



Upstream Prevention: Promotion of Individual Well-Being

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/602446710?pwd=ZDBnV04zeGFGUFlpVkv5SERaNUZHQT09>

Join by phone:

+1 669 900 6833

Meeting ID: 602 446 710

Passcode: 114110

January 26, 2021

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 |
| <ol style="list-style-type: none">1. Increase letter name recognition at kindergarten2. Increase third grade reading proficiency3. Increase proportion of pregnancies that are planned4. Increase two-year-old immunization rates5. Increase the number of people who feel they belong in their community |

AGENDA

- 3:30-3:55 Welcome, Land Acknowledgement & Guiding Principles, Introductions
- 3:55-4:55 Dive into Data – Examine the Future State Measure Data
 - Working Document:
https://docs.google.com/presentation/d/1SR6ThnxkiYDpcT2LHHw_beu4ldsDkAWdd1fhHSNAneo/edit?usp=sharing
- 4:55-5:00 Wrap Up and Next Steps



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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: | | | |
| Average Number of Upper Case Letters Recognized (scale 0-26) | | | |
| | Total Population | Economically Disadvantaged | Underserved Races |
| Crook County | 15.8 | 14.3 | 12.8 |
| Deschutes County | 17.5 | 14.6 | 16.6 |
| Jefferson County | 13.2 | 11.3 | 11.1 |
| 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: | | | |
| 3rd Grade English Language Arts Proficiency by County (weighted) | | | |
| | All Students | Economically Disadvantaged | Underserved Races |
| Crook County | 54.5% | 51% | 33.5% |
| Deschutes County | 67.5% | 52% | 47% |
| Jefferson County | 47.5% | 49.5% | 40.5% |
| 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. | | | |



**Central Oregon
Health
Council**

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.

Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”

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Background: Why are we talking about this?

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| <p>1973 Roe v. Wade</p> <p>1990s ACEs Study Evolving birth control options</p> <p>2000s Tech Advancement and Screen Time No Child Left Behind National Traumas (9/11, school shootings) Anti-Vax (Vaccine) Movement</p> | <p>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.</p> |
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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. 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

Date updated: _____ Version: _____

Strategic Direction: What are we going to try?

- Transforming care coordination across health systems
- Cultivating equity and inclusion in our communities
- Operationalizing DEI practices
- Broadening education to improve health outcomes
- Advocating for policies that improve health outcomes

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

{insert}

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

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Root Cause Barriers: What is blocking us from moving toward our future state measures?

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

STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

| Deepen approaches to pre-literacy development | Reduce unintended pregnancies | Increase and diversify approach to health literacy |
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| <ul style="list-style-type: none"> • Support early introduction of books to kids; library programs • Expand access to pre-literacy and pre-numeracy programs • Increase awareness and promotion of strategies for early literacy • Support early education programs • Tap into the national conversations about leading research in pre-literacy activities and reading acquisition in order to strengthen our community knowledge about the science about how kids learn to read | <ul style="list-style-type: none"> • Screen for pregnancy intention • Timely access to contraception and long-acting reversible contraceptives • Audit schools to ensure comprehensive sex education • Ensure comprehensive sex ed programs are in all schools | <ul style="list-style-type: none"> • Education of school board and teachers “teach the educators” on updated health literacy approaches • Health literacy varies by audience, how do we convey overall idea – story talk • Combat misinformation – some sort of fact-check clearing house? • Creating spaces for sharing of evidence-based Health information • Increase awareness and promotion of strategies for health literacy (awareness campaign) |

Broadening Education to Improve Health Outcomes

| Develop culturally inclusive community support jobs | Improve our individual organizational internal DEI practices |
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| <ul style="list-style-type: none"> • Expand culturally responsive home visiting programs for pre and post-natal women by leveraging traditional health workers • Peer to peer support programs (MOMs, Boost, Drug and Alcohol) • Stipend/Hiring from within communities (LCA, within low-income housing communities, etc.) to be advocates, create trust to refer individuals and families to meet their needs. • Bias/equitable access (provide doula model/liaison to provide additional health and promotion Latinx community) • Regional Community Health Workers in inequitable regions • Community health worker models | <ul style="list-style-type: none"> • Assess 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 experience in CO schools before we offer solutions • Reach out to partners to assess, identify, and implement strategies to better communicate information that meets the language, literacy, and cultural needs of the community • Greater anti-racism training in educational, health, and safety sectors |

Operationalizing Organizational DEI Practices

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| <p>Cultivate equity and belonging thru community programs</p> | <p>Actionable elevate marginalized lived experience in our communities</p> |
| <ul style="list-style-type: none"> • Create more access to academic, stem, arts programs • Support community cultural programs • Create free high quality parenting classes for all people • Establish a baseline metric for belonging such as the Child youth Adult Resilience Measure • Include parents in children’s programs (not just kids) | <ul style="list-style-type: none"> • Cover technology options for inequitable regions • Creating more opportunities/career pathways for undocumented residents/students • Systemic inequity (involve people who have been in others’ shoes, to share their own stories and reduce stigma) • 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 |

Cultivating Equity and Inclusion in Our Communities

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| <p>Invest in Social Determinants of Health</p> |
| <ul style="list-style-type: none"> • Deliver preventive dental services to children and pregnant women in non-traditional settings • Mapping out who is doing service where • System is still fragmented: where do I go for care? Public Health, Health System, or PCP, Urgent Care. • Reimagine medical homes to better support care coordination • Think very honestly about duplication and removing services to make room for streamlined support to work easier with each other • Discussion around lack of direct care services (mental health therapy, alternative therapies, strategically attract top talent) • Survey to gain information about how telehealth is going. Is it improving access? How can we make it even better for equity? • Increasing hours of all services in rural communities |

Transforming Care Coordination Across Health Systems

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| <p>Advocate for legislation and local policy</p> |
| <ul style="list-style-type: none"> • Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote Health in all Policies • Work directly with communities to co-create policies, programs and strategies to ensure that health interventions are equitable and culturally responsive • Make healthy foods more accessible • Lobby for universal sex education and birth control • Move funds from the police budget to these community outreach positions • Litmus test question for all policy proposals – how does this policy prevent system racism? How does this policy support equity? • Legislative action to mandate vaccines |

Advocating for Policies that Improve Health Outcomes