Changes in community health priorities, goals, strategies, resources or assets

The Central Oregon Regional Health Improvement Plan (RHIP) is a five-year plan, beginning in January 2020 and ending in December 2024. Two million dollars for each of the six priority areas will be invested back into the communities within Central Oregon, totaling $12 million. At the time of this report, RHIP workgroups have allocated $7.2 million of the $12 million back into the region.

RHIP workgroups developed a Standard Grant Scorecard to use when reviewing projects. The scorecard asks voting workgroup partners to consider a potential project based on the following:

- details of the project
- diversity, equity, and inclusion
- evaluation and sustainability
- project supports and partnerships
- budget

The scorecard is available to all potential applicants while completing their letter of interest or full application.

In September 2020, the Central Oregon Health Council (COHC) launched the Central Oregon Health Data site. Spanish translation is available. This site is a continuously updated database (qualitative and quantitative) used to track health-related aspects of Central Oregon communities. This site is accessible to anyone who wants the most up-to-date information on over 250 demographic elements and 383 health-related indicators. These data points are available at the region, county, community (town), zip code, and even neighborhood level depending on the data source. The health data website is designed around the RHIP and highlights the six priority areas and progress toward each measure. Please see past and current projects funded to support each priority area below:

- Currently Funded Projects
- What We’re Learning
The site also has local, state, national, and federal funding opportunities, promising practices, a community calendar, and a growing resource library. Individuals and organizations can contact us to add data elements they would like to share with the region (example). Users can build custom dashboards and share the links with partners or other community members.

**Strategies used to address the RHIP health priorities**

The COHC provides backbone support to workgroups organized around each priority area in the RHIP. Workgroup members are selected from throughout the region. They are content experts, representatives from partner organizations, and community members, including Community Advisory Council (CAC) consumer members. To implement the RHIP, the COHC uses a structured and participatory strategic planning process developed by the Institute of Cultural Affairs. The guided facilitation is grounded in collaborative strategies that draw upon human assets and build social capital that moves toward more sustainable community development.

As of June 2023, the following RHIP Future State Measures have projects and strategies receiving funding:

- Increase the availability of behavioral health providers in marginalized areas of the region.
- Standardize behavioral health screening services for appropriate levels of care across services.
- Reduce mental health/substance abuse ED visits in marginalized areas of the region.
- Decrease food insecurity.
- Decrease sexually transmitted infections.
- Increase two-year-old immunization rates.
- Increase the proportion of pregnancies that are planned.
- Establish a regional measure for belonging and measure yearly.
- Develop a method to measure timeliness and engagement when referred from primary care to specialty behavioral health.
- Increase fruit and vegetable consumption and physical activity among youth.
- Decrease binge drinking rates among 18-34 year-olds.
- Increase high school graduation rates among economically disadvantaged students.
- Decrease combined severely rent and mortgage burdened households.
- Decrease the percent of individuals who are ALICE.
- Increase letter name recognition and kindergarten readiness among youth experiencing economic disadvantage and among underserved races.
- Increase third-grade reading proficiency among youth experiencing economic disadvantage and among underserved races.
- Decrease asthma and diabetes rates.
- Increase individuals receiving both an annual wellness exam and a preventative dental exam.
- Decrease vaping and e-cigarette use among youth.
- Create a system and accurately capture individuals experiencing homelessness.
- Increase Housing Choice Voucher holders able to find and lease a housing unit.
- Increase individuals having 2+ additional service for SUD within 30 days of their initial treatment.

**Responsible partners who have been involved creating and implementing strategies to address RHIP health priorities**

Individuals representing many organizations have helped implement priorities and strategies in the RHIP or given input and expertise on one of the RHIP priority area workgroups. Workgroup members represent the following organizations: health (hospital, primary care, behavioral health, dental, surgeons, pharmacy, public health), education (K-12, early learning, post-secondary, community), infrastructure (public works, transportation, utilities), justice (law enforcement, jail, parole, lawyers), government (elected officials, tribal, county, city, and state offices), and non-profits/social services (WIC, Boys and Girls Club, Partners in Care). Workgroups also gain insight from community representatives from towns throughout Central Oregon, the CAC, Provider Engagement Panel, Operations Council, Central Oregon Diversity Equity and Inclusion (CODEI), and even Board of Directors member participation.
The following organizations support the RHIP in one or more ways:

211Info
A Smile for Kids
Abilitree
Allyship in Action
Advantage Dental by DentaQuest
Assistance League of Bend
Awbrey Dental Group
Balance4Life Wellness
Behavior & Mental Health Consultation of Oregon
Bend Area Habitat for Humanity
Bend Farmers Market
Bend Heroes Foundation
Bend Food is Medicine Coalition
Bend La Pine School District
Bend Parks and Recreation District
Bend NEXT / Bend Chamber
Bend Treatment Center
BestCare Treatment Services (Crook and Jefferson County CMHP)
Bethlehem Inn
Better Together
Big Brothers Big Sisters of Central Oregon
Boost Oregon
Boulden Rogen Early Childhood Academy
Boys and Girls Club of Bend
Bridging the Gap Treatment Services
Brightways Counseling Group
Brink Communications
Building Hope
C4 Innovations
Camp Fire Central Oregon
Capitol Dental Care
Cascade Detox
Cascade Internal Medicine
Cascade Peer and Self-Help Center
Catalyst Counseling & Consulting, LLC
CCO Board Members
CCO Community Advisory Council Members
CCO Operations Council Members
CCO Provider Engagement Panel Members
Central Oregon Community College
Central Oregon Disability Support Network
Central Oregon Environmental Center
Central Oregon FUSE
Central Oregon Health Council
Central Oregon Health Quality Alliance
Central Oregon Homeless Leadership Coalition
Central Oregon Independent Practice Association
Central Oregon Intergovernmental Council
Central Oregon Locavore
Central Oregon Pediatric Associates
Central Oregon Teen Challenge
Charlie Health
Central Oregon Veterans Ranch
Children’s Forest of Central Oregon
Circle of Friends
City of Madras
City of Prineville
City of Redmond
Confederated Tribes of Warm Springs
Columbia River Institute for Indigenous Development
Commute Options
Cornerstone Community Housing
Council on Aging of Central Oregon
La Pine Community Kitchen
La Pine Eyecare Clinic
La Pine Park and Recreation District
La Pine Senior Citizens
Latino Community Association
LG Behavioral Health
Lifetime Vision Care
Lighthouse Counseling Services
Lines for Life
Madras Police Department
Mecca Bend
Medical Teams International
Metolius City Council
Mosaic Medical (FQHC)
Mountain Start Family Relief
Nursery
Mountain View Fellowship
Nami Central Oregon
National Association of Mental Illness
NeighborImpact
New Priorities Family Services
Novo Nordisk
Oasis Village
ODS Community Dental
OHSU
OHSU Knight Cancer Institute
Older Adult Behavioral Health Initiative
Oregon Council for Behavioral Health
Oregon Dept of Human Services
Oregon Health Authority
Oregon Health and Science University
Oregon Liquor Control Commission
Oregon Pediatric Improvement Project
OSU Cascades
OSU Extension
OSU Migrant Services
PacificSource Community Solutions (CCO)
Pain Advisors
Parkinson’s Resources of Oregon Partners in Care
Paulson’s Floor Coverings
PAWsitve Choices
Pfeifer & Associates
Planned Parenthood
Praxis Medical Group
Quon Design and Communication
REACH
Redemption House Ministries
Redmond Proficiency Academy
Redmond School District
Redmond Senior Center
ReVillage
Rimrock Trails
Ronald McDonald House Charities
Sagewood Sanctuary
Samara Learning Center
Saving Grace
Seed To Table Oregon
Shelter4Youth
Sisters Habitat for Humanity
Sisters Park and Recreation
Sky Lakes Medical Center Foundation
SMART Reading
SriPonya
St. Charles Health System (Hospital)
St. Vincent De Paul Redmond
St. Vincent de Paul Society Bend
Stroke Awareness Oregon
Summit Health
Sunstone Recovery
Teen Challenge
The 1017 Project
The Center Foundation
The Child Center
The Confederated Tribes of Warm Springs
The Cottage Daycare
Progress and efforts made (including services provided and activities undertaken) to date toward reaching the RHIP health priorities

Workgroups for each of the six priority areas began meeting in January 2020. Around 250 individuals volunteer their time to serve on workgroups. Workgroup members represent communities throughout Central Oregon and various industries aiming to improve health and well-being. Additional information about workgroups can be accessed below, including names of voting partners, past meeting packets, future meetings, efforts made over the last year, and health council staff supporting each workgroup:

1. Address Poverty and Enhance Self-Sufficiency

- The workgroup invested $428,000 in five programs and initiatives to increase high school graduation rates among economically disadvantaged students living across Central Oregon.
- The workgroup invested $247,000 in six programs to reduce food insecurity by connecting people and establishing pathways to enhance community resources.
- The workgroup funded a multi-phase project to conduct listening sessions among those who are ALICE to determine the unique needs of different communities. The listening session will have an emphasis on housing and transportation costs. Results will inform diverse approaches for each community to improve outcomes and meet the Future State Measures.

2. Behavioral Health: Increase Access and Coordination

- The workgroup is making investments to streamline care coordination and communication between primary care and specialty behavioral health providers by enhancing the use of shared language and improving appropriate referrals to the right level of care.
- The workgroup invested $550,000 to develop a regional and culturally responsive method to measure timeliness and engagement with specialty behavioral health when referred from primary care.
• The workgroup is investing $998,000 to create and support a community-driven initiative for behavioral health (BH) workforce development in Central Oregon's rural areas. This long-term pipeline development effort will infuse local learners into behavioral health careers.
• The workgroup invested $265,000 to financially support an effort to develop a regional and culturally responsive method to standardize screening processes between primary care organizations and specialty behavioral health providers to ensure that clients receive the appropriate level of behavioral health care and follow-up across various services in Central Oregon.

3. **Promote Enhanced Physical Health Across Communities**

• The workgroup invested $489,000 on five projects to increase youth fruit and vegetable consumption and physical activity.
• The workgroup invested $500,000 to decrease sexually transmitted infection rates.
• The workgroup is addressing coordination between oral health providers and primary care.

4. **Stable Housing and Supports**

• The workgroup invested $200,000 in the development of a Regional Housing Council.
• The workgroup invested $265,000 into permanent supportive housing.
• The workgroup invested $600,000 into increasing continuum capacity in the effort to end homelessness.

5. **Substance and Alcohol Misuse: Prevention and Treatment**

• The workgroup is exploring enhancing the Screening, Brief Intervention, and Referral to Treatment (SBIRT) within clinics to address binge drinking.
• The workgroup invested $150,000 to assess the disparities and key drivers of binge drinking among 18-34 year olds.
• The workgroup funded a project to assess the community’s interest and readiness to implement healthy retail locations. This project will lay the groundwork for future Healthy Retail projects by identifying interested businesses and gathering community members’ input and desires.
• The workgroup invested $385,000 on five projects for organizations to sustain their Peer Support Specialists (PSS) positions while hiring a consultant to work on PSS sustainability at the organization and system level.

6. **Upstream Prevention: Promotion of Individual Well-Being**

• The workgroup invested $225,000 in regional programs that support letter name recognition and reading for priority populations. Priority populations include those from rural communities or urban neighborhoods experiencing economic oppression. Students
who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, or disabled. Migrant students, runaway youth, or those receiving care through the foster system, and students eligible for free or reduced-price lunch.

- The workgroup invested $419,000 towards regional childhood immunization and quality improvement programs, including coordinators who work with private, community, and public health clinics throughout Central Oregon. Coordinators collect and analyze immunization data, improve data quality, and collaborate with clinics to provide strategies and interventions that support improved vaccine rates. Clinics serving vaccine hesitant patients, children and families experiencing houselessness, and those living in rural communities or city neighborhoods that experience economic oppression receive tailored support. Additionally, clinics caring for people who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, disabled, and migrant children or those receiving support from the foster care system receive support.

- The workgroup invested $300,000 to create and implement a three to five-year media campaign promoting conditions of a healthy pregnancy. Priority audiences include people aged 14-29 and their partners, people with incomes less than 200% of the federal poverty level and their partners, people cohabitating, people of color, and youth questioning their gender identity. The media campaign will reflect the cultural diversity and intersectionality of identity for all people and regions prioritized above and translated into Spanish. It will utilize positive language about the benefits of planned pregnancy and support non-judgmental care.

- The workgroup invested $350,000 to create, implement, analyze, and re-measure a community-level metric for resilience and belonging. This project is a continuation of the region’s effort to understand and respond to our communities’ experiences, strengths, and need for belonging.

Regional grant opportunities are released on a rolling basis here in addition to being shared with the public through partners covering the region. We also ask partners to share funding opportunities with any organizations that might be a good fit.

To date, funding has been awarded for the following measures:

- Increase the availability of behavioral health providers in marginalized areas of the region.
- Standardize behavioral health screening services for appropriate levels of care across services.
- Reduce mental health/substance abuse ED visits in marginalized areas of the region.
- Increase additional services for alcohol and drug dependence for individuals newly diagnosed.
- Decrease food insecurity.
- Decrease sexually transmitted infections.
- Increase two-year-old immunization rates.
- Increase the proportion of pregnancies that are planned.
- Establish a regional measure for belonging and measure yearly.
• Develop a method to measure timeliness and engagement when referred from primary care to specialty behavioral health.
• Increase fruit/vegetable consumption and physical activity among youth.
• Decrease binge drinking rates among 18-34 year-olds.
• Improve high school graduation rate among students experiencing economic disadvantage.
• Decrease combined severely rent and mortgage burdened households.
• Decrease the percent of individuals who are ALICE.
• Increase the percentage of Housing Choice Vouchers (HCV) holders that can find and lease a housing unit.
• Develop and utilize a comprehensive system for accurately capturing the extent of Central Oregonians experiencing homelessness.
• Increase letter name recognition at kindergarten readiness among youth experiencing economic disadvantage and among underserved races.
• Increase third-grade reading proficiency among youth experiencing economic disadvantage and among underserved races.
• Decrease housing and transportation costs as a percent of income.
• Decrease asthma, cancer, cardiovascular disease, and diabetes rates.
• Decrease risk factors for cardio-pulmonary and/or preventable disease.
• Increase individuals receiving both an annual wellness visit and preventative dental visit.
• Decrease vaping or e-cigarette use among youth.

The workgroups have also funded $514,070.54 in mini-grants ($5,000 or less) to more than 100 projects serving areas in Crook, Deschutes, Jefferson, northern Klamath, and the Confederated Tribes of Warm Springs since its launch in January 2020. These mini-grants have influenced 24 of the 26 Future State Measures in the 2020-2024 RHIP (Mini-Grant Opportunities).

In addition to mini-grants funding at least one more Future State Measures in the 2020-2024 RHIP, the workgroups also helped review and fund almost $575,000 in COVID support in mini-grants throughout the region focusing on prioritized populations (124 projects) (COVID-19 Final Report). These COVID mini-grants have affected 21 of the 26 Future State Measures in the 2020-2024 RHIP.

The region’s first Racial Equity Data Roadmap was published in the summer of 2021. This document is helping workgroups and committees in their decision-making processes.

Identification of the data used, and the sources and methodology for obtaining such data, to evaluate and validate the progress made toward metrics or indicators identified in the RHIP

Workgroups track progress using the dashboard in the link below. Every measure shows the data source, the current year's data, the trend over time, and when a future state
measure is met. Website data is updated annually and some instances, more frequently. Workgroups review data monthly.


To learn more, please click the link above and select Crook County. There is detailed information about the data, including actual data and trends over time. You can also see how the data looks compared to the other counties in the region, as shown in the screenshot below.
To explore RHIP progress, please click each of the priority area pages below. There you will find starting point data from the 2020-2024 RHIP and links to current data by measure, which shows the data source, the trend over time, and when RHIP targets are met.

1. **Address Poverty and Enhance Self-Sufficiency**
2. **Behavioral Health: Increase Access and Coordination**
3. **Promote Enhanced Physical Health Across Communities**
4. **Stable Housing and Supports**
5. **Substance and Alcohol Misuse: Prevention and Treatment**
6. **Upstream Prevention: Promotion of Individual Well-Being**

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**2020-2024 RHIP PRIORITY AREA**
**Address Poverty and Enhance Self-Sufficiency**

**AIM/GOAL**
Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

**Address Poverty and Enhance Self-Sufficiency Measures**
The measures in the 2020-2024 Central Oregon Regional Health Improvement Plan for the Address Poverty and Enhance Self-Sufficiency chapter were defined by regional subject-matter experts in Central Oregon.

**Measure #1: Increase high school graduation rates among economically disadvantaged students.**

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<td>In the 2017-18 school year, Central Oregon graduation rates among economically disadvantaged students were:</td>
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| 2017-18 4-year Graduation Rate by County (weighted) |
|---------------------------------------------------|----------------------------------|
| All Students                                      | Economically Disadvantaged       |
| Crook:                                             | 78.10%                           |
| Deschutes:                                         | 74.30%                           |
| Jefferson:                                         | 80.20%                           |
| Sources: OR Dept. of Education 2017-18             |                                  |

**Future State:**
By December 2024, Central Oregon graduation rates among economically disadvantaged students will improve by 3 percentage points to:

| 2023-24 4-year Graduation Rate by County (weighted) |
|---------------------------------------------------|----------------------------------|
To learn why measures in each priority area were selected, please click “why are these measures important” as shown in the screenshot below.

Each priority area page also links to past or currently funded projects that improve the priority area in one or more ways.
At the bottom of each priority area page there is information about mini-grants, promising practices, and how to get involved in local efforts. National funding opportunities are also shared on each page.

In addition to the six RHIP workgroups reviewing data monthly, the Central Oregon Health Council Board of Directors, the Community Advisory Council, the Diversity, Equity, and Inclusion Committee, the Provider Engagement Panel, and the Operations Council review progress regularly. Additionally, various community-based webinars and meetings provide progress updates frequently to partners.