



**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

March 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 |
| 3:45 – 4:15 PM | Workgroup Budgeting Conversation                                  |
| 4:15 - 4:55 PM | Implementation Plan                                               |
| 4:55 - 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)

Workgroup Budget: <https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1olGhJRMloXg9pEUofJ-KzU5WnscBbEX8/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

## 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.

### **Partner with Priority Populations**

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.

# 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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## Mini Grant Process Recommendations

Intention of Mini Grants:

Low Barrier, quick funding with a focus on providing 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](#). 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 project
- 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

How Mini Grants have been working:

Since fall of 2020, the mini grants have been available any time, with applications due the 25th each month for review by workgroup voting partners the following month. Voting Partners received the mini grants on the 1st of the month and were given 7 business days to review the mini grants. Applicants were notified by the 15th of the review month.

What will stay the same:

- Application, criteria, scorecard and instructions will stay the same.
- Communication will be through email instead of Google Forum (not blind copy).
- All future state measures will be funded by mini grants.
- Mini grants will be available all the time, and reviewed monthly.
- Mini grant applications will be reviewed by all workgroup voting partners.
- Mini grant applications will be reviewed by their corresponding workgroup.
- Applications due the 25th of the month for review the following month.
- Mini grants will be emailed to workgroups on the 1st of the month or the following Monday if the 1st falls on a weekend.

Recommended changes:

- Each workgroup budgets how much, if any, of their funds to contribute to mini grants. (All or none of the Future State Measures will be included).
- Mini grant funds are available on a first-come first served basis.
- Organizations can only be awarded a set amount of mini grant funds starting March 2022 until December 2024.
- Applicants will be notified by the 20th of the month (instead of the 15th).
- Voting Partners will have until the 15th of the month to review and vote on mini grants.
- Project Managers will create a method of tracking mini grants and the workgroup budget
- Project Managers will add the due date in the subject line of the email.
- Project Managers will state in the email how many votes are needed.

**UPSTREAM PREVENTION  
2022 Budget**

**Overview**

	<b>Budget</b>	<b>Spent</b>	<b>Available</b>
5-Year	\$2,000,000	\$1,369,126	<b>\$630,874</b>
Cycle to Date	\$1,000,000	\$1,369,126	<b>-\$369,126</b>
Yearly Mini-Grant		\$0	<b>\$0</b>

**By Future State Measure (5 year)**

	<b>Budget*</b>	<b>Spent</b>	<b>Available</b>	<b>Currently Allocated</b>	<b>Projected Available</b>	<b>Notes</b>
Childhood Immunization	\$395,000.00	\$429,428.00	-\$34,428.00		-\$34,428.00	
Third-Grade Reading	\$395,000.00	\$109,018.50	\$285,981.50		\$285,981.50	
Kindergarten Readiness	\$395,000.00	\$115,993.50	\$279,006.50		\$279,006.50	
Resilience Measure	\$395,000.00	\$389,686.00	\$5,314.00		\$5,314.00	
Intended Pregnancies	\$395,000.00	\$300,000.00	\$95,000.00		\$95,000.00	

\*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini-grant budget.

Balanced Budget

By Future State Measure (5 year)						
	Budget*	Spent	Available	Currently Allocated	Projected Available	Notes
Childhood Immunization	\$429,428.00	\$429,428.00	\$0.00		\$0.00	
Third-Grade Reading	\$385,295.33	\$109,018.50	\$276,276.83		\$276,276.83	
Kindergarten Readiness	\$385,295.33	\$115,993.50	\$269,301.83		\$269,301.83	
Resilience Measure	\$389,686.00	\$389,686.00	\$0.00		\$0.00	
Intended Pregnancies	\$385,295.33	\$300,000.00	\$85,295.33		\$85,295.33	

Budget balanced to adjust for over-investing in Childhood Imms and Resilience/Belonging. These numbers show what is currently available of the \$2M available to the workgroup.

**Five-Year Investment Overview**  
**All Workgroups**  
 January 2020–December 2024

Budget	Spent	Available
\$12,000,000	<b>\$4,822,568</b>	<b>\$7,177,432</b>
\$2,000,000	budget per workgroup	\$500,000 per year

Workgroup	Spent	Available
Address Poverty	\$941,994	\$1,058,006
Behavioral Health	\$600,742	\$1,399,258
Physical Health	\$616,132	\$1,383,868
Stable Housing	\$1,109,654	\$890,346
Substance and Alcohol Misuse	\$184,920	\$1,815,080
Upstream Prevention	\$1,369,126	\$630,874