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

Join Zoom Meeting
https://us02web.zoom.us/j/602446710?pwd=ZDBnV04zeGFGUFlpVkJVSERaNUZHQT09

Join by phone:
+1 669 900 6833
Meeting ID: 602 446 710
Passcode: 114110

May 25, 2021
3:30-5:00pm

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**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. Establish a regional measure for belonging and measure yearly

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**AGENDA**

3:30 - 3:40 PM  Welcome, Land Acknowledgement & Guiding Principles, Introductions

3:40 - 3:50  Investment Methods

3:50 - 4:50 PM  Implementation Plan Development
• Small Group Work

4:50 - 5:00 PM  Wrap Up and Next Steps

Working Document:
https://docs.google.com/presentation/d/1SR6Thnxk1YDpcT2LHHw_beu4ldsDkAWdd1fhHSNAnoe/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:

<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.
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?**

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

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.

**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, 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

**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**

<table>
<thead>
<tr>
<th>Future State Measures</th>
<th>What</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Kinder Readiness and 3rd Grade Reading</td>
<td>Request for Letters of Interest (Community Grant Opportunity)</td>
<td>Release 4.2021</td>
<td>Full region. Focus on priority populations</td>
</tr>
</tbody>
</table>

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

{insert}
### Unsolicited Investments (workgroup-generated)

<table>
<thead>
<tr>
<th><strong>Existing Work</strong></th>
<th>Workgroup partners identify existing partnerships, projects and initiatives to invest in.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collective Approach</strong></td>
<td>Multiple partners work together to address a specific measure. Organizations actively coordinate their actions and share lessons learned. Progress depends on working toward the same goal and measuring the same things. Collectively, they come up with a budget and proposal for the workgroup. One organization applies their behalf.</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>Investing in the creation of educational materials, events or trainings.</td>
</tr>
<tr>
<td><strong>Matching</strong></td>
<td>Workgroup partners or COHC staff identify a grant to apply for that requires a match. The workgroup allocates funds to cover the match.</td>
</tr>
</tbody>
</table>
### Upstream Prevention: Promotion of Individual Well-Being

#### 2020-2024 RHIP Workgroup Budget

**Updated May 1, 2021**

<table>
<thead>
<tr>
<th>Funds Available</th>
<th>$1,932,816</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Funds (spread over 5 years)</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Funds Spent</td>
<td>$67,184</td>
</tr>
</tbody>
</table>

#### Amount Invested by Future State Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase third-grade reading proficiency</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Increase letter name recognition at kindergarten readiness assessment</td>
<td>$7,498.00</td>
</tr>
<tr>
<td>Increase two-year-old immunization rate</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Increase the proportion of pregnancies that are intended</td>
<td>$0.00</td>
</tr>
<tr>
<td>Establish a resilience measure and increase the number of people who feel they belong by community</td>
<td>$22,186.00</td>
</tr>
</tbody>
</table>

#### 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
- Unallocated
- COVID-19 ($25k pooled funds)
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.