



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

April 27, 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. Establish a regional measure for belonging and measure yearly

AGENDA

- | | |
|----------------|--|
| 3:30 - 3:40 PM | Welcome, Land Acknowledgement & Guiding Principles, Introductions |
| 3:40 – 3:45 | Investment Timelines |
| 3:45 – 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



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:			
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>
--	--

Current Condition: What’s happening right now?

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

Current State Metrics:

- Letter recognition at kindergarten for economically disadvantaged: Crook 11.9, Deschutes 12.1, Jefferson 9.4
- Third grade reading for underserved races: Crook 29%, Deschutes 41%, Jefferson 35.4%
- 44.8% of pregnancies were intended in Central Oregon
- Two-year-old up-to-date immunization rates: Crook 70%, Deschutes 69%, Jefferson 71%
- 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:

- Increase letter name recognition at kindergarten for economically disadvantaged and/or underserved races
- Increase third grade reading proficiency for economically disadvantaged and/or underserved races
- Increase proportion of pregnancies that are intended
- Increase two-year-old immunization rates
- Establish a resiliency measure, measure yearly 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: 3.2021

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?)

Future State Measures	What	When	Where
Improving Kinder Readiness and 3 rd Grade Reading	Request for Letters of Interest (Community Grant Opportunity)	Release 4.2021	Full region. Focus on priority populations

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

{insert}

Instructions for Applicant

Mini Grants are available for up to \$5,000 to support work in Central Oregon that improves equity and builds capacity to address the Future State measures in the Regional Health Improvement Plan.

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

Project” means the idea and activity that you are seeking funding for in your Mini Grant application.

“Applicant(s)” means the people and/or organizations working together on the proposed project.

Examples of potential Mini Grant projects include:

- Partnerships that build trust, shared values and understanding
- Cross-sector collaborations to mobilize around a certain issue
- Expansion of services to marginalized populations (ex. translation, travel, outreach)
- Seed money for planning joint projects
- Organization or community assessments
- Technical assistance or support (ex. consulting, software platform)
- Convening opportunities (ex. summit)
- Organizational development (ex. training programs, leadership development)
- Advocacy, outreach and marketing
- Public health crises

Mini Grant applications will be reviewed by people from Central Oregon who are part of our workgroups, which are open to the public. The COHC workgroups use the following Scorecard to decide which Mini Grants to fund. Please use the scorecard to help prepare your Mini Grant application.

Application Timeline

- Deadline for application submission is the 25th of every month
- Application will be reviewed starting the 1st business day of each month
- Applicants will be notified by the 15th of the month

Tools for Applicant

- Checklist (page 2)
- Scorecard (page 3)
- Grants and Metrics Manager is available for assistance. Please contact Rebeckah Berry at Rebeckah.berry@cohealthcouncil.org

Mini Grant Check List

Step	Resource
Does the applying organization have a tax ID?	(link to eligibility)
Review the 2020-2023 Central Oregon Health Improvement (RHIP) priority areas and their Future State Measures.	(link to eligibility)
Identify which workgroup Future State Measure your project will improve	(insert image of where to find wg FMS?)
Identify how your project improves equity and builds capacity in communities who have been marginalized.	(link to welcome page info about mini grant)
Review the Mini Grant application	(link to a pdf of MG application)
Review the Mini Grant Scorecard	(link to score card)
Complete the attestation form on the website	(link to attestation)
Complete your access to the COHC online grant platform	
Complete and submit your project application on the grant platform	

Mini Grant Scorecard

Category (Where to find it in the application)	Points
<p>Project Description (See application Part 2 & 3)</p> <ul style="list-style-type: none"> • It is easy to understand what the project plans to do. • It is clear through data, lived experience, expert advice or other ways that the project is needed. • It is clear how this project impacts a Regional Health Improvement Plan Future State Measure. 	__/20
<p>Diversity, Equity and Inclusion (See application Part 3)</p> <ul style="list-style-type: none"> • The project includes strategies to address specific barriers to access, participation, and inclusion by the people served by this project. • The people served by this project are involved in the planning and carrying out the project. • This project will serve at least 50% people from communities experiencing health disparities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation. 	__/25
<p>Capacity Building (See application Part 3 & 5)</p> <ul style="list-style-type: none"> • Clearly identifies one or more capacity building activities (see examples in instructions) • This project is supported by other partners clearly helping with planning and carrying out, money support, matching or volunteer support. • Partnerships show that everyone owns the work of this project. There is mutual trust and respect. All partners participate in planning, creating and making decisions. 	__/25
<p>Project Objectives (see application Part 4)</p> <ul style="list-style-type: none"> • The project uses measurements that easily show what the project is planning to do. <ul style="list-style-type: none"> ○ Measurements can be both qualitative (ex. describing outcomes such as increased awareness, stronger working relationships, etc.) and/or quantitative (ex. numbers of people served, numbers of outreach events held, etc.) • The project includes multi-cultural measurement such as: <ul style="list-style-type: none"> ○ testimonials, diary accounts, story telling ○ ways that capture more than words such as photographs, videos, sound recordings ○ open-ended surveys, focus groups, case studies, unstructured interviews 	__/15
<p>Budget (see application Part 6)</p> <ul style="list-style-type: none"> • The budget shows the amount of funding requested in the Mini Grant application, and any other funding from other organizations and/or donated services. • The amount of funding requested makes sense for how long the project will last, how simple or complex it is, where it will happen and who is involved. 	__/15
<p>RECOMMENDATIONS:</p> <p>70-100 points: Consider approval. <70 points: Consider denial. Recommend changes for resubmission of application.</p>	__/100

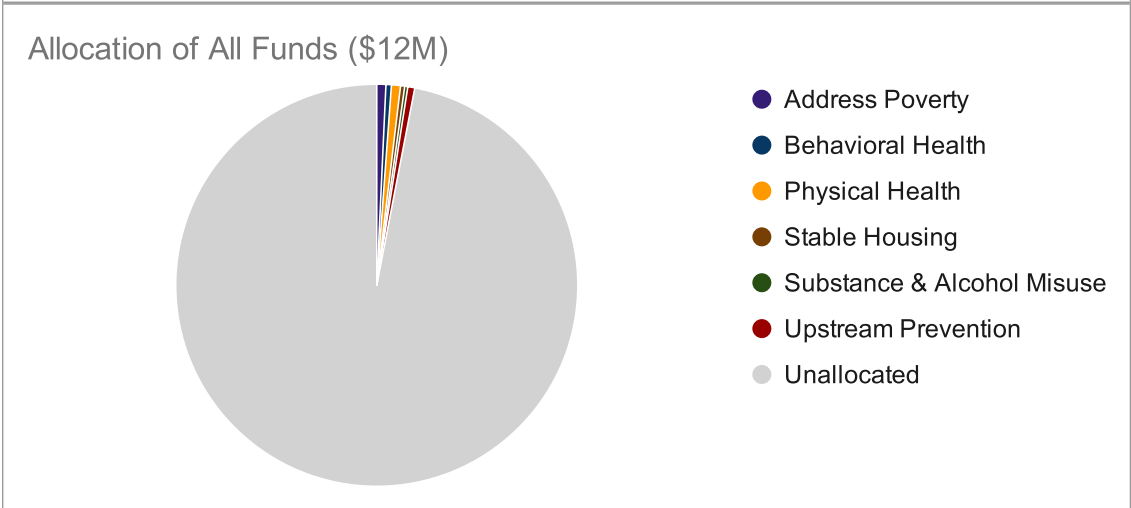
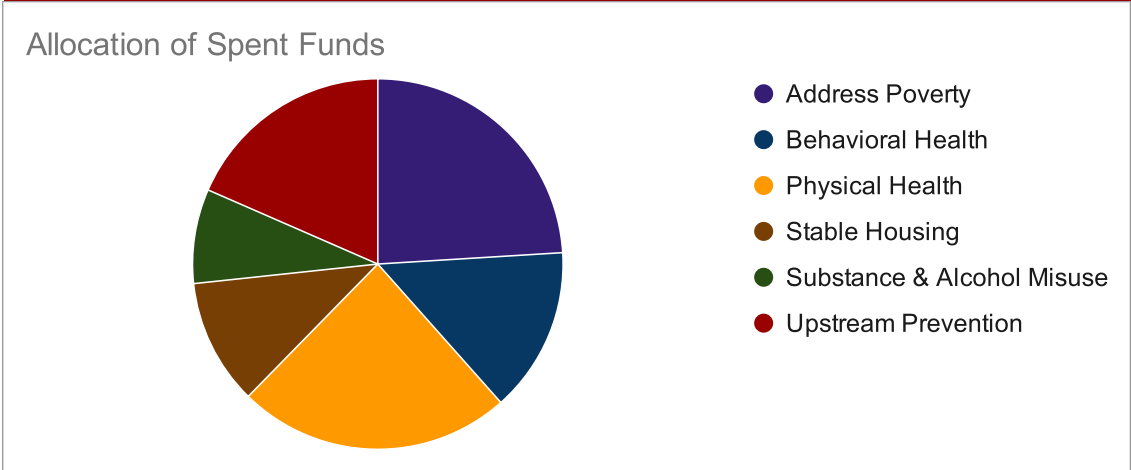
2020-2024 RHIP Workgroups

5 Year Budget

Updated April 15, 2021

Funds Available	\$11,635,854
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$364,146

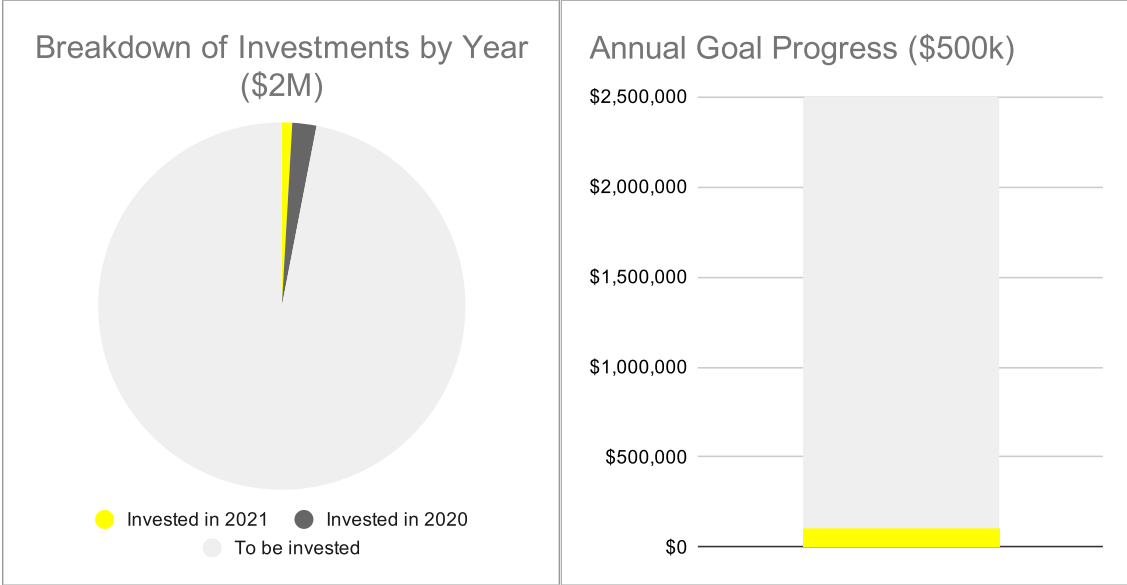
Amount Invested by Workgroup	
Address Poverty	\$87,467.79
Behavioral Health	\$52,500.00
Physical Health	\$86,994.06
Stable Housing	\$40,000.00
Substance & Alcohol Misuse	\$30,000.00
Upstream Prevention	\$67,184.00



2020-2024 RHIP Workgroups

2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	\$2,390,805
Invested in 2021	\$109,195
Invested in 2020	\$254,951



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.

Upstream Prevention: Promotion of Individual Well-Being

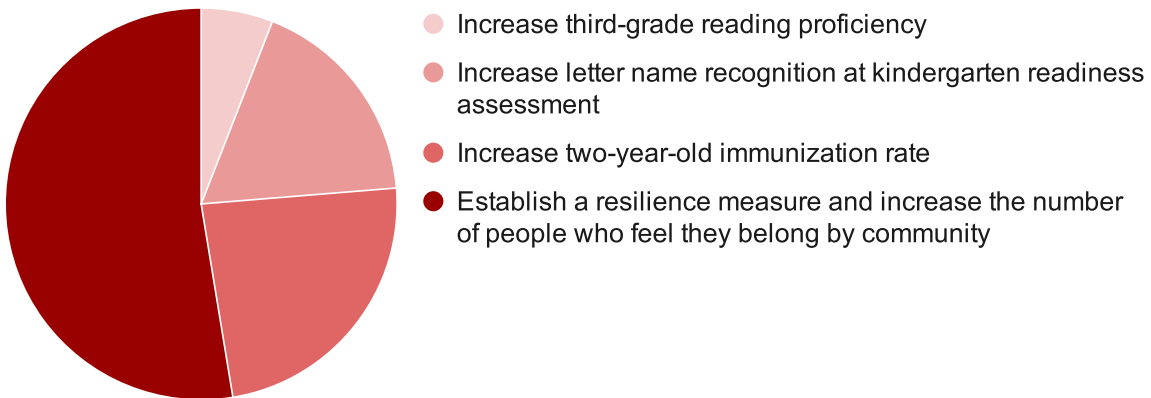
2020-2024 RHIP Workgroup Budget

Updated April 15, 2021

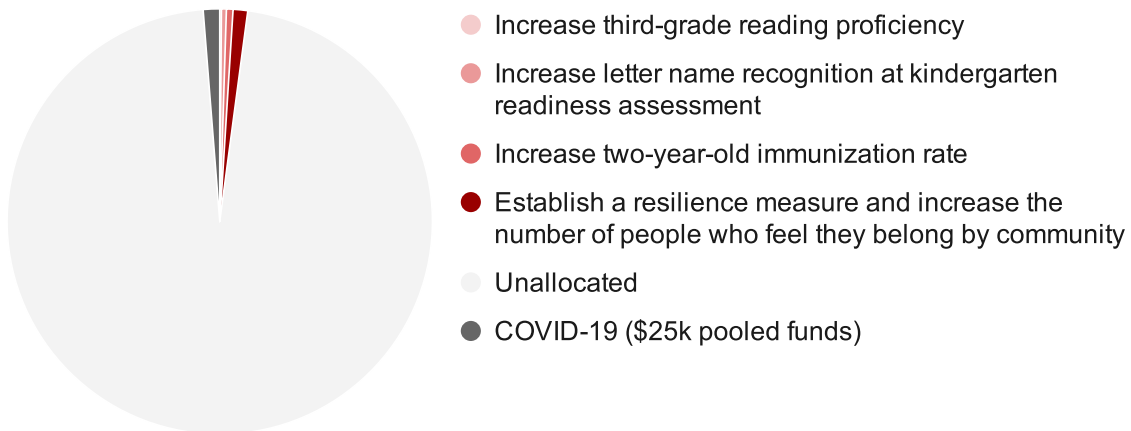
Funds Available	\$1,932,816
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$67,184

Amount Invested by Future State Measure	
Increase third-grade reading proficiency	\$2,500.00
Increase letter name recognition at kindergarten readiness assessment	\$7,498.00
Increase two-year-old immunization rate	\$10,000.00
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	\$22,186.00

Allocation of Funds by Measure



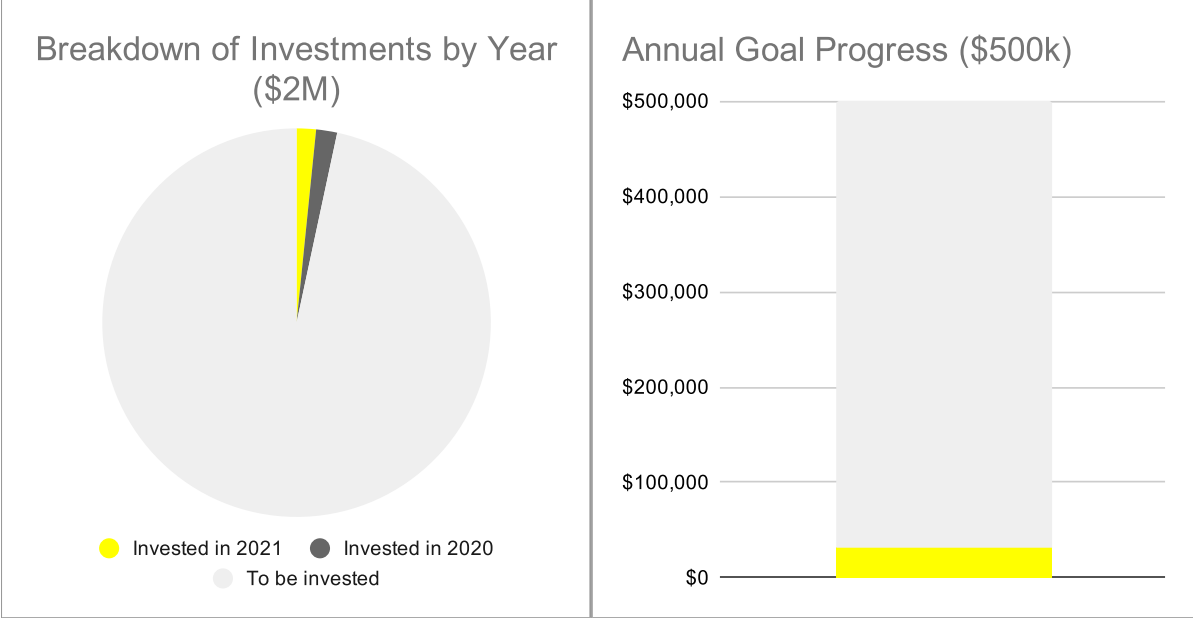
Allocation of All Funds (\$2M)



Upstream Prevention: Promotion of Individual Well-Being

2021 RHIP Workgroup Budget

2021 investment goal	\$500,000
Amount remaining to invest toward 2021 goal	\$467,816
Invested in 2021	\$32,184
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.