



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

Join Zoom Meeting

<https://us02web.zoom.us/j/81740168359?pwd=RzV5ZU1nVk9adFp6ZHG2RzV4OFU1Zz09>

Join by phone:

+1 669 900 6833

Meeting ID: 817 4016 8359

Passcode: 446602

February 22, 2022

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"><li>1. Increase letter name recognition at kindergarten</li><li>2. Increase third grade reading proficiency</li><li>3. Increase proportion of pregnancies that are planned</li><li>4. Increase two-year-old immunization rates</li><li>5. Establish a regional measure for belonging and measure yearly</li></ol>

AGENDA
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- |                |   |
|----------------|---|
| 3:30 - 3:45 PM | Welcome, Land Acknowledgement & Guiding Principles, Introductions |
| 4:10 - 4:50 PM | Implementation Plan   |
| 4:50 - 5:00 PM | Wrap Up and Next Steps  |

Working Document:

[https://docs.google.com/presentation/d/1SR6ThnxkiYDpcT2LHHw\\_beu4ldsDkAWdd1fhHSNAneo/edit?usp=sharing](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.			

## **Land Acknowledgement**

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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.”



## Regional Health Improvement Plan (RHIP) Workgroup

### Voting Practices

Our work as partners within the Central Oregon Health Council's (COHC) Regional Health Improvement Plan (RHIP) workgroups often benefits many organizations. If we were to ask Voting Partners not to vote because they have submitted an application for funding, many people in the RHIP workgroup might not be able to participate. We all stand to gain from the shared wisdom of our many RHIP workgroup partners.

- It is our practice that you, the Voting Partner, announce a conflict of interest when it occurs during a discussion and vote. Then you can continue to vote in spite of that conflict.
- If you feel your conflict of interest unfairly affects your vote, you may choose not to vote.

It is common for organizations to have more than one person on a RHIP workgroup.

- When it is time to vote, people from the same organization will share a single vote.
- If you are not associated with an organization (i.e. community member) you will have a single vote.

We approach decisions using the Focused Conversation method.

- This technique encourages everyone to participate and brings the group closer to consensus.

The Focused Conversation is followed by a vote.

- A decision is made when 75% of the Voting Partners are in agreement.

Sometimes you might part of a subgroup working on a project.

- Everyone on the subgroup must agree unanimously to take the project to the larger workgroup for additional support.

#### **Consensus is defined as:**

- Finding and creating areas of shared understanding.
- A coming together of the common sense of the total group.
- An agreement that everyone can live with.

# Upstream Prevention: Promotion of Individual Well-Being



Background: Why are we talking about this?	
<b>1973</b> Roe v. Wade <b>1990s</b> ACEs Study Evolving birth control options <b>2000s</b> 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?
<ul style="list-style-type: none"> <li>In Central Oregon, early literacy had a decreasing trend from 2016 to 2018</li> </ul> <b>Current State Metrics:</b> <ol style="list-style-type: none"> <li>Letter recognition at kindergarten for economically disadvantaged: Crook 11.9, Deschutes 12.1, Jefferson 9.4</li> <li>Third grade reading for underserved races: Crook 29%, Deschutes 41%, Jefferson 35.4%</li> <li>44.8% of pregnancies were intended in Central Oregon</li> <li>Two-year-old up-to-date immunization rates: Crook 70%, Deschutes 69%, Jefferson 71%</li> <li>No established baseline for a metric such as the Child/Youth/Adult Resilience Measure</li> </ol>

Goal Statement: Where do we want to be in 4 years?
<b>Aim/Goal</b> 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.
<b>Future State Metrics - By December 2023:</b> <ol style="list-style-type: none"> <li>Increase letter name recognition at kindergarten for economically disadvantaged and/or underserved races</li> <li>Increase third grade reading proficiency for economically disadvantaged and/or underserved races</li> <li>Increase proportion of pregnancies that are intended</li> <li>Increase two-year-old immunization rates</li> <li>Establish a resiliency measure, measure yearly and increase the number of people who feel they belong in their community</li> </ol>

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> <li>Unbalanced distribution of resources across the region</li> <li>Decision-making based on misinformation and personal belief</li> <li>Systemic inequity prevents access to usable information</li> <li>Unbalanced bias creating isolation (connection vs alienation)</li> <li>Generational impact of foundational instability</li> </ul>

Date updated: 2.2022
Strategic Direction: What are we going to try?
<ul style="list-style-type: none"> <li>Transforming care coordination across health systems</li> <li>Cultivating equity and inclusion in our communities</li> <li>Operationalizing DEI practices</li> <li>Broadening education to improve health outcomes</li> <li>Advocating for policies that improve health outcomes</li> </ul>

Focused Implementation: What are our specific actions? (who, what, when, where?)			
Future State Measures	What	When	Where
Improving Kinder Readiness and 3 <sup>rd</sup> Grade Reading	Community Grant Opportunity	Awarded 7.2021	Full region. Focus on priority populations
Increase proportion of pregnancies that are intended	Media Campaign Promoting Intended Pregnancies	Awarded 1.2022	Full region. Focus on 18-24yo, under resourced, specific identities and their partners
Increase two-year-old immunization rates	Central Oregon Immunization Quality Improvement Coordinator	Awarded 2.2022	Full region. Clinics and public health
Create a regional measure for Resilience and Belonging	Create a regional measure for Resilience and Belonging	Awarded 12.2021	Full region. Representative sampling.

Follow-Up: What's working? What have we learned?
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# 2020–2024 RHIP Workgroups

## Five-Year Budget

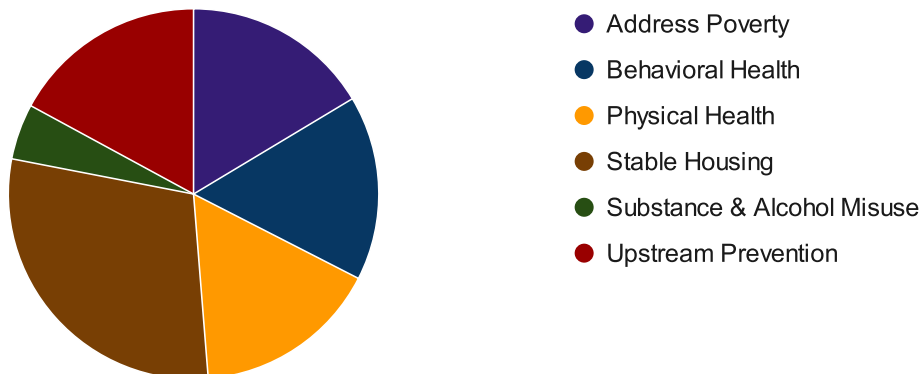
Updated January 3, 2022

Funds Available	<b>\$8,197,852</b>
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$3,802,148

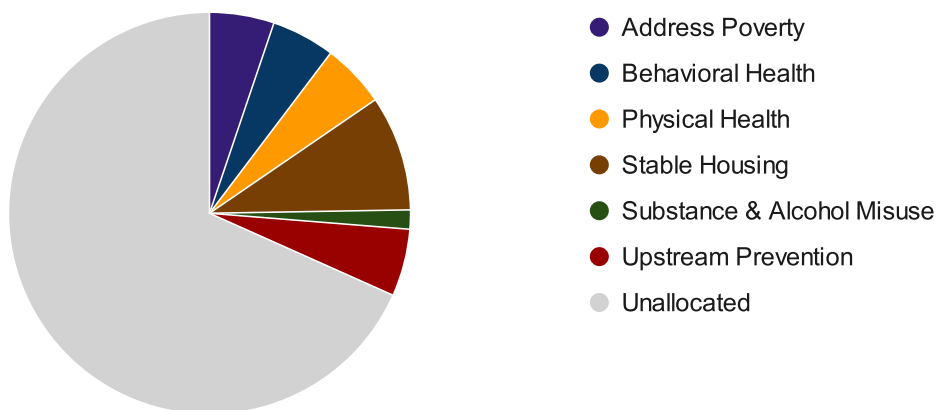
### Amount Invested by Workgroup

Address Poverty	\$623,501.79
Behavioral Health	\$613,242.00
Physical Health	\$616,132.04
Stable Housing	\$1,114,654.00
Substance & Alcohol Misuse	\$184,920.00
Upstream Prevention	\$649,698.00

### Allocation of Spent Funds



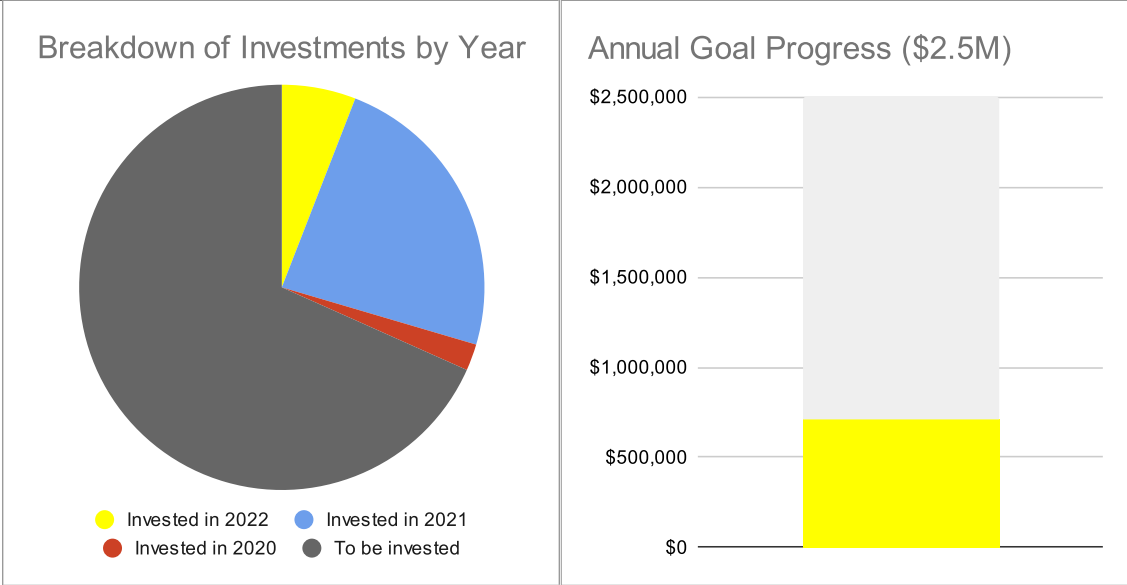
### Allocation of All Funds (\$12M)



# 2020–2024 RHIP Workgroups

## 2022 Budget

2022 investment goal	\$2,500,000
Amount remaining to invest toward 2022 goal	<b>\$1,790,842</b>
Invested in 2022	<b>\$709,158</b>
Invested in 2021	\$2,838,039
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.