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

August 25, 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

3:30-3:40 Welcome & Land Acknowledgement
3:40-4:55 Strategic Direction
4:55-5:00 Next Steps
## Upstream Prevention: Promotion of Individual Well-Being

Regional Health Improvement Plan Workgroup

### 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>

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>

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/Context</th>
<th>Description</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>Evolving birth control options</td>
</tr>
<tr>
<td>2000s</td>
<td>Tech Advancement and Screen Time</td>
<td>Working to reduce the negative effects of adverse childhood experiences (ACEs) and other stressors on health and well-being throughout the life course.</td>
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<tr>
<td></td>
<td>No Child Left Behind</td>
<td></td>
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<tr>
<td></td>
<td>National Traumas (9/11, school shootings)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-Vax (Vaccine) Movement</td>
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</table>

## 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. 44.8% 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

## Strategic Direction: What are we going to try?

**{insert}**

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

**{insert}**

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

**{insert}**
<table>
<thead>
<tr>
<th>Unbalanced distribution of resources across the region</th>
<th>Systemic inequity prevents access to usable information</th>
<th>Decision making based on misinformation and personal belief</th>
<th>Unbalanced bias creating isolation (connection vs alienation)</th>
<th>Generational impact of foundational instability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic distribution across the region</td>
<td>Intended pregnancy - onsite education and access to age appropriate contraception</td>
<td>Policy level – school boards blocking access to contraceptives</td>
<td>Exclusiveness of opportunities (language, literacy, economic)</td>
<td>Family access to education surrounding parenting</td>
</tr>
<tr>
<td>Duplication of efforts</td>
<td>Intended pregnancy - onsite education and access to age appropriate contraception</td>
<td>Pervasive misinformation around immunizations</td>
<td>Connections to schools (attendance, &quot;community&quot;)</td>
<td>Inconsistency of adults in child's life</td>
</tr>
<tr>
<td>Unbalanced resource allocation</td>
<td>Decreased access to in person medical visits - pandemic</td>
<td>Philosophical differences on reproductive health</td>
<td>Intensive focus on academic success</td>
<td>Trusting relationships with resources</td>
</tr>
<tr>
<td>Technology access and know how</td>
<td>Social media amplifies rhetoric to spread (echo chamber)</td>
<td>Racism and unconscious bias</td>
<td>Overarching barrier: Poverty</td>
<td></td>
</tr>
<tr>
<td>Health literacy</td>
<td>Attitude that individual rights trump group rights</td>
<td>Language barriers</td>
<td>Lower parental literacy</td>
<td></td>
</tr>
<tr>
<td>Access to/stigma contraceptive counseling</td>
<td></td>
<td></td>
<td>Kids are raising kids</td>
<td></td>
</tr>
<tr>
<td>Beliefs of gov. Overstepping boundaries</td>
<td></td>
<td></td>
<td>Access to childcare</td>
<td></td>
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<tr>
<td>Trusted institutions are highly politicized</td>
<td></td>
<td></td>
<td></td>
<td></td>
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Upstream Prevention: Strategic Direction - Action Ideas and Tags

**Sources**

- **Diane Murray-Fleck's group**
  - Coordinate care across systems
  - Deliver preventive dental services to children and pregnant women in non-traditional settings
  - System is still fragmented; where do I go for care? Public Health, Health System, or PCP, Urgent Care. (dist) think very honestly about duplication and removing services to make room for streamlined support to work easier with each other
  - (dist) mapping out who is doing service where
  - how can medical homes support care coordination
  - (dist) Discussion around lack of direct care services (mental health therapies, alternative therapies. Strategically attract top talent.

- **Kecia's group**
  - (dist) Increasing hours of services in rural communities of all services

- **Wendy Jackson's group**
  - Deeper approaches to pre-literacy development
  - support early introduction of books to kids: library programs
  - support early education programs

- **Sharon Bellusci's group**
  - Expand access to pre-literacy and pre-numeracy programs
  - Create more access to academic, stem, arts programs

- **Emily, Erin, Lori, Karen's group**
  - improve our individual organizational internal DEI practices
  - asses staff diversity and look at recruitment and retention strategies
  - look at our own organizations and establish a baseline about diversity (for improvement)
  - evaluate how bias and racism is being experienced in CO schools before we offer solutions
  - Greater anti-racism training in educational, health and safety sectors

- **2020 Health Equity Report**
  - Screen for pregnancy intention
  - Timely access to contraception and long-acting reversible contraceptives.

- **DEI Discussion**
  - Assess staff diversity and look at recruitment and retention strategies
  - Look at our own organizations and establish a baseline about diversity (for improvement)

- **Surveys**
  - Screen for pregnancy intention
  - Timely access to contraception and long-acting reversible contraceptives.

- **RHIP**
  - Screen for pregnancy intention
  - Timely access to contraception and long-acting reversible contraceptives.
### Support Community Cultural Programs

- Create free high quality parenting classes for all people
- Include parents in children’s programs (not just kids)

### Unnamed area

- Increase and diversify approach to health literacy
- Health literacy varies by audience, how do we convey overall idea – story talk

### Advocate for Legislation and Local Policy

- Work directly with communities to co-create policies, programs and strategies to ensure that health interventions are equitable and culturally responsive
- Lobby for universal sex education and birth control

### Legislative Action to Mandate Vaccines

- Litmus test question for all policy proposals - How does this policy prevent systemic racism? How does this policy support equity?
- Ensure comprehensive sex ed programs are in all schools

### Audit Schools to Ensure Comprehensive Sex Education

- Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote health in all policies
- Cover technology options for inequitable regions

### Creating Opportunities/Career Pathways for Undocumented Residents/Students

- Actionably elevate marginalized lived experience in our communities

### Identify and Implement Strategies to Assure More Diverse Representation on Local Committees

- Support diverse representation on boards and at meetings with child care, etc.; but also recognize burden on people of color to “represent” their communities

### Future State Measures:

- **Upstream Prevention: Promotion of Individual Well-Being**
  - Increase two year-old immunization rates
  - Increase proportion of pregnancies that are planned
  - Increase letter name recognition at kindergarten.

### Sources

- Emily, Erin, Jackson's group
- Murray-Fleck's group
- Deepen library
- Increase use
- Expand access and racism is being experienced in CO organizations and pre-literacy and racism training
- Increase access to contraceptives
- Focusing on community health worker models
- Removing services to pregnant women in fragmented; where do I go for care?
- How can we make it about how kids learn to read.
- How can we make it about what food is available/cheap/taxed (that impacts access to healthy food)
- Systemic inequity and racism is being experienced in CO organizations and pre-literacy and racism training
- Timely access to health and promotion of individual well-being
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