Upstream Prevention: Promotion of Individual Well-Being
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://zoom.us/j/602446710

Join by phone:
+1 669 900 6833
Meeting ID: 602 446 710

July 28, 2020, 3:30-5:00pm

### Aim/Goal

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life from prenatal to adulthood.

### Future State Metrics

1. Increase letter name recognition at kindergarten
2. Increase third grade reading proficiency
3. Increase proportion of pregnancies that are planned
4. Increase two-year-old immunization rates
5. Increase the number of people who feel they belong in their community

### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>3:30-3:45</td>
<td>Welcome, Land Acknowledgement &amp; Guiding Principles - All</td>
</tr>
<tr>
<td>3:45-4:00</td>
<td>Finalize Root Cause Analysis</td>
</tr>
<tr>
<td>4:00-4:30</td>
<td>Workgroup Reflections on Equity: Root Cause Analysis &amp; Upcoming Strategic Directions – Ignatius Bau, DEI Consultant</td>
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<tr>
<td>4:30-5:00</td>
<td>Strategic Directions</td>
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Future State Metrics – Full Detail

1. By December 2023, letter name recognition at kindergarten readiness will be the following by county:

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Economically Disadvantaged</th>
<th>Underserved Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook County</td>
<td>15.8</td>
<td>14.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>17.5</td>
<td>14.6</td>
<td>16.6</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>13.2</td>
<td>11.3</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Average Number of Upper Case Letters Recognized (scale 0-26)

Overall increase of at least 10% for all students, a 20% increase for students from economically disadvantaged (ED) and underserved races (UR).

2. By December 2023, increase third-grade reading proficiency to the following by county:

<table>
<thead>
<tr>
<th></th>
<th>All Students</th>
<th>Economically Disadvantaged</th>
<th>Underserved Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook County</td>
<td>54.5%</td>
<td>51%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>67.5%</td>
<td>52%</td>
<td>47%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>47.5%</td>
<td>49.5%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

3rd Grade English Language Arts Proficiency by County (weighted)

Increase of 10% overall, and 15% for economically disadvantaged students (ED) and students from underserved races (UR).

3. By December 2023, increase the proportion of pregnancies that are planned in Central Oregon to 56%.

4. By December 2023, increase the Central Oregon two-year-old up-to-date immunization rates to 80%.

5. By December 2023, a Resilience Measure, such as the Child/Youth/Adult (CYARM) will be established, and the number of people who feel like they belong in their community (by gender, race, and ability) will increase by 10% from the baseline.
Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus
We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region’s shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics
We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Involve Targeted Population
The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues
Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts
We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together
We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.
Upstream Prevention: Promotion of Individual Well-Being

Background: Why are we talking about this?

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Social and Economic Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>Roe v. Wade</td>
<td>Upstream strategies improve fundamental social and economic structures that allow people to achieve their full health potential. Discrimination and racism impact all aspects of a person’s well-being and intersect with all major systems of society. Educational status provides a significant predictor of health outcomes. Third-grade disparities exist for marginalized populations by race and economic status.</td>
</tr>
<tr>
<td>1990s</td>
<td>ACEs Study</td>
<td></td>
</tr>
<tr>
<td>2000s</td>
<td>Evolving birth control options</td>
<td></td>
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<tr>
<td></td>
<td>No Child Left Behind</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Traumas (9/11, school shootings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-Vax (Vaccine) Movement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tech Advancement and Screen Time</td>
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Current Condition: What’s happening right now?

- In Central Oregon, early literacy had a decreasing trend from 2016 to 2018

Current State Metrics:

1. Letter recognition at kindergarten for economically disadvantaged: Crook 11.9, Deschutes 12.1, Jefferson 9.4
2. Third grade reading for underserved races: Crook 29%, Deschutes 41%, Jefferson 35.4%
3. 64.8% of pregnancies were intended in Central Oregon
4. Two-year-old up-to-date immunization rates: Crook 70%, Deschutes 69%, Jefferson 71%
5. No established baseline for a metric such as the Child/Youth/Adult Resilience Measure

Goal Statement: Where do we want to be in 4 years?

Aim/Goal

All communities in Central Oregon have equitable access and opportunities to health, education, healthy relationships, community support, and experiences necessary to thrive at every stage of life.

Future State Metrics - By December 2023:

1. Increase letter name recognition at kindergarten for economically disadvantaged and/or underserved races
2. Increase third grade reading proficiency for economically disadvantaged and/or underserved races
3. Increase proportion of pregnancies that are intended
4. Increase two-year-old immunization rates
5. Establish a resiliency measure and increase the number of people who feel they belong in their community

Analysis: What’s keeping us from getting there?

- Unbalanced distribution of resources across the region
- Decision-making based on misinformation and personal belief
- Systemic inequity prevents access to usable information
- Unbalanced bias creating isolation (connection vs alienation)
- Generational impact of foundational instability

Focused Implementation: What are our specific actions? (who, what, when, where?)

- {insert}

Follow-Up: What’s working? What have we learned?

- {insert}
Upstream Prevention: Promotion of Individual Well-Being

1. Unbalanced distribution of resources across the region
2. Systemic inequity prevents access to usable information
3. Decision making based on misinformation and personal belief
4. Generational impact of foundational instability
5. Unbalanced bias creating isolation (connection vs. alienation)

- Unbalanced resource allocation
- Geographic distribution across the region
- Duplication of efforts
- Health literacy
- Outdated teaching practices around reading instruction
- Decreased access to in person medical visits - pandemic
- Technology access and know how
- Intended pregnancy - create education and access to age appropriate contraception
- Social media amplifies rhetoric to spread (echo chamber)
- Policy level - school boards blocking access to contraceptives
- Attitude that individual rights trump group rights
- Pervasive misinformation around immunizations
- Philosophical differences on reproductive health
- Trusted institutions are highly politicized
- Beliefs of gov. overstepping boundaries
- Access to/ stigma contraceptive counseling
- Social media misinformation
- Overarching barrier: Poverty
- Lower parental literacy
- Inconsistency of adults in child's life
- Access to childcare
- Kids are raising kids
- Family access to education surrounding parenting
- Racism and unconscious bias
- Connections to schools (attendance, "community")
- Language barriers
- Exclusiveness of opportunities (language, literacy, economic)
- Intensive focus on academic success
A Time of Opportunity: 
Local Solutions to Reduce Inequities in Health and Safety

Equitable Health: A Four-Pronged Solution

This is a time of opportunity. There is a growing understanding of the importance of healthy communities, the influence of underlying health determinants, and the role of culturally appropriate, family-centered primary care in accomplishing health equity. Along with national policy change, the local arena has emerged as an ideal setting for reducing inequities in health and safety and for promoting good health. Local policy solutions are the emphasis of this brief; more detail on local solutions is available in the complete document A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety.

Good health is precious; unfortunately, it is not experienced equitably across society. It is not a mere coincidence that certain groups suffer from the most profound health disparities. Heart disease, cancer, diabetes, stroke, injury, and violence occur in higher frequency, earlier, and with greater severity among communities of color and in low-income communities. Health inequity is related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to the present day practices and policies of public and private institutions that perpetuate a system of diminished opportunity for certain populations. While health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States, health inequities are differences in health, which are not only unnecessary and avoidable but, in addition, are unfair and unjust.

Remedying inequitable health and safety outcomes requires a four-pronged solution:
1. Strengthen communities where people live, work, play, socialize, and learn;
2. Enhance opportunities within underserved communities to access high-quality, culturally competent health care with an emphasis on community-oriented and preventive services;
3. Strengthen the infrastructure of the health system to reduce inequities and enhance contributions from public health and health care systems; and
4. Support local efforts through leadership, overarching policies, and through local, state, and national strategy.

Policies and organizational practices significantly influence the well-being of the community—they affect equitable distribution of services, and they help shape norms, which in turn, influence behavior. In order to “unmake” inequitable neighborhood conditions and to improve health and safety outcomes, reform via policy and practice must occur across venues, including government, business/labor, and the community, and it must all be done in service of people—where they live, work, play, socialize, and learn. In other words, it is critical to focus efforts at the community level.
Critical Needs for Achieving Equitable Health in the United States: A Health System

There are two vital components to achieving health equity in the United States. One critical need is to create a coherent, comprehensive, and sustainable health care system that is culturally and linguistically appropriate, affordable, effective, and equally accessible to all people—especially marginalized populations. The system should offer a full set of services (e.g., medical, dental, mental health, and vision), including screening, diagnosis, and disease management, within the communities where people live and work.

An equally critical need is to encourage community prevention strategies that target the underlying factors that lead to people getting sick and injured in the first place. People’s health is strongly influenced by the overall life odds of the neighborhood where they live. Racially and economically segregated communities are more likely to have limited economic opportunities, a lack of healthy options for food and physical activity, increased presence of environmental hazards, substandard housing, lower performing schools, higher rates of crime and incarceration, and higher costs for common goods and services (the so-called “poverty tax”). Conversely, people are healthier when their environments are healthier. Therefore, improving the places in which people live, work, play, socialize, and learn presents a tremendous opportunity to reduce health inequities by preventing illness and injury before their onset.

One way to understand the factors that advance community well-being is through THRIVE (Tool for Health and Resilience in Vulnerable Environments), a research-based framework that includes a set of three interrelated clusters: equitable opportunity, people, and place. Each cluster highlights key factors that influence health and safety outcomes directly via exposures and/or indirectly via behaviors. People’s access to quality medical services is also influenced by their community environment and is included as a fourth cluster. (See Community Factors by Cluster box, p.3). These clusters and their associated factors are important components of quality prevention strategies within the local arena that affect health, safety, and mental health.

Altering community conditions—particularly in low-income communities of color where the memory and legacy of dispossession remains—needs the consent and participation of a critical mass of community residents. The process of inclusion and engaging communities in decision-making is as important as the outcomes, which should directly meet the needs of the local population. Thus strategies that reconnect people to their culture, decrease racism, reduce chronic stress, and offer meaningful opportunities are ultimately health policies. Strategies such as democratizing health institutions, as was envisioned with the creation of community health centers, foster increased civic participation and serve as a health improvement strategy.

Local Solutions for Advancing Equity in Health and Safety*

Successful strategies to achieve health equity are taking shape in communities nationwide. At the same time, there are still significant challenges, and it will take concerted attention, leadership, and investment to overcome them. Focusing on policies and organizational practices is vital for achieving health equity. The following principles provide guidance in shaping health equity policy and institutional practices:**

- Account for the historical forces that have left a legacy of racism and segregation
- Acknowledge the cumulative impact of stressful experiences and environments
- Encourage meaningful public participation with attention to cultural differences


Focus overall approach on changing community conditions, not assigning blame

Strengthen the social fabric of neighborhoods—sense of belonging, dignity, hope

Respond to climate change, global economy, foreign policy in fostering equity

Address the developmental needs of all age groups, especially children and youth

Make structural changes via cross-sectoral partnerships—nonprofits, government

Measure, monitor social policy impacts on health and equity over time and place

Empower groups most affected by inequity to have a voice in policy change

Invest deeply and broadly in community as part of designing equitable solutions

**Community Recommendations**

**Strengthen communities where people live, work, play, socialize, and learn**

- Build the capacity of community members and organizations: e.g., train public sector staff to empower residents to partner with local government and community-based organizations; foster structured community planning and strategies for prioritizing goals and efforts.

- Advance health and safety through land use, transportation, and housing decision making and planning: e.g., engage residents in priority setting and decision making; adopt complete streets policies that promote walkability and bikeability; implement high density, mixed-use zoning and interconnected streets strategies; prioritize accessibility of public transportation, walking, bicycling; ensure safe, healthful housing standards and materials; train public health and health care practitioners to advocate for built environment policies that support health and safety.

- Support healthy food systems by enhancing the availability of healthy products, reducing exposure to unhealthy products, and encouraging sustainable agriculture: e.g., develop processing and distribution infrastructure for small to mid-sized farms; expand organic farming; provide incentives to support minority farmers; protect occupational health and safety of farm workers; invest in fresh food financing initiatives; incentivize neighborhood stores and farmers’ markets; adopt preferential purchasing policies for local and sustainably produced food; restrict liquor stores and fast food restaurants; promote acceptance of SNAP and WIC benefits.

- Encourage opportunities for physical activity from an early age to prevent chronic illnesses and promote physical and mental health: e.g., provide safe, easy access to parks, open space, and recreational facilities; promote joint-use agreements; require school recess and regular quality physical education.

- Prevent violence using a public health framework: e.g., invest in coordinated citywide, cross-sector planning; implement strategies in highly impacted neighborhoods; support street violence interruption; change norms and practices to help prevent intimate partner and family violence.

**Health Care Services Recommendations**

*Enhance opportunities within underserved communities to access high-quality, culturally competent health care with an emphasis on community-oriented and preventive services*

- Provide health care resources in the heart of the community: e.g., support community-based and school-based clinics; reform reimbursement policies; expand business hours; provide resources and help groups to support individual behavior change; promote community health workers.

- Promote a medical home model and ensure patient and community participation in health care-related decisions: e.g., provide coordinated services to incorporate detection, prevention, counseling, and management of chronic disease in a central location; provide multi-disciplinary, family and patient-cen-
tered, linguistically and culturally versatile services; ensure effective communication and patient-system concordance for patient adherence and safety; engage community residents in health care planning, evaluation, and implementation.

- Strengthen the diversity of the health care workforce: e.g., train clinical providers to conduct culturally appropriate outreach and services; offer incentives to work in underserved communities; diversify through community health workers.
- Provide high quality, affordable health coverage for all: e.g., equalize public/private domains; ensure access to SCHIP, dental, and mental health services; support safety net hospitals and community clinic leadership; streamline public health insurance enrollment; increase affordability.

**Systems Recommendations**

*Strengthen the infrastructure of our health system to reduce inequities and enhance the contributions from public health and health care systems*

- Collaborate with multiple fields and diverse government agencies to ensure health, safety, and health equity are considered in every relevant decision, action, and policy: e.g., establish health impact analyses; evaluate potential policies and funding streams through a health lens.
- Enhance leadership at state and local levels and develop clear strategic direction to reduce inequity in health and safety outcomes: e.g., engage high-level civic leadership to elevate health equity as a priority, coalesce partners, and ensure accountability; develop local and state plans that identify prioritized actions to achieve health equity.
- Establish sustainable funding mechanisms to support community health and prevention: e.g., educate the broad public about cost savings via prevention; create a wellness trust to collect and manage prevention funding and index prevention to health care costs; reinvest prevention savings in further prevention efforts.
- Build the capacity of state and local health agencies to understand and lead population-based health equity work: e.g., retrain, re-pool, and recruit diverse staff to understand social health determinants and health equity; work with diverse sectors and departments.
- Provide technical assistance and tools to support community-level efforts to address determinants of health and reduce inequities: e.g., provide training in planning, implementation, and evaluation; develop standards for local indicator projects; link environmental determinants to patterns of disease distribution; merge mapping of medical and community conditions; enable access to indicators report cards, maps, and community assessment tools.

**Overarching Recommendations**

*Support local efforts through leadership, overarching policies, and through local, state, and national strategy*

- Develop a national strategy to promote health equity across racial, ethnic, and socioeconomic lines, with attention to preventing injury and illness in the first place: e.g., embed health equity into priorities, practices, and policies of government and private entities.
- Provide federal resources to support state and local community-based prevention strategies: e.g., align existing strategies and policies with those of other federal agencies; give regulatory waivers for financial incentives; reimburse community-based prevention.
- Tackle inequitable distribution of power, money, and resources—structural drivers of conditions contributing to inequitable health and safety outcomes: e.g., delineate strategies to address racism and discrimination in institutional practices and policies; address socioeconomic segregation and conditions; reform criminal justice laws.
- Improve access to quality education; improve educational outcomes: e.g., reform school funding to equalize access; invest in retaining teachers in disadvantaged schools; provide need-based supports; facilitate positive interventions for at-risk youth.
- Invest in early childhood: e.g., provide high quality, affordable childcare and preschools; ensure equitable distribution of and access to preschools; provide subsidies; invest in home-visiting initiatives and in child-care providers; encourage breast-feeding; provide opportunities for safe physical activity from an early age to prevent chronic disease and to promote physical and mental health.