



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

October 24, 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 – RFP draft review and consensus
 - 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

Strategic Direction: What are we going to try?	
Date updated: 3.2023	
<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?
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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

Cultivate equity and belonging thru community programs	Actionable elevate marginalized lived experience in our communities
<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

Invest in Social Determinants of Health	Transforming Care Coordination Across Health Systems
<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 	

Advocate for legislation and local policy	Advocating for Policies that Improve Health Outcomes
<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 	

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

Budget	Spent	Available
\$12,000,000	\$7,609,001.74	\$4,390,998

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	\$1,041,912.39	\$958,087.61
Upstream Prevention	\$1,424,126.00	\$575,874.00

**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
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DRAFT. Request for Proposals (RFP)

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

Project Name:

Access Code:

Future State Measures:

- 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*
*As defined by Oregon Department of Education

Contact Person: Gwen Jones

Email: Gwen.jones@cohealthcouncil.org

Phone Number: 541-306-3523

About the Central Oregon Health Council

The [Central Oregon Health Council](#) (COHC) is a nonprofit public and private community governance organization. We partner with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon.

Central Oregon Health Council champions diversity, equity, inclusion and belonging in our work culture, grant making and community partnerships. Inequalities based on geography, age, sex, race, ethnicity, national origin, language, culture, disabilities, immigration status, faith, gender identity and sexual orientation, along with income and wealth inequalities, prevent us from fully realizing our vision of creating a healthier Central Oregon. Therefore, we aim to build capacity in communities experiencing health disparities caused by oppression.

The Central Oregon Health Council is responsible for funding projects that improve the health priorities of the [Regional Health Improvement Plan](#). These priorities were decided by the diverse people of our region before the onset of the COVID-19 pandemic.

We recognize that when we invest in long-term, preventative solutions we build a Central Oregon that is better able to respond to present and future crises. Therefore, we reserve most of our funds for projects whose impact can be measured over decades. The goal of this request is to support long-term, system-level change.

We also provide smaller funding opportunities for \$5,000 or less called mini grants [HERE](#).

Description of Grant Opportunity

The Regional Health Improvement Plan (RHIP) Upstream Prevention: Promotion of Individual Well-Being Workgroup is investing in programs aligned with the Science of Reading to support early literacy. Programs should include professional training and support for teachers alongside learning and skills workshops for non-teachers who are serving youth and families.

Why are these efforts needed?

“Literacy empowers and liberates people. Beyond its importance as part of the right to education, literacy improves lives by expanding capabilities which will then reduce poverty, increase participation in community and has positive effects on health...” UNESCO.org

“Reading is a foundational skill for children to acquire knowledge, success in school and access many opportunities. Decades of research indicate that a child’s reading level in 3rd grade is directly related to their ability to thrive later in school and life.” OurChildrenOregon.org

The [Science of Reading](#) is based on interdisciplinary, scientific research from cognitive psychology, education, neuroscience and communication sciences to inform best practices in how teachers are trained to teach children to read. Educators and people supporting children’s reading development, who learn about the Science of Reading will better meet the needs of over 60% of children who need explicit and systematic teaching of all important component of literacy additional time to learn.

Proposal Requirements

Project Criteria

Applicants should demonstrate how projects:

1. Align with the Science of Reading.
 - Examples include trainings like Language Essentials for Teachers of Reading and Spelling (LTRS), Reading Rockets Reading 101, Cox Campus, University of Florida Literacy Institute (UFLI), or Eastern Oregon University’s K-3 Literacy Training.

2. If a professional development, instruction, or tutoring is proposed, identify the company or materials and explain how it aligns with the Science of Reading.
3. Align with Oregon Department of Literacy's framework.
4. Include training and professional support for educators.
5. Include training, learning and skills support for cohorts of non-teachers serving youth and family.
6. Occur in physical proximity to the priority populations served by the project.
7. Partner with the people they are serving in the design, adaptation, implementation and/or review of outcomes.
 - Include letters of support from these project partners.
8. Be culturally and linguistically responsive for prioritized populations.
9. If a project partners with tribes, a memorandum of understanding (MOU) with the Tribal partner must be included.
10. Include **prioritized populations*** & communities that are intentionally excluded from power, access, and privilege.
 - Special consideration will be given to projects serving Jefferson County schools, Crook County school, Culver School District, Title Schools in any school district, and students with disabilities.
11. Projects must take place within Central Oregon:
 - Crook, Deschutes, and Jefferson Counties
 - The Confederated Tribes of Warm Springs
 - Northern Klamath County, limited to:
 - Gilchrist, Chemult, Crescent, and Crescent Lake Junction
12. Applications must be submitted by an organization with an EIN/Tax ID. Both nonprofit and for-profit organizations are welcome to apply.
13. Projects must directly impact the Future State Measures of the Regional Health Improvement Plan specified above.

Restrictions

Regional Health Improvement Plan grants cannot be used for:

- CCO provider administrative activities
- Any product or service that can be billed to any health insurance plan currently or known in the future (durable medical equipment, screenings, medicines, etc.)
- Indirect costs
- Individual rent/mortgage assistance and utilities (business costs associated with this project are allowable)
- Capital investments in new facilities designed to provide billable health services or brick-and-mortar housing developments.
- Projects benefitting a single individual or single household.

- Health Information Technology that goes against PacificSource's one vendor policy
- COHC staff and household members cannot apply.
- OHA and DHS cannot apply.

Recommended Partnerships

Partnership to consider include: The Reading Clinic at Eastern Oregon University K-3 Literacy Training

Evaluation Criteria

The RHIP Upstream Prevention: Promotion of Individual Well-Being Workgroup will review your grant application using this [SCORECARD](#). We encourage you to use it to help build your proposal.

Funding Details and Important Information

Available Funds: Multiple awards.

Funding Duration: Single and multiple year projects accepted.

Anticipated Selection Schedule

Request For Proposal (RFP) Released:

Application Submission Closes:

Notification of Award:

How to Apply

This Request for Proposal is posted on our website [HERE](#).

Instructions on how to submit your Proposal are [HERE](#).

Instructions on how to access this application are [HERE](#).

Once registered and logged in to the grant platform, use this access code to apply for this grant:

PHYSICAL23

Support

The RHIP Upstream Prevention: Promotion of Individual Well-Being Workgroup is available to support this project in a collaborative, advisory role and to provide networking support.

If you have questions about this Request for Proposal or need technical assistance filling out the application, please contact Gwen Jones by email at gwen.jones@cohealthcouncil.org or by phone at 541.306.3523.

If you have questions about using the grant platform, please contact Kelley Adams by email at Kelley.adams@cohealthcouncil.org or by phone at 541.306.3523.

Resources

2019 Regional Health Assessment [HERE](#)

2020-2024 Regional Health Improvement Plan [HERE](#)

Central Oregon Health Data website [HERE](#)

Glossary of Terms: [HERE](#)

Grant Writing Support: [HERE](#)

*COHC definition of **prioritized populations**:

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. Prioritized populations are those that experience health disparities due to social, political, cultural, and economic exclusion, and discrimination. Marginalization occurs because of unequal power relationships regardless of reason based on geography, age, sex, size, race, ethnicity, national origin, language, culture, disability, spiritual beliefs, gender identity, sexual orientation, education, criminal background, housing status, income, wealth, displacement, immigration status. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. Poverty is both a consequence and a cause of being marginalized.

COHC definition of **rural:

We strive to support the creation of social conditions that lead to thriving economic, political, and social rights and opportunities in the lives of people at every level of society. The unique challenges of rural communities are within our purview to promote and protect the right to health. Due to the lack of access and inequitable distribution of resources, rural communities are considered marginalized. We define rural communities as:

Population of 35,000 or less AND one or more of the following:

Low income such as:

- High levels of poverty**
- Gaps of incomes and cost of living
- High levels of generational poverty or persistent cycles of poverty

Limited infrastructure, such as:

- Regional connectivity (transportation, communications)
- Social services (affordable childcare, emergency food, shelters)
- Health care (maintenance and prevention)
- Emergency services (public safety, fire, and rescue)
- Economic services (business development, access to capital, and employment services)

**Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members.

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