



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

Join Zoom Meeting

<https://us02web.zoom.us/j/83481310803?pwd=ZVprb2p3c09Bd2l6UEdzYkg2Y0RoQT09>

Join by phone:

+1 669 900 6833

Meeting ID: 834 8131 0803

Passcode: 143060

September 26, 2023

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

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

AGENDA

- 3:30 - 3:45 Welcome and Announcements
- 3:45 - 4:55 Implementation Plan
- Third Grade Reading – drafting community investment
 - Kindergarten Readiness – Papalaximisha grant application update
- 4:55 - 5:00 Closing

Working Document:

https://docs.google.com/presentation/d/1SR6ThnxkiYDpcT2LHHw_beu4ldsDkAWdd1fhHSNAneo/edit?usp=sharing

Workgroup Budget: <https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1oIGhJRMloXg9pEUofJ-KzU5WnscBbEX8/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.

Land Acknowledgment

We recognize and acknowledge the indigenous land on 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 that 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

RHIP Workgroup Virtual Meeting



**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.

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?	
1973 Roe v. Wade 1990s ACEs Study Evolving birth control options 2000s 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"> In Central Oregon, early literacy had a decreasing trend from 2016 to 2018 Current State Metrics: <ol style="list-style-type: none"> 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 2024: <ol style="list-style-type: none"> 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?
<ul style="list-style-type: none"> 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: 3.2023
Strategic Direction: What are we going to try?
<ul style="list-style-type: none"> 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 kindergarten readiness	Multi-pronged, culturally specific, community-developed program	Anticipated Fall 2023	Warm Springs. Focus on priority populations
Improving kindergarten readiness and 3 rd 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?
{insert}

Upstream Prevention: Promotion of Individual Well-Being

Root Cause Barriers: What is blocking us from moving toward our future state measures?

Unbalanced distribution of resources across the region	Systemic inequity prevents access to useable information	Decision making based on misinformation and personal belief	Unbalanced bias creating isolation (connection vs alienation)	Generational impact of foundational instability
Geographic distribution across the region	Intended pregnancy - onsite education and access to age appropriate contraception	Policy level – school boards blocking access to contraceptives	Exclusiveness of opportunities (language, literacy, economic)	Family access to education surrounding parenting
Duplication of efforts	Intended pregnancy - onsite education and access to age appropriate contraception	Pervasive misinformation around immunizations	Connections to schools (attendance, "community")	Inconsistency of adults in child's life
Unbalanced resource allocation	Decreased access to in person medical visits - pandemic	Philosophical differences on reproductive health	Intensive focus on academic success	Trusting relationships with resources
	Technology access and know how	Social media amplifies rhetoric to spread (echo chamber)	Racism and unconscious bias	Overarching barrier: Poverty
	Health literacy	Attitude that individual rights trump group rights	Language barriers	Lower parental literacy
	Access to/stigma contraceptive counseling			Kids are raising kids
	Beliefs of gov. Overstepping boundaries			Access to childcare
	Trusted institutions are highly politicized			
	Pervasive misinformation around immunizations			
	Philosophical differences on reproductive health			

STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

Deepen approaches to pre-literacy development	Reduce unintended pregnancies	Increase and diversify approach to health literacy
<ul style="list-style-type: none"> • Support early introduction of books to kids; library programs • Expand access to pre-literacy and pre-numeracy programs • Increase awareness and promotion of strategies for early literacy • Support early education programs • Tap into the national conversations about leading research in pre-literacy activities and reading acquisition in order to strengthen our community knowledge about the science about how kids learn to read 	<ul style="list-style-type: none"> • Screen for pregnancy intention • Timely access to contraception and long-acting reversible contraceptives • Audit schools to ensure comprehensive sex education • Ensure comprehensive sex ed programs are in all schools 	<ul style="list-style-type: none"> • Education of school board and teachers “teach the educators” on updated health literacy approaches • Health literacy varies by audience, how do we convey overall idea – story talk • Combat misinformation – some sort of fact-check clearing house? • Creating spaces for sharing of evidence-based Health information • Increase awareness and promotion of strategies for health literacy (awareness campaign)

Broadening Education to Improve Health Outcomes

Develop culturally inclusive community support jobs	Improve our individual organizational internal DEI practices
<ul style="list-style-type: none"> • Expand culturally responsive home visiting programs for pre and post-natal women by leveraging traditional health workers • Peer to peer support programs (MOMs, Boost, Drug and Alcohol) • Stipend/Hiring from within communities (LCA, within low-income housing communities, etc.) to be advocates, create trust to refer individuals and families to meet their needs. • Bias/equitable access (provide doula model/liaison to provide additional health and promotion Latinx community) • Regional Community Health Workers in inequitable regions • Community health worker models 	<ul style="list-style-type: none"> • Assess staff diversity and look at recruitment and retention strategies • Look at our own organizations and establish a baseline about diversity (for improvement) • Evaluate how bias and racism is being experience in CO schools before we offer solutions • Reach out to partners to assess, identify, and implement strategies to better communicate information that meets the language, literacy, and cultural needs of the community • Greater anti-racism training in educational, health, and safety sectors

Operationalizing Organizational DEI Practices

<p>Cultivate equity and belonging thru community programs</p>	<p>Actionable elevate marginalized lived experience in our communities</p>
<ul style="list-style-type: none"> • Create more access to academic, stem, arts programs • Support community cultural programs • Create free high quality parenting classes for all people • Establish a baseline metric for belonging such as the Child youth Adult Resilience Measure • Include parents in children’s programs (not just kids) 	<ul style="list-style-type: none"> • Cover technology options for inequitable regions • Creating more opportunities/career pathways for undocumented residents/students • Systemic inequity (involve people who have been in others’ shoes, to share their own stories and reduce stigma) • Identify and implement strategies to assure more diverse representation on local committees • Support diverse representation on boards and at meetings with child care, etc.; but also recognize burden on people of color to “represent” their communities

Cultivating Equity and Inclusion in Our Communities

<p>Invest in Social Determinants of Health</p>	<p>Transforming Care Coordination Across Health Systems</p>
<ul style="list-style-type: none"> • Deliver preventive dental services to children and pregnant women in non-traditional settings • Mapping out who is doing service where • System is still fragmented: where do I go for care? Public Health, Health System, or PCP, Urgent Care. • Reimagine medical homes to better support care coordination • Think very honestly about duplication and removing services to make room for streamlined support to work easier with each other • Discussion around lack of direct care services (mental health therapy, alternative therapies, strategically attract top talent) • Survey to gain information about how telehealth is going. Is it improving access? How can we make it even better for equity? • Increasing hours of all services in rural communities 	

<p>Advocate for legislation and local policy</p>	<p>Advocating for Policies that Improve Health Outcomes</p>
<ul style="list-style-type: none"> • Identify and implement strategies to work collaboratively with organizations whose activities advance health equity and promote Health in all Policies • Work directly with communities to co-create policies, programs and strategies to ensure that health interventions are equitable and culturally responsive • Make healthy foods more accessible • Lobby for universal sex education and birth control • Move funds from the police budget to these community outreach positions • Litmus test question for all policy proposals – how does this policy prevent system racism? How does this policy support equity? • Legislative action to mandate vaccines 	

**UPSTREAM PREVENTION
2023 Budget**

Overview

	Budget	Spent	Available
5-Year	\$2,000,000	\$1,424,126.00	\$575,874.00
Cycle to Date	\$1,500,000	\$1,424,126.00	\$75,874.00
Yearly	\$500,000	\$0.00	\$75,874.00
Yearly Mini-Grant	\$0	\$0.00	\$0.00
Yearly Standard Grant	\$0	\$0.00	\$0.00

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	\$384,728.66	\$111,518.50	\$273,210.16		\$273,210.16	
Kindergarten Readiness	\$384,728.66	\$115,993.50	\$268,735.16	\$268,000.00	\$735.16	Partnership with Papalaxishma
Resilience Measure	\$391,386.00	\$384,686.00	\$6,700.00		\$6,700.00	
Intended Pregnancies	\$384,728.66	\$300,000.00	\$84,728.66		\$84,728.66	

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared minigrant budget and adjustments for historical investments.

2023 Investments

Organization	Process	Project	Award	Decision Date	Future State Measure	Latest Report
--------------	---------	---------	-------	---------------	----------------------	---------------

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

Budget	Spent	Available
\$12,000,000	\$7,421,373.74	\$4,578,626

Workgroup	Spent	Available
Address Poverty	\$941,993.79	\$1,058,006.21
Behavioral Health	\$1,954,157.00	\$45,843.00
Physical Health	\$1,117,158.56	\$882,841.44
Stable Housing	\$1,129,654.00	\$870,346.00
Substance and Alcohol Misuse	\$854,284.39	\$1,145,715.61
Upstream Prevention	\$1,424,126.00	\$575,874.00

Pre-Draft. RFP. 3rd Grade Reading

Future State Measure:

- Increase third-grade reading proficiency to the following by county: Crook County 51%(ED) 33.5%(UR); Jefferson County 49.5%(ED) 40.5%(UR); Deschutes County 52%(ED) 47%(UR).ED=Economically Disadvantaged UR=Underserved Races

Strategic Direction:

- Broadening education to Improve Health Outcomes

What should this project do? What is the desired outcome? Please give a general, high-level summary.

- Promote and support early literacy through a collaboration of educators, people and organizations serving youth, families and community members
- Training and professional support for teachers
- Learning and skills workshops for cohorts of non-teachers serving youth, family, care givers
- Align with the Science of Reading (e.g. LTRS program, Reading Rockets Reading 101, Cox Campus, UFLI, etc.) **Note a new training option is coming out in Oregon in partnership with EOU.
 - “science of reading” represents decades of gold-standard research that shows us the science behind how the human brain learns to read.
 - The five pillars of reading instruction, also known as the five pillars of early literacy, are a set of key components developed by the National Reading Panel essential for reading proficiency. They include phonemic awareness, phonics, vocabulary, fluency, and comprehension. Each component plays a crucial role in developing strong reading skills, and educators who understand and effectively teach these pillars are increasing the chances their students learn how to read proficiently.
 - Research in cognitive psychology, linguistics, and neuroscience has provided a wealth of evidence-based strategies and practices for developing each of the five pillars of reading. Understanding the science behind these pillars can help educators design effective instruction that supports students in becoming strong readers.

Why is this work needed?

- Schools and districts that focus on retraining teachers and improving teacher knowledge about how children learn to read are consistently showing improvements in reading outcomes.
 - 3rd grade reading proficiency (ODE, 2018-19, latest report available)
 - 43-60% of all students meeting reading proficiency goals
 - For learners impacted by economics, it's under 45%
 - For learners who have been historically and recently underserved, the rate drops to 30-40%.
 - Reading failure is the most commonly shared characteristic of juvenile justice offenders.*
 - 50% of adults cannot read a book written at an 8th grade level. **
 - 45 million are functionally illiterate and read below a 5th grade level. **
 - Illiteracy costs taxpayers an estimated \$20 billion per year. **
 - If help starts in 4th grade, rather than in late kindergarten, it takes four times as long to improve the same skills by the same amount.
- * National Institute of Health
**National Institute of Literacy

What specific **geographic region(s)** is prioritized? Please state which data source supports this? Eg. rural, frontier, zip codes

- Crook Co,
- Jefferson Co,
- N. Klamath Co,
- Rural Deschutes Co,
- Economically-xxx deschutes (identify these zip codes?...)
- If we are targeting teacher training in schools, we need to prioritize the lowest performing districts and schools, but be open to training any interested teachers.

Which specific **populations of people** are prioritized? Which data source supports this? eg. language spoken, disability, race/ethnicity, age

- ED=Economically Disadvantaged as defined by the ODE
- UR=Underserved Races as defined by the ODE.
- Students with disabilities

- Lowest performing schools and districts :
 - Jefferson (28% proficiency overall),
 - Crook (40% proficiency),
 - Culver (40%).
 - Title schools (all districts)

**What are the other qualities that you want to see in the work we chose to fund?
Eg. Components of the program.**

- As appropriate, alignment with ODEs Early Literacy framework.
- If PD or instruction or tutoring is being considered, identify the company/curriculum being considered and alignment with Science of Reading.
- Accessibility of the work to underserved areas. If the organization is multicounty, they should show how they will integrate or offer the project to counties like N Klamath, Jefferson, Crook, etc
- Cultural sensitivity/inclusion of cultural representatives in design of the project
-

What are some recommended partnerships do you want the applicant to consider?

- Partner with EOU, who is close to unveiling online training that has been vetted by teachers/schools in over 5 states, is SoR aligned, is shorter in duration than LETRS and is low cost (\$300 per teacher).

All applicants are required to include a project budget in their proposal. What other documentation do you want them to provide that will help the workgroup decide about funding them? Eg. operating budget, list of board of directors

- Specifics on the program, alignment with Science of Reading, the ODE Early Literacy Framework.

Do you want this work to continue after this grant funding is over? How should the applicant show that in their application?

- If the work is targeted and aimed at PD, then ability to continue should not be a strong consideration.
- Provide an estimate of what it will cost to continue the program after the funding period ends. Ask whether the applicant has a plan to sustain the program if it is

successful.

- How their mission and work relates to the project. This might help with the sustainability piece (if their mission directly aligns with the work that they are applying to get funded)

How do you want to provide funds? Eg. offer one fixed amount for one project, offer a bucket of funds with one or multiple awards

- Multiple awards – I would like to see a bucket for more “traditional” projects and a bucket for specific SoR aligned teacher training. This will allow flexibility in applicants, but ensure that a set amount will go towards teacher training.

List community organizations or types of community organizations and individuals this opportunity should be shared with to get the desired applicants and outcome.

- High Desert ESD,
- School district superintendents of priority schools.
- Juntos Apprendemos,
- Papalaxsimisha,

How much do you want to invest into the community for these projects?

What do you want the award range to be?