



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

February 23, 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 - 3:40 PM | Welcome, Land Acknowledgement & Guiding Principles, Introductions |
| 3:40 - 5:50 PM | Workgroup Investment Budget |
| 3:50 - 4:50 PM | Implementation Plan Development <ul style="list-style-type: none">• Small Group Work |
| 4:50 - 5:00 PM | Wrap Up and Next Steps |

Working Document:

https://docs.google.com/presentation/d/1SR6ThnxkiYDpcT2LHHw_beu4ldsDkAWdd1fhHSNAneo/edit?usp=sharing



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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.”

Upstream Prevention: Promotion of Individual Well-Being



Background: Why are we talking about this?

<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?

{insert}

Upstream Prevention: Promotion of Individual Well-Being

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
<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
<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

<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

<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

<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

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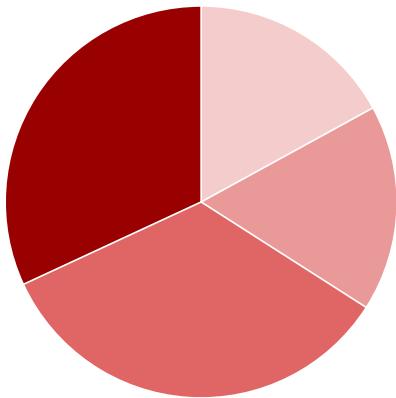
2020-2024 RHIP Workgroup Budget

Updated February 1, 2021

Funds Available	\$1,960,314
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$39,686

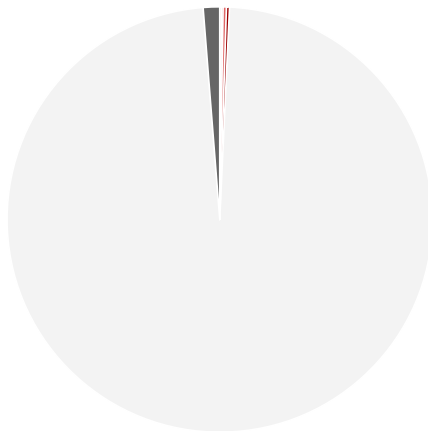
Amount Invested by Future State Measure	
Increase third-grade reading proficiency	\$2,500.00
Increase letter name recognition at kindergarten readiness assessment	\$2,500.00
Increase two-year-old immunization rate	\$5,000.00
Increase the proportion of pregnancies that are intended	\$0.00
Establish a resilience measure and increase the number of people who feel they belong by community	\$4,686.00

Allocation of Funds by Measure



- Increase third-grade reading proficiency
- Increase letter name recognition at kindergarten readiness assessment
- Increase two-year-old immunization rate
- Establish a resilience measure and increase the number of people who feel they belong by community

Allocation of All Funds (\$2M)

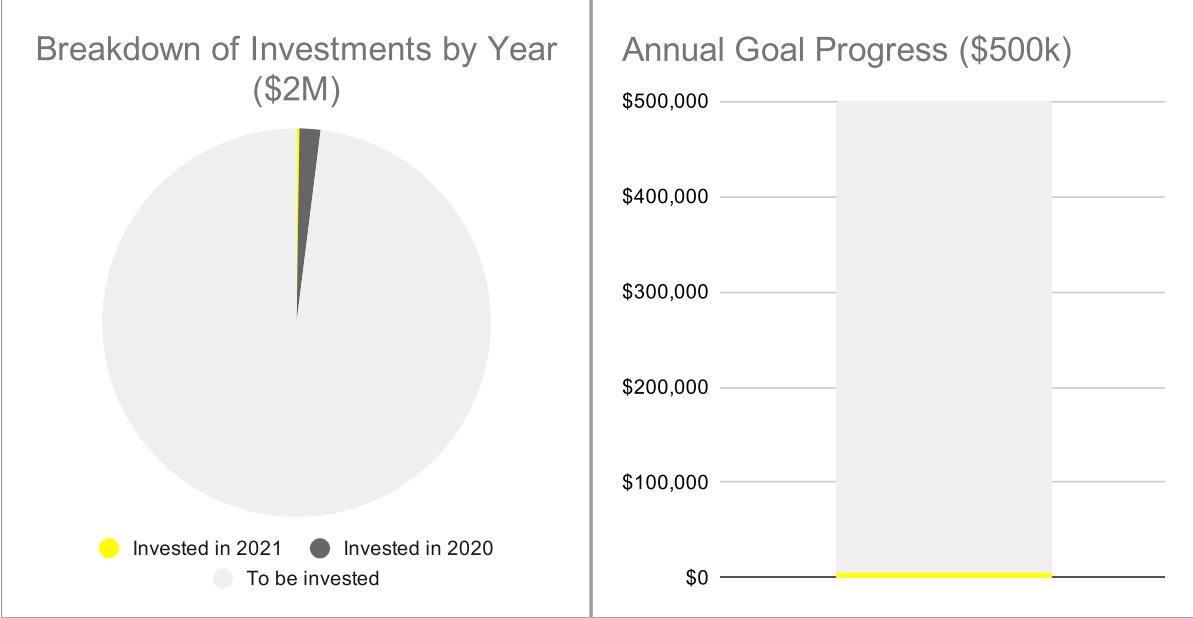


- Increase third-grade reading proficiency
- Increase letter name recognition at kindergarten readiness assessment
- Increase two-year-old immunization rate
- Establish a resilience measure and increase the number of people who feel they belong by community
- Unallocated
- COVID-19 (\$25k pooled funds)

Upstream Prevention: Promotion of Individual Well-Being

2021 RHIP Workgroup Budget

2021 investment goal	\$500,000
Amount remaining to invest toward 2021 goal	\$495,314
Invested in 2021	\$4,686
Invested in 2020	\$35,000



For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of \$500,000. The Central Oregon Health Council is required by law to invest a total of at least \$2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this \$2.5M annual commitment.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for NeighborImpact (Non-RHIP) “PPE for Central Oregon Child Care”

Summary of Results:

- Upon receipt of COHC grant funds, NeighborImpact Child Care resources purchased PPE for Child Care Providers in Central Oregon to support new COVID guidelines and requirements set for by the Early Learning Division (ELD) and the Office of Child Care.
- The result of this grant was hard to access PPE and cleaning supplies were delivered directly to Child Care Providers throughout Central Oregon, in all three counties and Warm Springs, at no cost to providers.
- The outcome of this grant was Central Oregon's Child Care Workforce had access to cleaning supplies and PPE supplies necessary to keep their business doors open and operational during this pandemic.
- The benefit to this grant is that providers were able to access the PPE needed to keep staff and children safe.
- We were able to complete over 170 orders, but there continues to be a need.

Quotes:

"Delivering the PPE was a very positive experience and a great way to connect with providers we already serve and new providers to explain our program (Go Kids Advocates) and how we can support them during this uncertain time. All the providers during our phone calls to connect with them were very grateful and so appreciated that these supplies were not only offered to them but they were delivered to their doorstep. I cannot say enough how much all the providers were so elated to receive items that are so hard to come by but needed to stay in compliance with the CDC Guidelines." Diane Boswell Go Kids Advocate, CCR

“Getting the box of PPE and other COVID-related items was like an early Christmas for us! Right now, I dread going into the stores (and sometimes you can’t even find the items at all), so it was wonderful to be able to receive and use the things we got. We are so overwhelmed with everything right now; our jobs are so much more difficult during this time. The gloves and sanitizer and soap and paper plates and everything is so helpful, practically, and such a morale booster! It also helps financially as right now things are a little tight. Thank you so so much!" Susan Stendahl, Child Care Provider

**COVID-19 Final Report for Wild Rose Ranch (Non-RHIP)
“Covid-19 Homelessness Outreach Project”****Summary of Results:**

- The project was to provide resources to those experiencing homelessness in the Madras and Warm Springs area.
- This was to be achieved through developed partnerships with community members, governments, and outside organizations. The outreach and resources would be taken to known places where individuals were known to frequent.
- The trailer that was purchased would be stocked with items that were either purchased by Wild Rose Ranch, or through different donation drives with newly developed relationships across the tri-county region and The Confederated Tribes of Warm Springs.
- The partnerships developed were ones that did assist with items, services, and resources to get to those experiencing homelessness, however, one of the obstacles that emerged was sustainability of obtaining items, manpower, education, awareness, and unforeseen logistics.
- Although all items that were collected were made available one of the things that was immediately noticed was the needs are vast, constant, and change with the seasons.
- This brought challenges to the team to be able to always be alter to what those in the elements would be experiencing and how best to meet their needs.
- Those individuals who received items and services were appreciative of the positive and consistent interaction with all volunteers and partners.
- Many were more than grateful for receiving items, but what we all experienced was that many just appreciated the fact that people were there to listen to them.

Lesson Learned:

- The greatest challenge has been sustainability of resources to give to those experiencing homelessness.
- Many of those that were supportive in the beginning I feel had this idea that with those items collected and given out that there would be an "end" to that need, and the reality of how things actually were was difficult for many helpers. The other challenge was manpower for this project.
- When partnering with outside community members, organizations, and governments is that the priority of this project may have not been their priority.

**COVID-19 Final Report for The SHIELD (Non-RHIP)
“Veterans' Counseling 2020 (VC2020)”**

Summary of Results:

- The benefits of the project, eliminating barriers to mental health services & providing free counseling for local Veterans can be understood in the context of the 2019 report by OHA & ODVA entitled “Oregon Veterans’ Behavioral Health Services Improvement Study: Needs Assessment & Recommendations Report”.
- The report included the following findings:
 - a) “The two main obstacles to Oregon Veterans achieving behavioral health and wellness are access & quality of care.”
 - b) “Oregon currently does not have an adequate number of providers to support the behavioral health needs of the state’s Veterans.”
 - c) “60% of Veterans identify finding or getting an appointment with a behavioral health care provider as a barrier to accessing care.”
 - d) “Veterans with a PTSD diagnosis are 55% more likely than those with no mental health diagnosis to utilize emergency services, putting stress on a system that lacks capacity and training to support their specific needs” (particularly during COVID-19).

Quotes:

A client of THE SHIELD, a Veteran of four combat tours to Iraq & Afghanistan:

"It's ok to not be ok; it's also ok to be ok and to want to get better."

-“Logan”

Full written client testimonial: <https://shieldcentraloregon.org/ranger%2Fcop%2Fvp>

Client video: <https://youtu.be/xJfQjjWDveo>

RHIP Final Report for The Center Foundation**“OK4Life”****Reviewed and funded by the Promote Enhanced Physical Health workgroup****Summary of Results:**

- OK4Life promotes increased physical activity for middle and high school-aged youth, through a visually appealing, youth-focused, activity program delivered via website and mobile device.
- The mini grant offered seed funding to enter the initial stages of the OK4Life project development.
- The goals for the funding included developing a project plan outline, securing collaboration with OSU-Cascades Co-Lab, and creating 8 weeks of activities-based content.
- Due to strong interest from the OSU-Cascades Kinesiology department on our project, we were asked to develop an internship job description for ongoing collaboration for content creation.
- The internship will allow for future research and development using Kinesiology students and overseen by the Foundation.
- The intended benefit of the project is to increase reported activity levels for youth.
- This benefit will only be realized after project completion and user adoption. While the mini grant helped complete phase 1 of project development, more funding will be needed to complete the project and realize its full potential.

Quote:

“To date, The Center Foundation programs have served high school aged youth in Deschutes, Jefferson, and Crook Counties. However, with a vision to improve health for all Central Oregon youth, OK4Life will endeavor to increase physical activity and health for all youth across Central Oregon.”

Sonja Donohue, Executive Director for The Center Foundation.

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for The Giving Plate (RHIP) “The Giving Plate COVID-19 Food Relief” Reviewed by the Address Poverty RHIP workgroup



Summary of Results:

- In 2020, we experienced a 23% increase in the number of families served in our food-box program, and we were able to increase the amount of food to those people by 39%.
- So, not only did we help more families, but we were also empowered to be more generous than ever.
- We count that as a major success during an uncertain time. In our Kid's Korner program, we gave over 13,000 bags of food to kids in our community - a 56% increase over 2019.
- As hard as 2020 was, we were able to keep our doors open every day and served our neighbors in need during the shutdown along with friends in need across our state during the fires.
- To read more about what was accomplished in 2020, go to www.thegivingplate.org/2020

Quotes:

“I am a single mother working 3 jobs and I need help with food boxes from time to time. With all 3 of my children at home, our bills have all gone up. This box helps me get through the month and I am grateful and thankful for all you do.”

“I started coming to The Giving Plate when the pandemic hit and my unemployment stimulus checks ended. I got a new job but had two weeks until I would get paid. You guys provided me, my 1 and 2-year-old with healthy food to keep us going.”

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Jericho Road (RHIP)

“Jericho Road Food Service”

Reviewed by the Address Poverty and Stable Housing RHIP workgroups



Summary of Results:

- Jericho Table is an ongoing program to feed the poor and hungry and operates 25 days each month throughout the year.
- Due to the pandemic, the adjustments made to accommodate our guests were both effective and beneficial while realizing some critical disadvantages as well.
- The positive moves were the curb-side pick-up of food boxes which maintained an outdoor, open-air atmosphere as well as safe distancing as well as our providing masks and hand cleanser during the process.
- The protection of our volunteers and our guests were upmost and the serving from an elevated platform provided additional space and protection.
- The disadvantages were in the loss of a congregate eating experience that promoted open conversation, socialization and the development of relationships.
- Also lost was our regular support such as one-on-one interviews for housing assistance and Thrive and COVO support.

Quotes:

"There is no way that the community can look at what we are doing here and not feel the positive energy and the caring that comes from the food and supplies we provide and the gratitude expressed for our determination to continue. People pick up multiple boxes and take them back to their dwelling places to children, partners and others and thus eliminate the crowding and interaction so much discouraged at this time. It is hard on our volunteers and guests alike who are used to the conversation, interaction and laughter that can be generated by just talking and eating together".

Tia Linsheid, Jericho Table Coordinator

RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

COVID-19 Final Report for Seed To Table Oregon (RHIP)

“COVID 19 Food for All”

Reviewed by the Address Poverty and Upstream Prevention RHIP workgroups



Summary of Results:

- Seed To Table (S2T) historically provided, annually, about 6,000 pounds of fresh produce, in 2020, due to increased demand, we diverted a total of 10,325 pounds of our locally grown fresh produce to food banks and our Fresh Food For All Program for no charge.
- During COVID, anyone who wished to receive reduced-price or free produce could fill out a form attesting to the fact that their income had been negatively impacted by the pandemic.
- Participants could fill out the level of discount they needed, ranging from 50%-100%.
- A total of 298 families benefited from access to fresh produce on a weekly basis at the two, Sisters Food Banks and at the Sisters Farmers Market through our Food For All Discount. 70% of these participants benefited on a regular base (2x a month)
- Conversations and surveys of 75% of participants collected determined:
 - 100% of participants stated S2T produce was essential for their vegetable consumption and for maintaining the wellness of their family
 - 100% of participants stated S2T produce increased their vegetable consumption by at least one serving a day
 - 87% of participants stated they would love more opportunities for fresh produce
 - 79% of participants felt the experience of picking up produce at the SFM, and interactions with the community (all be it distanced) made them feel an increased sense of belonging in the community.
 - 98% of participants stated the availability of produce helped increase their families' financial and emotional resilience during these trying times.