CENTER**

<sup>&</sup>quot;Economic Fallout From COVID-19 Continues To Hit Lower-Income Americans the Hardest"

#### **COVID Recovery:**

- Will take rent assistance for renters and landlords; we have already seen an increase in landlords selling properties so they can avoid the eviction moratorium continuation
- Undocumented workers will need to be specifically targeted to meet agricultural and factory processing needs- high profit employers should be tasked with assistance in this realm
- So long as businesses are not using offices, and restaurants are at lower capacity, there is less need for low skill jobs like cleaning, trash removal, and dishwashers
- There will be a need to address addiction and despair: the large cohort of workers that have simply dropped out of the labor force and have lost hope of having a purposeful existence will continue to suffer and remain a barrier to a full economic recovery (https://www.brookings.edu/research/americas-crisis-of-despair-a-federal-task-force-for-economic-recovery-and-societal-well-being/)
- As the Center for American Progress has previously argued, when private corporations receive government support to create jobs, they should be required to:
  - Pay decent wages
  - Provide quality benefits
  - Prevent discrimination
  - •Expand paid training and apprenticeship opportunities for all workers
  - •Respect workers' right to join a union
  - Comply with existing workplace laws
  - Create jobs in the United States

https://www.americanprogress.org/issues/economy/reports/2020/06/29/487075/getting-americans-back-work-good-jobs/;

#### Challenges specific to Jefferson County, WA:

- Tourist economy, centered far north in Port Townsend, or along shoreline (less of a diversified economy)
- Lack of rental housing; if evictions occur, people get evicted, they will have to leave the county (unless we can incentivize the AirBnBs to change back to rentals; or get unused commercial space remodeled quickly)
- Dealing long-term with those who refuse vaccination
- Large dichotomy between low-income versus high-income in the community; missing a strong middle class sector
- Lack of internet in rural locations when there is reliance on telehealth
- Higher older population that is no longer in the workforce

### Opportunities emerging with the COVID-19 crisis

#### **Opportunities**

Higher relevance to enhance quality and use of digital tools/broadband in rural regions

Remote distributed work might increase linkages between rural and urban

Shift in consuming habits can favor local products and destinations

Greater awarness to ensure accessibility to quality services (ehealth, e-education)

Reshoring of strategic industries that were once delocalised (i.e. raw materials)

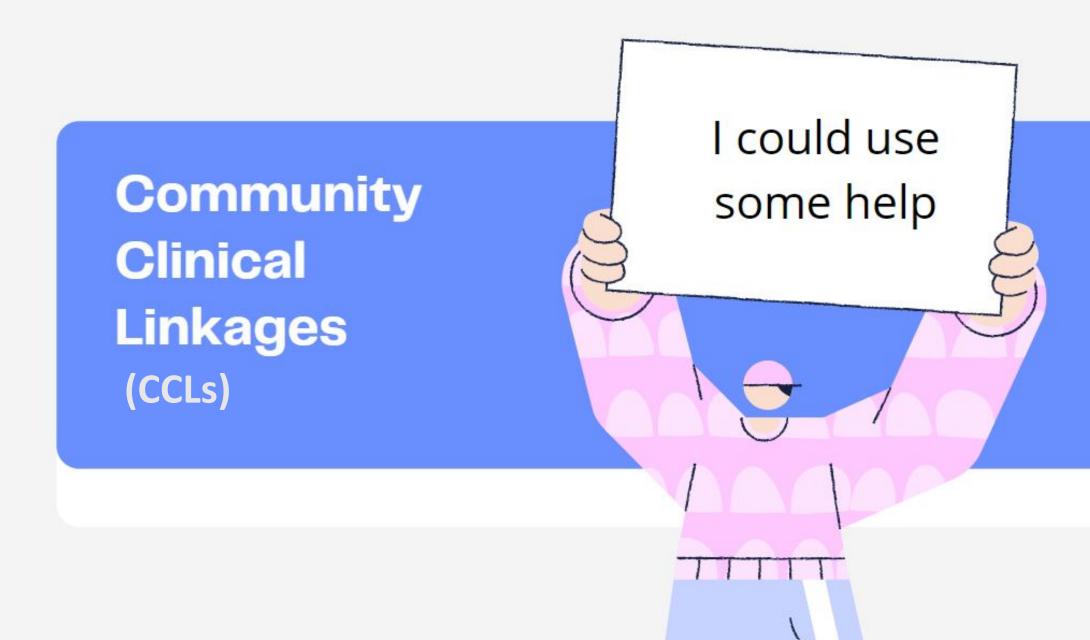
Momentum to accelerate a just transition towards a low-carbon economy for rural communities

Mobilise and strengthen local networks and co-operative structures to face future shocks



# Community-Clinical Linkages











Jefferson County Kenny, Age 18

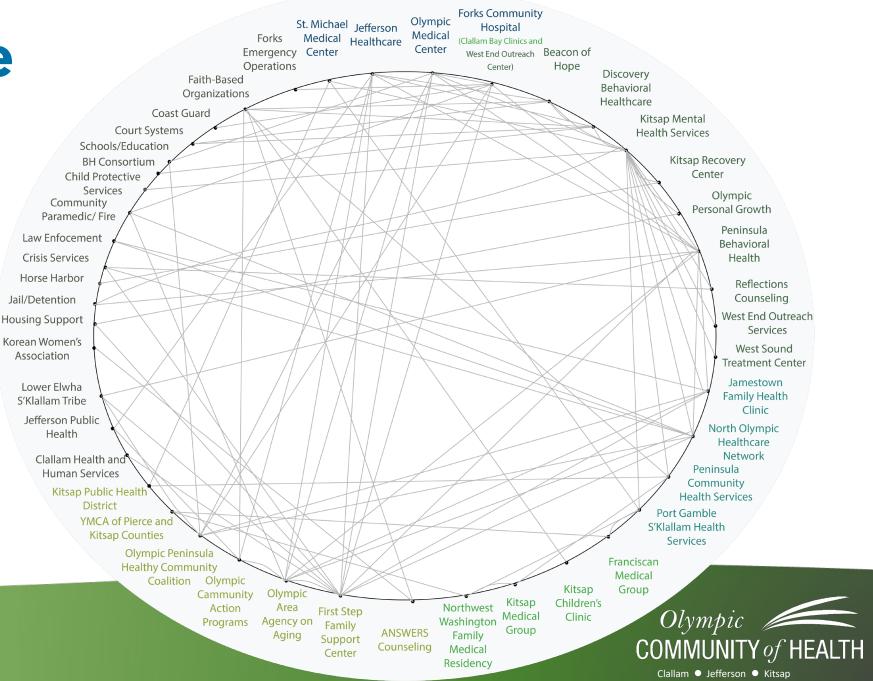


# **Big Picture**

OCH implementation partners have submitted CCL project proposals that include

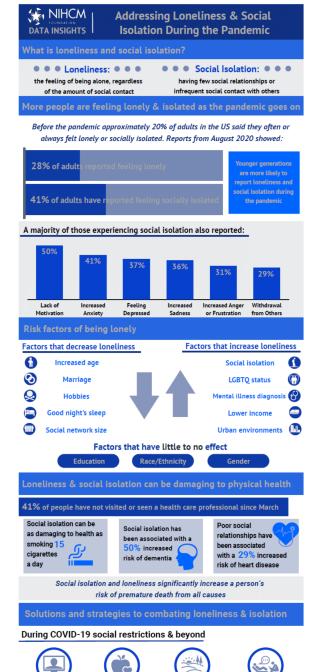
# over 70 connections

across the Olympic region.



### Implementation partner project summary

| Theme                    | Project  | Project Lead  |  |
|--------------------------|--|---|--|
| BH integration           | BH integration into rural health clinics                                   | Forks Hospital, Bogachiel & Clallam Bay Clinics, and West End<br>Outreach Services            |  |
| BH integration           | BH integration into children's clinic                                      | Kitsap Children's Clinic  |  |
| BH integration           | BH integration in Emergency Department                                     | St. Michael Medical Center  |  |
| BH support               | Equine therapy for inpatient patients                                      | Kitsap Recovery Center  |  |
| BH support               | Social isolation: identifying patters, creating linkages, and addressing   | Olympic Area Agency on Aging  |  |
| BH support               | Overcoming Barriers: Minimum level of care in client files                 | West Sound Treatment Center   |  |
| BH support               | Community re-integration for clients in jail                               | Peninsula Behavioral Health   |  |
| Bi-directional referrals | MAT enhancements through integration                                       | Discovery Behavioral Healthcare and Beacon of Hope  |  |
| Bi-directional referrals | Bidirectional referral systems for low income pregnant and parenting women | First Step Family Support Center  |  |
| Bi-directional referrals | Bidirectional referral systems (YMCA and CHI)                              | YMCA of Pierce and Kitsap Counties, NW Family Medicine<br>Residency, Franciscan Medical Group |  |
| Bi-directional referrals | Community social navigator program   | Jamestown Family Medical Center   |  |
| Care coordination        | Chronic care coordination  | Kitsap Medical Group  |  |
| Care coordination        | Clallam care connection  | North Olympic Healthcare Network  |  |
| Care coordination        | Stand By Me: Care coordination for high utilizers                          | Peninsula Community Health Services   |  |
| Care coordination        | Tribal Medicaid FQHC provider network expansion                            | Port Gamble S'Klallam Tribe   |  |
| Healthy eating           | 5210 campaign and SDOH screening model                                     | Olympic Peninsula Healthy Community Coalition   |  |
| Healthy eating           | 5210 campaign in schools   | Olympic Medical Center  |  |
| Housing                  | Tiny homes for seniors   | OlyCAP  |  |
| Housing                  | Sober housing services for clients   | Olympic Personal Growth   |  |
| Parenting support        | Group Parenting Programs   | ANSWERS Counseling  |  |
| Screening and assessment | New Journey's: Early psychosis EBP   | Kitsap Mental Health Services   |  |
| Vaccine distribution     | COVID vaccine distribution   | Jefferson Healthcare  |  |



Talk with Family and

Keep a Healthy

Get Outdoors as

Get Help and Reach

41% of ADULTS have reported feeling socially isolated during the pandemic.

In partnership with Covia, O3A is introducing a new free program called Social Call.

Social Call matches volunteers with individuals for a regular, old fashioned, friendly phone chat. This can be a group chat as well as a simple one on one call. Video chats are also available if you have that technology and want to use it.

#### **Social Call** is about **building friendships** over time.

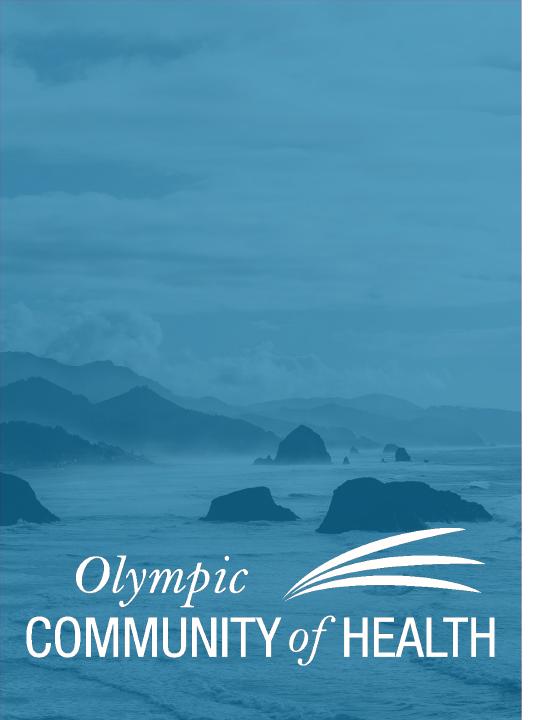
Volunteers are matched based on interests, and are trained in helping conversations happen.

This is an easy option to try and if you find you don't like it after a few sessions no worries, you can stop. Or maybe you make some new friends from here locally or from all across the country.

Call toll free 877-797-7299 and ask about Social Call.

Volunteers must be 18 and older. Recipients of Social Calls must be 60 or older.





# Stay connected!

Want to join our mailing list?

# olympicch.org