PartnerSHIP Meeting

Monday, August 10th, 1:00 – 3:00pm

Join ZoomGov Meeting
https://www.zoomgov.com/j/1604364364?pwd=ZXJ2anFBWGp1Lzh3Qit4d2JpZXM5UT09

Meeting ID: 160 436 4364
Password: 434539
One tap mobile
+16692545252,,1604364364# US (San Jose)
+16468287666,,1604364364# US (New York)

Meeting Objectives:

- Approve Healthier Together Oregon plan
- Provide role and membership recommendations for next PartnerSHIP
- Provide recommendations for implementation

1:00 – 1:10pm	Welcome & introductions, and meeting purpose
1:10 – 1:15pm	Words of thanks from Pat Allen, OHA Director
1:15 - 1:20pm	Public Comment
1:20 – 1:45 pm	Review and approve Healthier Together Oregon Plan
1:45 -2:30pm	Discuss role and membership of next PartnerSHIP
2:30 – 2:50pm	Provide recommendations for implementation
2:50 – 3:00pm	Final thoughts and acknowledgements

Welcome & Introductions

- Share name, pronouns and agency

Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

Public Comment

Healthier Together Oregon

2020–2024 State Health Improvement Plan

September 2020

DRAFT

Oregon Health Authority

Acknowledgments

- OHA acknowledges there are institutional, systemic and structural barriers that perpetuate inequity and have silenced the voices of communities over time.
- OHA is committed to partnerships, co-creation and co-ownership of solutions with communities disproportionately affected by health issues so they can actively participate in planning, implementing and evaluating efforts to address health issues.
- OHA recognizes community-engaged health improvement is a long-term and dynamic process.
- OHA is striving to engage with communities through deliberate, structured, emerging and best practice processes.
- OHA is striving to make engagement with public health effective for communities, especially those communities that experience institutional, systemic and structural barriers.

Healthier Together Oregon reflects the contributions of countless people in our state. The Oregon Health Authority (OHA) is humbled by the hundreds of partners who shared their lived and learned experiences by serving on the PartnerSHIP and related subcommittees. OHA is grateful to members of the public who responded to surveys, raised their voices at meetings and shared thoughts via email. Finally, OHA recognizes the colleagues across the agency who responded to requests for help.

Dear Colleagues,

OHA is launching Healthier Together Oregon (HTO), the 2020–2024 State Health Improvement Plan (SHIP), during extraordinary times. COVID-19 has shined a bright spotlight on the impacts of structural racism in our society. Black, Indigenous, people of color and American Indian/Alaska Native people (BIPOC-AI/AN) have lived with the effects of discrimination, bias and oppression for centuries. Their disproportionate experience of disease and death during the COVID-19 pandemic is a painful reminder of institutional failure to address historical and current racism.

The impacts of COVID-19 will be with us for years to come. HTO is a timely tool to ensure an equitable recovery from this pandemic. HTO is a tool for individuals, organizations and communities working to achieve health equity. The priorities and strategies contained within this plan get at the root causes of health. While the 2015-2019 SHIP addressed traditional public health concerns such as tobacco and immunizations, the priorities of HTO go further upstream to address the social determinants of health and inequities. These root causes of health include racism, economic stability, and access to education, healthy foods, and transportation options. These root causes of health are complex and require the focused attention of a number of sectors, including public health.

HTO is the outcome of a modernized public health system. OHA took a very different approach for developing this plan. Through relationship with trusted community partners, OHA put community voice in the driver's seat. The PartnerSHIP, a community-based steering committee, made the final decisions for the priorities and strategies. Those decisions were informed by public health data and qualitative stories from affected communities to add critical information to our data gaps.

While these have been trying times, the pandemic is highlighting the resilience of communities. Oregon is making national news for our efforts to undo systemic racism. OHA is committed to building off these strengths and to the strategies identified in this plan. While improving health is the work of OHA, it is not our work alone, and we look to strengthened partnerships with others who are already doing this work.

Respectfully,

Pat Allen
Director
Oregon Health Authority

Lillian Shirley
Public Health Director
Oregon Health Authority Public Health Division

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Executive summary

Healthier Together Oregon (HTO) is the 2020–2024 State Health Improvement Plan for Oregon. HTO is a five-year plan that identifies our state's health priorities. It includes strategies that will lead to better health outcomes.

HTO is a tool for anyone wanting to improve their community's health. It is meant to inform community health improvement plans and state agency policies, partnerships and investments.

HTO's primary goal is to achieve health equity. Its vision reads:

Oregon will be a place where health and well-being are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Grounded in data and community voice, HTO identifies strategies to advance equity for these priority populations: Black, Indigenous, people of color, and American Indian/Alaska Native people (BIPOC-AI/AN-AI/AN), people with low incomes, people who identify as LGBTQ+, people with disabilities, and people living in rural areas.

In early 2019, the PartnerSHIP identified five priorities:

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Economic drivers of health, and
- Access to equitable preventive health care.

COVID-19 has worsened the trend in each of these priorities. The pandemic has re-emphasized unjust racial disparities. HTO is a tool for our state to recover from COVID-19.

More than 100 partners gathered to identify goals, strategies and measures for the priorities. They identified 62 strategies and wove them across an implementation

framework that speaks to the intersectionality of our health priorities. HTO will report key indicators and short-term measures each year to help track and communicate our progress.

HTO is a key initiative of the Oregon Health Authority (OHA). However, OHA is not alone in this effort. We are all responsible for health. HTO welcomes new and existing partners to collectively and equitably improve Oregonians' health.

For more information about HTO and how to get involved, visit healthiertogetherOregon.org.

Introduction and background

Healthier Together Oregon (HTO) is Oregon's 2020–2024 State Health Improvement Plan. The five-year plan identifies our state's health priorities with strategies that will lead to improved outcomes. HTO's primary goal is to achieve health equity. It is a tool for anyone wanting to improve their community's health. HTO informs community health improvement plans and state agency policies, partnerships and investments.

HTO identifies strategies to advance health equity in five priorities:

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Economic drivers of health, and
- Access to equitable preventive health care.

Healthier Together Oregon

Vision

Oregon will be a place where health and well-being are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Values

- Equity and social justice
- Empowerment
- Strengths-based
- Authentic community input
- Accountability

In early 2019, HTO named these priorities because they:

- Are upstream determinants of health
- Affect some communities more than others, and
- Have a major effect on our health.

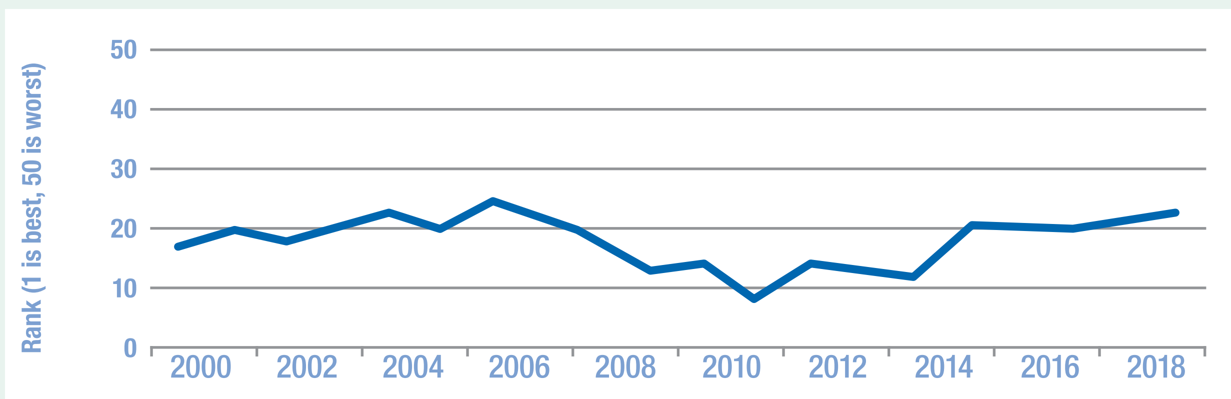
The COVID-19 pandemic has worsened the short- and long-term trajectory for health in vulnerable communities. The pandemic highlights the unjust racial disparities in each of these five priority areas. It also underscores the need for connecting, collaborating and taking care of one another. HTO is a timely tool for our state's recovery from COVID-19.

The Oregon Health Authority Public Health Division (OHA-PHD) provides backbone support and coordination for HTO. As part of requirements for public health accreditation, OHA-PHD completes a State Health Assessment and State Health Improvement Plan every five years.

HTO is a key initiative of the Oregon Health Authority (OHA). However, OHA is not alone in this effort. We are all responsible for health. HTO welcomes new and existing partners to collectively and equitably improve Oregonians' health.

According to America's Health Rankings, Oregon's state of health is declining. Since 2012, our national ranking in health has dropped, and we currently sit 22nd of 50 states for overall health.

Figure 1: Oregon health ranking among U.S. states



OHA has developed a clearer understanding of how the agency can affect change to the social determinants of health and equity. Quality education, safe homes and neighborhoods, living wage jobs, and access to health care are examples of social determinants of health. They are the primary drivers for people's good or poor health. Significantly changing people's access to these social determinants can increase all Oregonians' health and especially for the priority populations in this plan. These groups face major barriers because of systemic racism, oppression, discrimination and bias. These barriers create great health disparities across Oregon, especially in rural areas. More must be done to reduce the health inequities affected communities experience. Improving the health of everyone in Oregon is complex and takes time. No single sector or agency can do this work on its own.

Priority populations for HTO:

- Black, Indigenous, people of color, and American Indian/ Alaska Native people (BIPOC-AI/AN)
- People with low incomes
- People who identify as lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+)
- People with disabilities
- People living in rural areas of the state

OHA's investment in modernizing the public health system will bolster Healthier Together Oregon. Developing and carrying out the SHIP is a core public health function of policy and planning. It will rely heavily on public health's other foundational capabilities. The 2020–2024 SHIP planning process is a primary example of a modernized approach to our work.

Health equity framework

HTO's primary goal is to achieve health equity for BIPOC-AI/AN, people with low incomes, people with disabilities, people who identify as LGBTQ+ and people who live in rural areas. These groups experience major health inequities because Oregon and U.S. systems that determine access to these resources are designed for people who typically identify as white, straight, English-speaking, able-bodied, cis-gendered and male. People at the intersection of more than one affected community, e.g., people who are Black and transgender, find these systems especially oppressive and hard to navigate. People in power positions may not be intentionally racist. However, our systems are racist because of implicit and institutional bias.

Health equity:

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class or the intersections among these communities or identities or other socially determined circumstances.

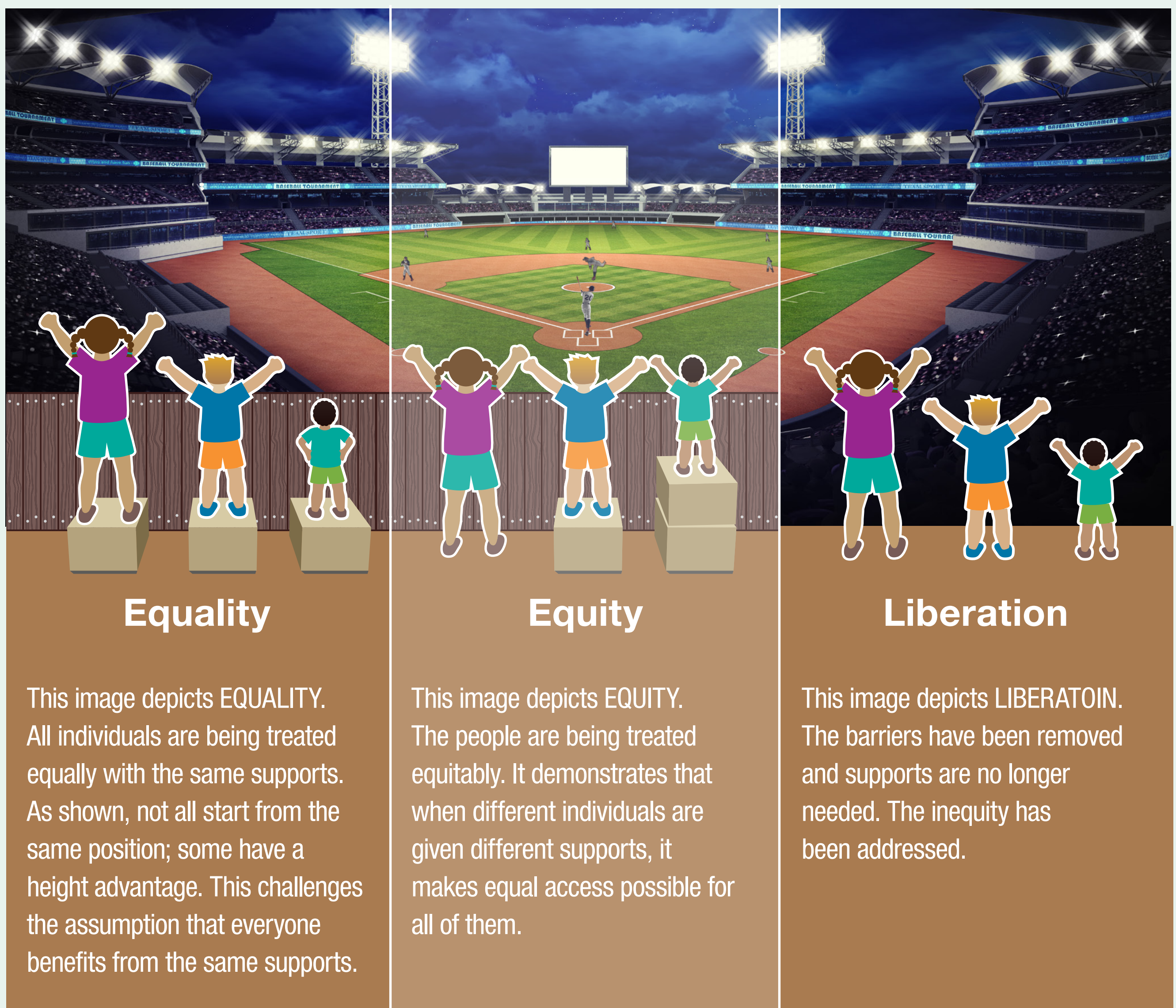
Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution or redistributing of resources and power, and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

(Oregon Health Policy Board – Health Equity Committee)

In Figure 2, the fence illustrates structural racism and discrimination. The fence was erected centuries ago, with our national and state history of genocide, slavery and exclusion. Although these obviously racist actions are now a part of our past, this fence is still standing today as seen in countless examples of modern-day racism and discrimination. As shown in the "Equality" section, the fence continues to make it impossible for some of us to see the field, which contains the social determinants of health. The social determinants of health are the primary drivers of our health. To ensure everyone's access to the field, we can take two steps. The first is "Equity," or equitable action, which redirects resources to oppressed communities as seen in the shifting of boxes to uplift the

Figure 2: Equality, equity and liberation



most marginalized. Second, we need to tear down the fence, or dismantle the institutional bias that has created these barriers in the first place, leading to liberation for us all.

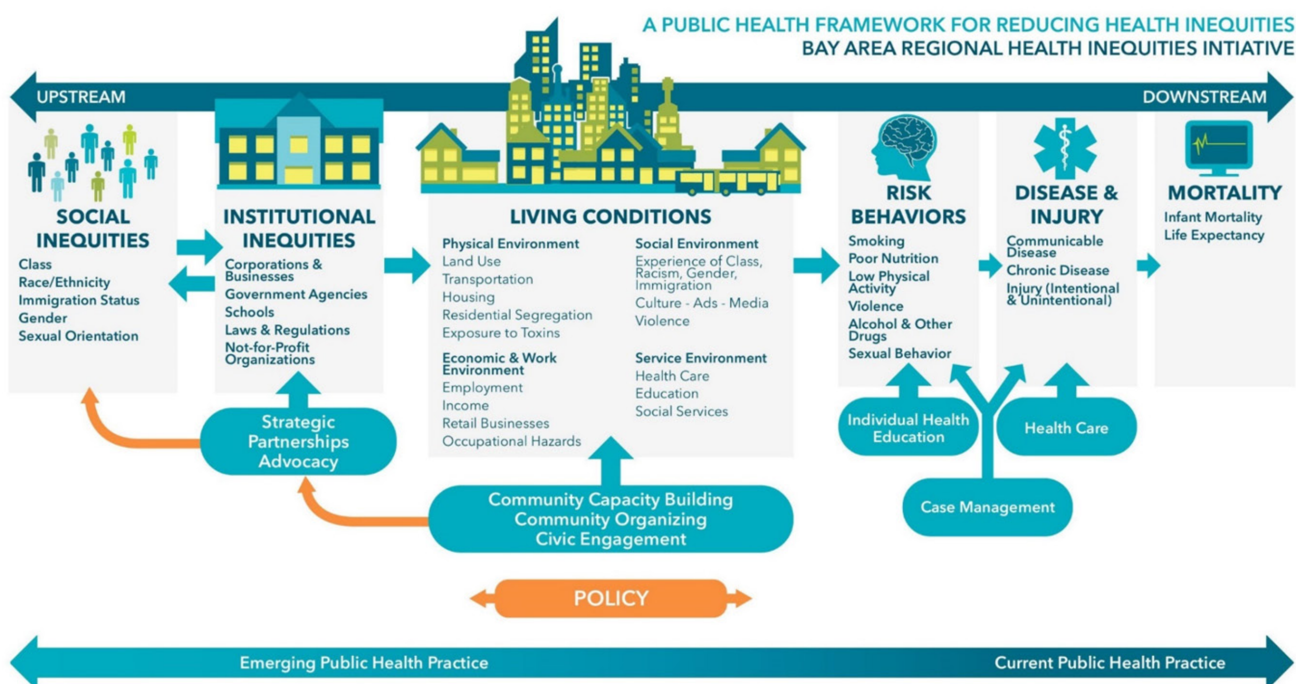
It is only when we remove the fence, or uplift the most excluded, that everyone can see the field or access the social determinants of health.

Figure 3 illustrates how the upstream social and institutional inequities (the fence) lead to impacts on our living conditions (ability to see the field), and downstream behaviors and health outcomes. The strategies of HTO will enact change in partnerships, policy and investment to affect improvement in inequities and living conditions. Enacting equitable change in the social determinants of health will lead to improvements in downstream health outcomes. These improvements will come from increased access to the personal and community resources needed for health as well as changes in health behaviors used to cope with the trauma and toxic stress of oppression, discrimination and inequities. These changes will ultimately lead to flattening disparities in disease, injury and death, and to improving life for us all.

The COVID-19 pandemic has reminded us of the urgent need to end race and other identity-based inequities. While the road to liberation is our ultimate destination, undoing and redressing centuries of oppressive systems will take time. The equitable strategies and actions provided in this plan provide immediate solutions for the next five years to ensure an equitable recovery from COVID-19.

Figure 3: Public health framework for reducing health inequities

(reproduced with permission from the Bay Area Regional Health Inequities Initiative)

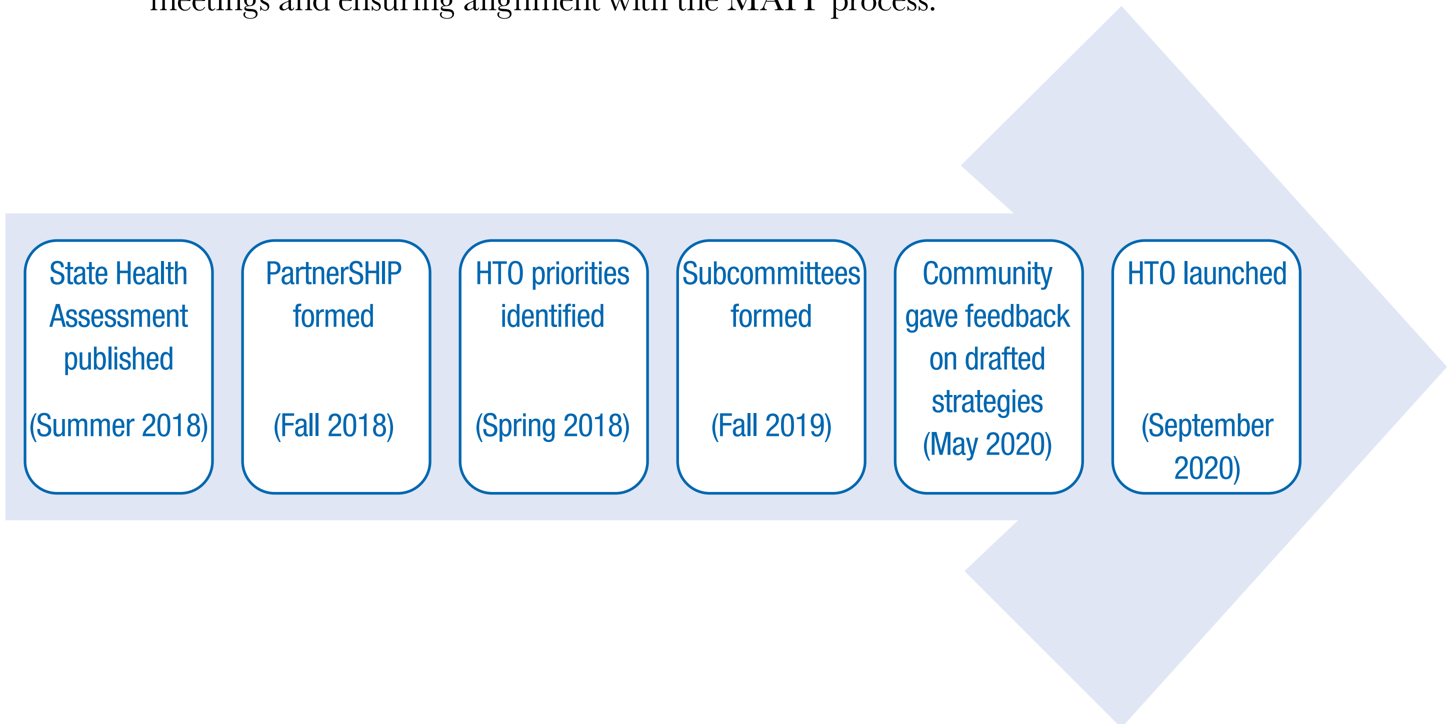


Process of development

The Oregon Health Authority designed HTO as a community-driven strategic planning process for improving health, using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The MAPP framework informed the 2018 State Health Assessment (SHA) and the planning process for HTO. The PartnerSHIP, a community-based steering committee, formed in 2018 to provide guidance, direction and decision-making for Healthier Together Oregon. The PartnerSHIP is made up of agencies serving priority populations and potential plan implementers. The PartnerSHIP set the vision and values, and identified the five priorities for the plan based on State Health Assessment and Indicators data and extensive community feedback.

In fall 2019, subcommittees formed with people from more than 68 organizations representing public health, health care, social services, education, academia, transportation, housing and the business community. Subcommittees were charged with identifying goals, key indicators, strategies, short-term measures and activities to inform implementation.

Finally, a core group of staff within OHA-PHD provided overall coordination support to the planning process, staffing the PartnerSHIP and subcommittee meetings and ensuring alignment with the MAPP process.



Healthier Together Oregon included significant community input. Two community feedback processes occurred during development: the first identified priorities and the second informed strategy development. Community-based organizations that work in and with affected communities received funding to amplify their voices. OHA also disseminated surveys in English and Spanish through partners around the state.

Community-based organizations that helped inform HTO

BIPOC-AI/AN communities

Self Enhancement, Inc.; Portland

Northwest Portland Area Indian Health Board; statewide

The Next Door; Hood River

SO Health-E; Southern Oregon

Unite Oregon; Southern Oregon

Micronesian Islander Community; Willamette Valley

LGBTQ+

Q Center; Portland

People with disabilities

Eastern Oregon Center for Independent Living; Eastern Oregon

Implementation and accountability

Healthier Together Oregon aims to affect change in complicated, persistent social problems. The Oregon Health Authority, under direction of the PartnerSHIP, will provide overall coordination for this work. However, HTO will only make progress in partnership with others. This plan aims to be a tool for agencies and organizations to work together, align efforts, and share what's working and not working to improve health.

The PartnerSHIP will provide oversight and direction throughout HTO's implementation. As the advisory body to OHA-PHD, the Public Health Advisory Board will also support implementing the strategies and approving the CDC block grant budget, which is this work's primary funding source.

HTO will broadly share annual progress reports. This will provide:

- A summary of actions undertaken in strategy implementation
- Updates to measures and indicators, and
- Revisions to annual work plans.

OHA hopes this annual reporting will provide effective and meaningful accountability for partners engaged in this work.

Priorities

The PartnerSHIP identified five priorities for HTO:

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Economic drivers of health, and
- Access to equitable preventive health care.

These priorities, which affect many people with often serious consequences, are upstream determinants of downstream health outcomes and affect some communities more than others. Subcommittees identified the goals for each of the priority areas.

Institutional bias

Institutional bias is defined as the tendency for resources, policies and practices of institutions to operate in ways that advantage white, heterosexual, cis-gendered, able-bodied individuals and communities. This discrimination results in adverse health consequences for minority groups, such as people of color, people with low incomes, people with disabilities and people who identify as LGBTQ+.

Goals:

- Expose and reduce the impact of institutional biases that influence health, by
- Identifying and championing work across systems, structures, polices, communities and generations, so that
- All people in Oregon are empowered and have the opportunity to participate fully in decisions to achieve optimal health.

Adversity, trauma and toxic stress

Conditions that cause adversity, trauma and toxic stress include abuse and neglect, living in poverty, incarceration, family separation, and exposure to racism and discrimination. These events have a lifelong effect on health and are correlated with things such as substance use, suicide and even some cancers.

Goals:

- Prevent trauma, toxic stress and adversity through data-driven policy, system and environmental change.
- Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities.
- Mitigate trauma by promoting trauma-informed systems and services that assure safety and equitable access to services and avoid re-traumatization.

Behavioral health

Behavioral health includes mental health and substance use. Oregon has one of the highest rates of mental illness in the country. Mental distress can lead to lower quality of life, unemployment and increased rates of suicide. Use of alcohol, opioids, methamphetamine and other substances have a significant impact on many families. Although described as behavioral health, these strategies are specific to mental health. Strategies related to alcohol and drug use can be found in the Alcohol and Drug Policy Commission Strategic Plan.

Goals:

- Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced.
- Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery.

Economic drivers of health, such as housing, transportation and living wage jobs

Economic drivers of health include housing, living wage, food security and transportation. Poverty is a strong predictor of poor health. Many people who have a job are struggling to get out of poverty due to the high cost of living or raising a family. People living in poverty experience higher rates of premature death, houselessness, mental distress and food insecurity.

Goals:

- Increase the percentage of Oregonians earning a livable wage by raising public awareness of the correlation between health and economic sufficiency and advocating for evidence-based policies to improve economic sufficiency.

- Ensure that all people in Oregon live, work and play in a safe and healthy environment and have equitable access to stable, safe, affordable housing, transportation and other essential infrastructure so that they may live a healthy resilient life.
- Increase equitable access to culturally appropriate nutritious food regardless of social or structural barriers by addressing the underlying issues in food availability.

Access to equitable preventive health care

Despite an increasing number of people with health insurance, many are challenged to get to a health care provider or see a dentist due to provider shortages, transportation barriers or health care costs. They also may not feel comfortable with their provider due to language or other cultural difference.

Goals:

- Increase equitable access to and uptake of community-based preventive services.
- Increase equitable access to and uptake of clinical preventive services.
- Implement systemic and cross-collaborative changes to clinical and community-based health-related service delivery to improve quality, equity, efficiency and effectiveness of services and intervention.

Implementation framework

To achieve the goals, subcommittees identified 62 strategies across the five priorities. Subcommittees identified strategies within three levels of intervention:

- Individual health-related factors
- Daily living conditions, and
- The broader social, economic, political, environmental and cultural context that affects our health.

To determine strategies, subcommittees aligned with other state agency strategic plans, community health improvement plans, other state health improvement plans, and technical guidance documents provided by partners and subject matter experts.

The implementation framework weaves the strategies across eight areas. This implementation framework attends to the intersectionality of the priority areas, reduces redundancies in strategies, and provides a framework for communicating about the plan to a broad audience. This framework will also help make progress on strategies while partnering with others. Annually updated implementation plans will provide more details about the supporting activities, short-term measures and accountable partners.

The eight implementation areas are:

- Equity and justice
- Healthy communities
- Healthy families
- Healthy youth
- Behavioral health
- Housing and food
- Workforce development, and
- Technology and innovation.

visual forthcoming

Equity and justice

Oregon has a unique history of white supremacy. When it entered the union in 1859, Oregon became the only state to not allow Black Americans to settle in it. This history and current institutional racism has created disadvantages for communities that are real, unjust and unacceptable. COVID has shined a spotlight on the impacts of our racist society; COVID has disproportionately affected BIPOC-AI/AN communities in infections and death. All people in Oregon feel the stress of COVID-19, but non-white communities have the most burden. To increase health and reduce inequities for affected communities, institutions need to change how they do business. We will only reach our equity goals through co-creation and power-sharing with communities.

Racial equity needs to be built into everything state agencies do. Policies and initiatives need to course correct while honoring the resilience in communities of color. Until historically marginalized populations share decision-making authority in our state, decisions will favor the dominant culture, reinforcing institutional bias and contributing to disparities. We are committed to changing how we do business through co-creation and power-sharing with communities. Funding needs to reflect greater investment in communities that have been affected. BIPOC-AI/AN-led committees should be funded to inform state agency plans, policies and budgets. Agencies need to collect and analyze data to understand the unique needs of communities. The following strategies have been identified to advance equity and justice:

- Declare institutional racism as a public health crisis.
- Ensure state health indicators are reported by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.
- Require state agencies to commit to racial equity for BIPOC-AI/AN in planning, policy, agency performance metrics and investment.
- Ensure state agencies engage priority populations to co-create investments, policies, projects and agency initiatives.
- Build upon and create BIPOC-AI/AN-led community solutions for education, criminal justice, housing, social services, public health and health care to address systemic bias and inequities.
- Require all public-facing state agencies and state contractors to implement trauma-informed policy and procedure.
- Reduce legal and system barriers for immigrant and refugee communities, including people without documentation.
- Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives.

Healthy communities

Everyone wants to live in a healthy and vibrant community where people can thrive, feel safe and supported, and have opportunities for financial well-being. Healthy neighborhoods include access to healthy foods, active transportation options, safe housing, and safe places to be physically active, play and relax. Resilient communities increase social connection, especially for those affected by gentrification and in preparation for a changing climate. We will feel the economic impacts of COVID for many years. We need to address barriers to higher education, finding jobs and earning a livable wage in order to create more equitable employment opportunities.

Built environment

- Center BIPOC-AI/AN communities in decision-making about land use planning and zoning in an effort to create safer, more accessible, affordable and healthy neighborhoods.
- Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.
- Increase affordable access to high-speed internet in rural Oregon.
- Co-locate support services for low-income people and families at or near health clinics.

Community resilience

- Enhance community resilience through promotion of art and cultural events for priority populations.
- Build climate resilience among priority populations.
- Expand culturally responsive community-based mentoring, especially intergenerational programs and peer-delivered services.
- Expand programs that address loneliness and increase social connection in older adults.
- Develop community awareness of toxic stress, its impact on health and the importance of protective factors.

Economic wellness

- Invest in workforce development and higher education opportunities for priority populations.
- Strengthen economic development, employment and small business growth in underserved communities.
- Enhance financial literacy and access to financial supports among priority populations.

Healthy families

Raising a family is challenging. Families with young children know the childcare system is in crisis; high-quality day care and preschool experiences are unaffordable and often unavailable. There are other families who take on caregiving for older adults or for family members with disabilities, often without pay or adequate support. Despite Oregon's aspirational approach to health care delivery that includes coordinated care organizations, many families still face barriers in accessing preventive services.

We need to ease families' challenges to ensure they are supported and thriving. These strategies seek to build on family strengths, help families feel closer and more supported, and build skills in communication. These strategies also build on the gains in our health care system and seek to expand access to immunizations, harm reduction services and routine screenings provided in and outside of a doctor's office. Patients need linguistically appropriate information about their health conditions, medications and self-management of chronic conditions.

Supporting families

- Expand evidence-based and culturally responsive early childhood, home visiting programs.
- Ensure access to and resources for affordable, high-quality, culturally responsive childcare and caregiving.
- Build family resiliency through trainings and other interventions.
- Use health care payment reforms to support the social needs of patients.

Access to health care

- Increase patient health literacy.
- Expand reach of preventive health services through evidence-based and promising practices.
- Improve access to sexual and reproductive health services.
- Ensure access to culturally responsive prenatal and postnatal care for low-income and undocumented people.
- Support Medicare enrollment for older adults through expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program.

Healthy youth

Educational outcomes are a critical determinant of health and income. Young people need opportunities for healthy upbringing and supportive learning environments. Existing structures, especially in schools, offer inconsistent access to these opportunities; COVID-19 has reinforced these school-based inequities. Addressing structural racism in the school system will also have a positive impact on student well-being. Black students are twice as likely to be disciplined for disruptive behavior and more than twice as likely to be suspended or expelled. When used in place of suspension or other traditional discipline approaches, restorative justice and mediation can improve outcomes and graduation rates.

Health-related issues are a major cause of student absenteeism. Increasing school-based health services helps. Health-related screenings include asking students about their social needs, disabilities, mental health and chronic diseases. By identifying and addressing these barriers to learning, schools can help youth get to and stay in school every day. Oregon also has some of the most comprehensive health education laws in the country. These laws provide important information about preventing pregnancy, healthy relationships, preventing sexual violence, and preventing suicide. School districts need support to implement these standards.

Racial equity

- End school-related disparities for BIPOC-AI/AN children and youth through teacher training, data monitoring and follow-up with teachers, administrators and schools.
- Increase use of mediation and restorative justice in schools to address conflict, bullying and racial harassment.

Health care and education

- Ensure all school districts are implementing K-12 comprehensive health education according to state standards.
- Expand recommended preventive health-related screenings in schools.
- Ensure schools offer access to oral health care such as dental sealants and fluoride varnish.
- Provide culturally and linguistically responsive, trauma-informed, multi-tiered behavioral health services and supports to all children and families.

Housing and food

Safe and affordable housing is a primary concern for many people in Oregon. One in two Oregon households pays more than one-third of its income toward rent, and one in three pays more than half of its income toward rent. Despite legal protections from evictions, many households have less financial stability and, thus, less secure housing and food. BIPOC-AI/AN communities, in particular, face a greater housing-cost burden than other communities in Oregon. Home ownership is a major contributor to the wealth disparity seen between white families and BIPOC-AI/AN families. Convenient ability to safely walk, bike and use public transportation near home is also important for health.

Many households also struggle to afford healthy food. Oregon has one of the highest rates of food insecurity in the country, especially in families with children. Some people, especially in rural areas of the state, must travel long distances to get to a grocery store. Other people live in neighborhoods with a lot of fast-food and convenience stores, but few places to buy fresh fruits and vegetables. A resilient food system provides enough food to meet current needs while maintaining healthy systems that ensure food for future generations.

Housing and transportation

- Increase affordable housing with close access to active and public transportation options.
- Increase home ownership among BIPOC-AI/AN through existing and innovative programs.
- Require Housing First principles be adopted in all housing programs.

Food security

- Increase access to affordable, healthy and culturally appropriate foods for BIPOC-AI/AN and low-income communities.
- Maximize investments and collaboration for food-related interventions.
- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.

Behavioral health

Behavioral health describes the relationship between behaviors, physical health and overall well-being. Behavioral health includes, but is not limited to, mental health, substance use and gambling. Oregon has the highest prevalence of mental illness among youth and adults in the nation. Access to behavioral health care is a challenge. Communities describe many barriers related to provider shortages, long wait times, transportation challenges, and difficulty finding a culturally and linguistically responsive provider. The following strategies are specific to mental health. For strategies specific to alcohol and substance use, please see the Alcohol and Drug Policy Commission 2020-2025 Statewide Strategic Plan.

- Conduct behavioral health system assessments at state, tribal and local levels.
- Enable community-based organizations to destigmatize behavioral health by providing culturally responsive information to people they serve.
- Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.
- Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN.
- Improve integration between behavioral health and other types of care.
- Incentivize culturally responsive behavioral health treatments rooted in evidence-based and promising practices.
- Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.
- Use health care payment reform to ensure comprehensive behavioral health services are reimbursed.
- Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.
- Increase resources for culturally responsive suicide prevention programs for communities most at risk.

Workforce development

Oregon's demographics are changing. Our population is growing and becoming more diverse. To meet this growing diversity, we need a workforce that provides culturally and linguistically responsive services. This is especially important for those providing health and human services. Policies, standards and trainings can help to create a workforce better equipped to meet the needs of our community, especially for BIPOC-AI/AN communities. Traditional health workers are also a valuable part of Oregon's health and social support system. They often come from the community they serve and provide a critical link to services.

- Expand human resource practices that promote equity.
- Implement standards for workforce development that address bias and improve delivery of equitable, trauma-informed, and culturally and linguistically responsive services.
- Support alternative health care delivery models in rural areas.
- Create a behavioral health workforce that is culturally and linguistically reflective of the communities served.
- Ensure cultural responsiveness among health care providers through increased use of traditional health workers and trainings.
- Require all public-facing state agencies and state contractors receive training about trauma and toxic stress.
- Require sexual orientation and gender identity training for all health and social service providers.

Technology and innovation

Modernizing the health care system includes adoption of emerging technology. This includes use of electronic medical record technology, centralized referral systems that address social needs and expansion of telehealth. Telehealth can be used to address barriers to health care, including transportation, provider capacity and access to specialty care. It has proven to be a critical tool in the response to COVID-19. Most health care providers use electronic health record systems; however, it is difficult for health care providers to share data with each other. Electronic health record reminders can also prompt providers to ask questions or order tests to prevent illness or diseases. Referral and information systems such as 211 exist to address social needs such as housing, food and childcare. However, a comprehensive referral system doesn't exist. Once a referral is made, it's also challenging to follow up to ensure the person received the service they needed.

- Expand use of telehealth, especially in rural areas and for behavioral health.
- Use electronic health records to promote delivery of preventive services.
- Improve exchange of electronic health record information and data sharing among providers.
- Support statewide community information exchange to facilitate referrals between health care and social services.

Key indicators

Key indicators have been identified to indicate progress across the five priority areas. Visit the data dashboard at healthiertogetheroregon.org for definitions, baseline data, analysis by race/ethnicity, etc.

Priority area	Indicator and data source
Institutional bias	Disciplinary Action (Department of Education) Premature death/years of potential life lost (Center for Health Statistics)
Adversity, trauma and toxic stress	Adverse childhood experiences (National Survey of Children's Health) Chronic absenteeism (Department of Education) Concentrated disadvantage (American Community Survey)
Behavioral health	Unmet emotional or mental health care need among youth (Student Health Survey) Suicide rate (Oregon Vital Statistics) Adults with poor mental health in past month (Behavioral Risk Factor Surveillance Survey)
Economic drivers of health	Third-grade reading proficiency (Department of Education) Opportunity Index economy dimension (Opportunity Index) Childcare cost burden (OSU Oregon Child Care Market Price Study, and American Community Survey) Food insecurity (Map the meal gap) Housing cost burden among renters (American Community Survey)
Access to equitable preventive health care	Childhood immunizations (ALERT IIS) Colorectal cancer screening (Behavioral Risk Factor Surveillance Survey) Adults with a dental visit in past year (Behavioral Risk Factor Surveillance Survey)

Conclusion and next steps

Healthier Together Oregon is an ambitious plan. While some of the identified strategies are already in progress, much of this work is new and innovative. Certainly, the long-term impacts of COVID-19 are difficult to predict and the related economic downturn may threaten some of these ideas. The good news is that many of these strategies can happen even in the absence of funding. An equitable future is within reach by working together, aligning our goals and measures, and co-creating with affected communities. The work ahead will require brave conversations, moments of discomfort and mistakes. It will also offer opportunities for new relationships, trust building and easy wins. We will use our gains to keep pushing toward improved health for everyone. As the state agency with primary responsibility for health, OHA is poised to offer backbone support for overall coordination. But we know we won't get this right unless others join us in this effort. We look forward to your partnership as we work together to eliminate the disparities that will lift us all to better health.

Appendix

Definitions

Active transportation means walking, biking and use of public transportation.

Affordable housing is housing (rent or mortgage) that costs equal to or less than 30% of the gross household income.

Alternative health care delivery model means allowing providers such as nurses, dentists and pharmacists to deliver services that doctors typically provide.

Bias means prejudice in favor of or against one thing, person or group compared with another, usually in a way considered to be unfair. Bias happens within individuals (e.g., implicit) or institutions. Institutional bias is defined as the tendency for resources, policies and practices of institutions to operate in ways which advantage white, heterosexual, cis-gendered, able-bodied individuals and communities.

BIPOC-AI/AN is an acronym that stands for Black people, Indigenous people, people of color and American Indian/Alaska Native people. It is used to emphasize the particular racism they and their communities in the United States experience. American Indians/Alaska Native people in Oregon are citizens of the nine federally recognized tribes in Oregon or from other tribal nations outside Oregon.

Climate resilience is the ability to cope with the stress and changes created by climate change.

A **community information exchange** is a centralized referral and information system, such as 211.

Comprehensive behavioral health services mean all services provided to someone being treated for a behavioral health issue, including outreach and care coordination.

Cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.

Diversity is the appreciation and prioritization of different backgrounds, identities and experiences collectively and as individuals. It emphasizes the need for representation of communities that are systemically underrepresented and under-resourced. (Oregon Governor's definition)

An **electronic health record** is a software platform where your medical information is stored.

Equality is the state of being equal, especially in status, rights and opportunities

Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity empowers communities most affected by systemic oppression and requires the redistribution of resources, power and opportunity to those communities. (Oregon Governor's definition)

Evidence-based means a practice that is based in scientific evidence.

Financial literacy means ability to effectively manage one's money.

Financial services include financial planning, tax services, paid family leave, debt management, savings and investment, and SSI/SSDI enrollment assistance.

Health care payment reform means changing the way health care is paid for to improve the quality of care a person receives.

Health equity: Oregon will have established a health system that creates **health equity** when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class or the intersections among these communities or identities or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistributing of resources and power, and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

(Oregon Health Policy Board – Health Equity Committee)

Health literacy is the degree to which individuals can access and understand health information needed to make decisions about their health.

Housing First is a recovery-oriented approach that quickly moves people from houselessness into independent and permanent housing and provides additional supports and services as needed.

Human resource practices include hiring, recruitment and retention.

Inclusion is a state of belonging when persons of different backgrounds, experiences and identities are valued, integrated and welcomed equitably as decision makers, collaborators and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive. (Oregon Governor's definition)

Intersectionality is normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. (Miriam-Webster Dictionary)

The **Mental Health Parity Act (1996) and the Mental Health Parity and Addiction Equity Act** (2008) require that health plans and insurers offer mental health and substance use disorder benefits comparable to their coverage for general medical and surgical care.

Neighborhoods are the physical communities in which we live and that provide housing, transportation, childcare, education, employment opportunities, healthy foods and health care services.

Preventive health-related screenings include social determinants of health, disabilities, mental health, oral health, vision, hearing and other chronic conditions.

Preventive services are health care services that prevent illness or disease. They include vaccination, contraception, harm reduction, overdose prevention, screenings and chronic disease self-management programs.

Priority populations for the State Health Improvement Plan are BIPOC-AI/AN, people with low incomes, people who identify as LGBTQ+, people with disabilities and people living in rural areas.

Public-facing means an agency (OHA, OYA, ODE, DHS, etc.) provides a direct service to people.

Promising practice means a practice that reports positive outcomes but may not have yet been studied scientifically.

Protective factors include family resilience, social connections, social and cultural supports, parenting support, and social and emotional development in children.

Resilient food system means the ability to produce and access nutritious and culturally acceptable food in the face of disturbance and change.

Restorative justice repairs the harm done by conflict or crime by organizing a meeting for the victim, the offender and the wider community.

Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks. They also include access to health care. (Kaiser Family Foundation)

State Health Improvement Plan (SHIP) is a five-year plan that identifies the state's health priorities with strategies to advance improvement and measures to monitor progress.

Structural racism is the normalization and legitimization of historical, cultural, institutional and interpersonal dynamics that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.

Support services include housing and food assistance, health care, child care, and employment, education and financial supports.

Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals.

Telehealth means using information and communication technologies, such as video calls, to provide health care services.

Traditional health workers is an umbrella term that refers to health care workers who are usually from the community they serve, and have knowledge of language and culture that other providers don't have. Includes health navigators, community health workers, peer specialists and doulas.

Trauma-informed approaches acknowledge the impact of trauma and promote a culture of safety, empowerment and healing.

Trauma-informed system and services ensure safety, consistency, transparency, peer support, collaboration, empowerment, choice and cultural responsiveness.

Workforce development and higher education includes job training, vocational programs, community college, universities and continuing education.

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Healthier Together Oregon

Oregon Health Authority

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OHA 3012 (8/20)

Equity & Justice

Priority	Strategies	Example activities	Short term measures
Economic Drivers of Health	Ensure state agencies engage priority populations to co-create investments, policies, projects and agency initiatives.	• Identify state agencies that have active policies regarding engaging priority populations. • Identify state agencies that regularly track and monitor engagement of priority populations.	TBD
Adversity, trauma and toxic stress	Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives.	• Hold community-level trainings on conflict resolution and bullying prevention. • Hold institutions accountable for racist policies – prioritizing schools, child welfare and criminal justice system (including police, court systems and incarceration) • Address the unique needs of transgender children and youth	TBD
Adversity, trauma and toxic stress	Require all public facing agencies and contractors implement trauma informed policy and procedure.	• Focus on agencies named in HCR33: State Board of Education, Department of Human Services, Oregon Health Authority, Oregon Youth Authority, Office of Community Colleges and Workforce Development, Department of Justice and the Department of Corrections • Other sectors to prioritize: Criminal justice and health care (including hospitals and treatment facilities)	# of HCR33 agencies with trauma informed policy (Trauma Informed Oregon)

		• Policy should address vicarious trauma • Ensure ongoing training, quality assurance, technical assistance and evaluation • Consider healing centered engagement as model	
Institutional bias	Declare institutional racism as a public health crisis	• Ask state agencies to declare racism as a crisis in strategic plans • Identify the protocol for making declaration of a public health crisis	Racism as a public health crisis is declared by December 31, 2020
Institutional bias	Ensure State Health Indicators (SHIs) are reported by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.	• Collect gender data beyond male/female binary • Collect data on preferred language • Ensure data is readily available to public • Use data to inform policy and public health interventions	% of SHI analyzed by race/ethnicity, disability, gender, age, SES, sexual orientation, and geographic location (OHA)
Institutional bias	Require state agencies to commit to racial equity in planning, policy, agency performance metrics and investment to BIPOC-AI/AN	• Address state contracting processes	TBD

Institutional bias	Reduce legal and system barriers for immigrant and refugee communities, including people without documentation.	• Advocate for policy changes related to public charge, ICE, etc. • Expansion of sanctuary cities • Expand CAWEM coverage • Outreach to and co-develop activities with Catholic charities, farmworker associations, IRCO, Next Door • Provide legal support for low-income Oregonians in health care and other settings	TBD
Behavioral health	Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.	• Recruit representatives from education and law enforcement to CCO Community Advisory Councils (CAC) • Conduct local assessments (e.g. CHAs) for disparities in education and law enforcement and develop solutions (e.g. CHIPS) based on assessment.	#/% of CACs with representation from education and law enforcement (OHA-Transformation Center)

Healthy Communities

Priority	Strategies	Example activities	Short term measures
Economic Drivers of Health	Invest in workforce development and higher education opportunities for priority populations.	• Support easily accessible initial job training and continuing education opportunities for prioritized populations. • Increase financial supports for students to address both the cost of living and cost of higher education. • Increase access to free job skills training programs and workforce preparation programs. • Increase access to accredited trade programs through affordable online platforms. • Expand access to more flexible work opportunities such as telecommuting and job sharing. • Provide academic credit to SEI and SUN Community Health Workers to eliminate barriers and allow professional advancement in public health and social work sectors.	% of community college students completing certificate or degree (Oregon office of community colleges and workforce development)
Economic Drivers of Health	Strengthen economic development, employment and small business growth in underserved communities.	• Increase access to capital in support of local small businesses, and entrepreneurship in rural communities. • Develop cross-sector business groups to promote collaboration and shared learning on business development.	% of jobs created statewide that meet Business Oregon's definition of "quality" or "accessible"). (Business Oregon)

		• Improve access to employment for people with disabilities through job carving/splitting. • Develop incentives to encourage private investment in underserved communities coupled with First Source agreements to increase local availability of quality jobs. • Connect rural community to urban markets	
Economic Drivers of Health	Enhance financial literacy and access to financial services and supports among priority populations.	• Increase SSI/SSDI enrollment assistance programs for people with disability, for example SOAR and State Family PRE-SSI/SSDI Program. • Develop education programs about financial resources, such as the earned income tax credit, IDAs and free tax preparation services • Ensure paid family leave • Increase educational programs and support for BIPOC-AI/AN communities who have been targeted by predatory pay day lending practices. • Increase financial literacy training in K-12 education.	% of eligible families who received the Earned Income Tax Credit (Internal Revenue Service)
Economic Drivers of Health	Increase affordable access to high speed internet in rural Oregon.	• Increase dollars invested by public and private sectors for infrastructure development • State investment for building the skeleton infrastructure and private investment in building the last mile	Residential fixed internet access service connections per 1000 households (Federal Communications Commission)

Economic Drivers of Health	Build climate resilience among priority populations.	• Implement community adaptation projects that build climate resilience. • Complete climate adaptation and mitigation investments. • Collect data quantifying the burden of water insecurity and impacts to communities in order to support water insecurity prevention policy development.	# of Community Based Organizations that PHD, tribal and local public health authorities have meaningfully partnered with to build community resilience (OHA Environmental Public Health)
Economic Drivers of Health	Center BIPOC-AI/AN communities in decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods.	• Adapt activities to reflect community engagement. E.g. DLCD how-to-guide for suggestions on how local jurisdictions might measure community engagement. • Request DLCD collect this demographic data from local land use planning commissions. State body should require collecting this information. • State driving/incentivizing increase in access to healthy communities to BIPOC-AI/AN. Urge the state to establish requirements for membership on planning commissions. • Create zoning laws that include transportation connectivity; access to affordable housing, education, healthy foods and health care; safety; and benefits BIPOC-AI/AN and low-income communities. • Increase affordable housing stock through state appropriations and housing development programs in neighborhoods with active transportation choices, access to schools, jobs,	% of full-voting representation of BIPOC-AI/AN communities on state and local land use planning commissions (Data source TBD)

		transit, services, goods, and community amenities. • Use of green infrastructure • Tobacco and alcohol licensing policies	
Adversity, trauma and toxic stress	Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.	• Create joint-use agreements to efficiently utilize existing facilities and amenities • Host programs in convenient neighborhood locations • Activate community areas so that they are in use during the day and in the evenings • Enable partners to share the cost of maintenance, upgrades and improvements • Focus on covered, outdoor spaces for COVID recovery • Provide culturally/linguistically responsive outreach about these spaces • Include community gardens	% of population with a park within a 10 minute walk from their home (Trust for Public Land)

Adversity, trauma and toxic stress	Expand culturally and linguistically responsive community-based mentoring and peer delivered services.	• Expand intergenerational mentoring programs. • Promote family focused interventions such as Strengthening Families and The Incredible Years • Connect youth to caring adults and activities through school-based mentoring and after school programs. • Fund community mentoring programs and drop in centers. • Peer to peer services (e.g. new moms, immigrant/refugee communities) • Provide culturally/linguistically responsive outreach about these services	% of peers who identify as BIPOC-AI/AN (OHA Office of Equity and Inclusion)
Adversity, trauma and toxic stress	Develop community awareness of toxic stress, its impact on health and the importance of protective factors.	• Support faith-based programs for the African American and Micronesian community • Incorporate community involvement in the development and distribution of knowledge, tools, and resources • Focus on positive attributes such as strong social networks, community connections, cultural supports, and consciously built environments • Provide PSAs, workshops and clinics to support and educate community members on how to prevent, cope, and resources to heal • Provide culturally/linguistically responsive outreach about this information	# of web visits (Trauma Informed Oregon)

Adversity, trauma and toxic stress	Enhance community resilience through promotion of art and cultural events for priority populations.	• Ensure programs are accessible and relevant • Respond to cultural, historic and social needs and changing demographics. • Increase safe spaces for LGBTQ+, older adults, and other historically isolated groups. • For AI/AN culture, this includes sweat lodges, pipe ceremonies, & storytelling • Include opportunities for storytelling, drama, music and art • Provide culturally/linguistically responsive outreach about these events	#/% of non-profits serving priority populations (Oregon Cultural Trust)
Access to equitable preventive healthcare	Co-locate support services for low income people and families at or near health clinics.	• Onsite childcare • Co-located housing assistance and food banks • Accessible by active transportation	TBD

Healthy Families

Priority	Strategies	Example activities	Short term measures
Adversity, trauma and toxic stress /Economic Drivers of Health	Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving.	• Increase funding for childcare assistance for low income families • Provide adequate training and compensation for childcare provider workforce. • Promote Employment Related Day Care • Provide help for navigating childcare system • Increase the capacity of the system (e.g., all counties are childcare deserts for infants). • Invest in universal access to pre-K care. • Support strategies put forward by Governor's Task Force on Child Care (2020) • Support use of Relief Nurseries • Educate caregivers of older adults/people with disabilities about availability of compensation • Expand compensation opportunities for other caregivers (e.g. children with special health care needs)	% of children aged 0-5 with access to a childcare slot (Early Learning Map of Oregon)
Adversity, trauma and toxic stress	Expand evidence based and culturally and linguistically responsive early childhood home visiting programs.	• Support implementation of SB 526, Family Connects. • Ensure culturally appropriate services by focusing on workforce training, use of traditional health workers from the community, and community engagement	% of women enrolled in a home visiting program following birth of child (PRAMS)

		• Build the support base for the Oregon Infant Toddler Mental Health Association	
Adversity, trauma and toxic stress	Build family resiliency through trainings and other interventions.	• Create/expand programs related to family attachments and resiliency skills. • Use broad definition of family • Focus on families coping with challenging behavior in children • Provide culturally/linguistically responsive outreach about these services • Oregon Parenting Education Collaborative (OPEC) and their network of parenting hubs. •	% of parents coping with the daily demands of raising children (NSCH)
Access to equitable preventive healthcare	Expand reach of preventive services through evidence based and promising practices.	• Pharmacy partnerships to increase access to naloxone. • Vaccination programs - community-based and health system interventions • Syringe exchange programs • Promotion of Long Acting Reversible Contraception (LARCs) • Diabetes Prevention Program • Mental health SBIRT	% of CCOs meeting incentive metric for childhood immunizations (OHA)
Access to equitable preventive healthcare	Support Medicare enrollment for older adults through expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program.	• Promote Medicare and Medicare advantage plans • Address transportation barriers	% of low income, rural, and non-native English contacts per total “hard-to-reach” Medicare beneficiaries in the State.

			(Division of Consumer and Business Services)
Access to equitable preventive healthcare	Improve access to sexual and reproductive health services.	• Improve wrap-around services • Expand funding models for sexual health, including insurance coverage of pharmacist-delivered PrEP and PEP and Medicaid coverage for expedited partner therapy. • Partner services for HIV/STI. • Long-acting reversible contraception and abortion services. • Encourage pharmacists to prescribe and dispense contraception.	Gonorrhea incidence (ORPHEUS)
Access to equitable preventive healthcare	Increase access to pre and postnatal care for low-income and undocumented people.	• Promote awareness of pre-natal care available for undocumented women through CAWEM + • Expand Perinatal Care Continuum (PCC) model • Strengthen access to doulas, especially doulas of color.	% of CCOs meeting postnatal care timeliness incentive metric (CCO incentive metric report)
Access to equitable preventive healthcare	Use healthcare payment reforms to support the social needs of patients.	• Use health care payment reforms such as CCO health related services and hospital community benefit spending • Use regulatory levers such as health insurance and health system regulation,	Average CCO spending on health related services per member per month (OHA)

		health care organization, and workforce licensure. • Create incentives and encourage flexibility to support access to food, housing and transportation.	
Behavioral health	Expand programs that address loneliness and increase social connection in older adults.	• Fund Meals on Wheels. • Provide funding for social support programs for LGBTQ+ elders, like SAGE Metro Portland • Address transportation barriers, especially in rural areas • Consider use of telehealth options • Connect with AARP and long-term care; • Look at Robert Wood Johnson Foundation project on healthy aging	% of older adults who are able to talk to friends and family when they want to (DHS-Aging and People with Disabilities)

Healthy Youth

Healthier Together Oregon

IMPLEMENTATION PLAN

Priority	Strategies	Example activities	Short term measures
Adversity, trauma and toxic stress	Ensure and support all school districts to implement K-12 comprehensive health education according to state standards	• Support the already-convened ODE and OHA cross-agency team to ensure the implementation of the health education standards. • Ensure school districts are in compliance with state standards	% of 11th graders reporting they learned about healthy and respectful relationships in school (Student Health Survey)
Institutional bias	End school related disparities for BIPOC-AI/AN children and youth through teacher training, monitoring of data and follow-up with teachers, administrators and schools.	• Address intersectionality related to disability, sexual orientation and gender identity	Discipline data by race/ethnicity (ODE)
Institutional bias	Increase use of mediation and restorative justice in schools to address conflict, bullying and racial harassment.		% of students who report experience of bullying in school due to race/ethnicity, sexual orientation, or disability (Student Health Survey)

Access to equitable preventive healthcare	Expand recommended preventive health related screenings in schools.	Expand currently offered screenings (Blood pressure hearing, vision, dental, height, weight and, posture) to include mental health, social determinants and other chronic medical conditions.	% of school districts that meet the recommended student to nurse ratio (ODE)
Access to equitable preventive healthcare	Increase access to dental care that is offered in schools, such as dental sealants and fluoride varnish.	• Promotion of Alaska model utilizing mid-level dental provider. Current pilots in tribal communities and Willamette Dental. • Expand dental sealant and fluoride varnish programs in schools • Consider use of mobile clinics, and opportunities to outreach to home-schooled or out of school students	% of eligible schools serving 1-3 graders offering dental sealants (OHA oral health program)

Housing and Food

IMPLEMENTATION PLAN

Priority	Strategies	Example activities	Short term measures
Economic Drivers of Health	Increase affordable housing that has close access to active transportation options.	• Utilize housing appropriations and housing development programs • Mitigate barriers to housing • Address zoning issues in rural areas. • Incentivize developers to develop in areas that are higher opportunity areas (close to transportation, jobs, education, etc.)	% of people who use active transportation to get to work (American Community Survey)
Economic Drivers of Health	Increase homeownership among BIPOC-AI/AN through existing and innovative programs.	• Create, expand and promote innovative programs such as the Oregon Bond Residential Loan Program, new manufactured housing, access to affordable first-time homebuying loan products, and individual development accounts	Homeownership by race/ethnicity (Oregon Housing and Community Services)
Behavioral health	Require Housing First principles be adopted in all housing programs.	• Incorporate housing first language in funding agreements	Homelessness (Point in time count)

Economic Drivers of Health	Maximize investments and collaboration for food related interventions.	• Connect community health assessments, tribal food sovereignty assessments, CCO Community Benefit spending, and other organizational strategic plans to identify opportunities for collaboration (stakeholders, capacity, and resources) and ensure alignment to support interventions and policies that promote local food systems and food sovereignty.	% of Community Health Improvement Plans (CHIP) that identify food as a priority issue. (OHA Transformation Center)
Economic Drivers of Health	Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities	• Expand community awareness of and access to available programs (e.g. summer meal programs). • Ensure adequate food availability in underserved communities. • Support Student Success Act investment in hunger free school provisions for student breakfast and lunch programs. • Increase access to SNAP, WIC and other food supports	% of eligible women who received WIC during pregnancy (OHA-PHD, WIC Program)

Economic Drivers of Health	Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.	• Convene regional food policy councils to address food insecurity for prioritized populations. • Leverage collective purchasing power to increase the supply of healthier foods available in schools, correctional facilities, senior meal programs, hospitals, early childhood education centers, institutions of higher learning, emergency food services, homeless shelters, and through local CSA programs. • Create and maintain a state-wide map of available local food resources and how to access resources. • Increased programing and financial support for local food production and consumption (e.g. creation of food hubs, community gardens, local Farm to Table programs, or locally sourced Food Rx programs). • Leverage existing infrastructure for co-located or mobile food services to increase food availability (e.g. farmers markets at community health centers). • Increase acceptance of SNAP by local production venues, and utilization of these benefits. Tailor SNAP outreach to seniors, and their caregivers. • Support Tribal food sovereignty	Food Environment Index (County Health Rankings)

IMPLEMENTATION PLAN

Behavioral Health

Priority	Strategies	Example activities	Short term measures
Behavioral health	Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve.	• Ensure community-based organizations have access to evidence-based information hubs. • Fund queer & trans led organizations to teach about behavioral health, including substance abuse disorders and dual diagnosis related issues. • Oregon Behavioral Health Access System, including one stop shop web page • Disseminate information about the Provider Directory	# of people by race/ethnicity accessing services through the Behavioral Health Provider Directory (OHA-HSD, Behavioral Health Provider Directory)

Behavioral health	Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.	• Create broad-based marketing campaigns applicable to different communities in the state, e.g. culturally specific and rural audiences, include social media component for youth. • Utilize students to help destigmatize mental health/ illness. Implement programs similar to Headstrong, a program utilizing youth champions as peer educators. • Public awareness campaigns should be reflective of the communities that they are placed in. • Consider use of humor (campaigns are often too serious) and events (walks, etc.) that bring people together. • Expand social marketing/messaging campaign work around a message of "It's ok not to feel ok, and get help." (OHA contracting with BRINK Communications)	TBD (Brink Communications campaign)

Behavioral health	Conduct behavioral health system assessments at state, local and tribal levels.	• Ensure assessment findings are widely reported back to community/stakeholders to drive implementation. • Enforce collection of assessments per contract • Align assessments with existing Community Health Assessments to ensure coordination. • Ensure there is alignment of behavioral health priorities between CCO and LPHA Community Health Assessments • Investigate behavioral health related calls to first responders – use information to inform any mapping/assessment.	TBD

Behavioral health	Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN.	• Ensure BIPOC-AI/AN are represented in partnerships • Provide training for criminal justice system on bias and racism • Support interventions like CAHOOTS • Convene formal partnership that includes state agencies identified in strategy. • Establish communication mechanisms between state agencies.	TBD

Behavioral health	Improve integration between behavioral health and other types of care.	• Implement/support telehealth and telepsychiatry. • Require hospitals to have certified behavioral health specialist available 24 hours a day/7 days a week to facilitate referrals to appropriate level of care. • Disseminate information about the online recovery housing hub where a person in recovery can easily identify sober housing units. • Implement "step up, step down" protocol between primary care and behavioral health to support people in navigating behavioral health systems • Integrate behavioral health screening and referral into existing programs (e.g., WIC) • Improve system of communication/warm handoffs 24/7 with crisis services (e.g., CAHOOTS) • Increase support for behaviorist model for primary care, oral health integration • Improve information sharing through enhanced system integration • Expand wrap services model beyond children/families in crisis. Apply model to other priority populations so people can integrate and share information and resources (dual diagnosis, etc.) • Support Certified Community Behavioral Health Clinics • Expand FQHCs/tribal health center models that emphasize behavioral health integration • Offer triage line to support people in crisis when FQHCs, other clinics are closed	% of CCOs that met SBIRT incentive improvement benchmark (OHA)

Behavioral health	Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.	• Mindfulness-Based Cognitive Therapy for at-risk pregnant women to reduce the rates of post-partum depression and attachment problems in young mothers. • Crisis Assessment and Support Team (CAST), a 24-hour mental health crisis service made up of clinicians specializing in mental health/addiction service. • Crisis intervention and mental health first aid training for law enforcement in each county. • Expand Dialectical behavior therapy (DBT) services for persons with borderline personality disorder to improve care and reduce emergency room utilization. • Eye Movement Desensitization Reprocessing (EMDR). • Educate professionals and public on ECT for patients with severe major depression or bipolar disorder that have not responded to other treatments. • Good Behavior game for school settings • Parenting and family relationship programs, especially for rural areas • Tribal best practices • Support diversifying behavioral health activities to include culturally specific practices that benefit mental health	TBD
Behavioral health	Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.	• Create new middle criteria to ask for mental illness hold as imminent danger to self or other criteria is hard to meet. • Address transportation related barriers and report results of Medicaid transport services (e.g. NEMT) • Report results of asking consumers about their experiences and target areas of deficiencies	% of CCOs meeting language access incentive metric. (OHA CCO incentive metrics)

		• Use telehealth billing codes to measure its use and distribution • Expand behavioral health services in other languages including Spanish. • Reduce barriers to care for persons with disability. • Need for support groups and crisis services in different languages • Establish sliding scale fees for mental health services. • Adopt Rapid Engagement model, which allows provisional assessment to engage in treatment. • Ask Consumers in a systematic way about their experiences • Consider dental access as part of this service continuum • Continue to support telehealth infrastructure and delivery.	
Behavioral health	Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.	• Create OHP codes for outreach and care coordination • Explore alternative payment models in private insurance and Medicare. • Include telehealth services • Enable ability to provide services without a diagnosis. • Report how often the new OHP codes for outreach and care coordination are used to identify gaps in their use	TBD

Behavioral health	Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.	• Address enforcement at federal and state levels • Assure equitable administrative requirements, payment, and access for behavioral health services. • Hold insurance companies accountable by publishing results of compliance and enforcement efforts.	TBD

Workforce Development

Priority	Strategies	Example activities	Short term measures

Adversity, trauma and toxic stress	Require that all public facing agencies and contractors receive training about trauma and toxic stress.	• Focus on agencies named in HCR33: State Board of Education, Department of Human Services, Oregon Health Authority, Oregon Youth Authority, Office of Community Colleges and Workforce Development, Department of Justice and the Department of Corrections
		• Other sectors to prioritize: Criminal justice and health care (including hospitals and treatment facilities)
		• Use HCR33 as framework for training, to include topics related to:
		  o Historical trauma specific to AI/AN (school boarding, foster care, settler colonialism, etc.). This training should be designed & led by tribal members
		  o Vicarious trauma in the workforce
		  o NEAR science
		  o After-care for people who are triggered by media
		• Trainings should be developed and led by affected communities
		• Training should be frequent (at least annually) and mandatory
		• Collaborative Problem Solving
		• Youth Mental Health First Aid
		• Identify funding for training
		• Incorporate training requirements into licensing renewal process.
			# of unique agencies trained per year (Trauma Informed Oregon)

Institutional bias	Expand human resource practices that promote equity.	• Focus on historically disadvantaged youth for public service career opportunities; market apprenticeship programs to disadvantaged groups; recruit at career fairs, community centers, and events that serve low-income and BIPOC-AI/AN communities. • Eliminate bias in hiring in state agencies. • Analyze voluntarily/involuntary terminations • Consider opportunities for improvement in promotion, especially to leadership positions • Succession planning • Diversify hiring panels	% of state employees who identify as BIPOC at management and non-management level (Affirmative Action Report)
Institutional bias	Implement standards for workforce development that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.	• Invest in community workforce development programs and initiatives with a focus on communities of color and disability communities. • Develop and require a cultural competency training for medical providers and include in licensing renewal. • Include implicit bias training requirements • Address intersectionality • Update DAS policy for state employee training requirements	% of state employees that completed DEI related training (iLearn)
Institutional bias	Require sexual orientation and gender identity training for all health and social service providers.	• Strengthen training requirements for licensing boards. • Conduct inventory of what trainings are available and required of health and social service providers. • Ensure trainings address intersectionality • Connect training requirements with funding mechanisms and CCO/Medicaid contracts	TBD

Healthier Together Oregon

Access to equitable preventive healthcare	Increase patient health literacy	• Share health literacy trainings with providers • Consider trainings available online, both live and recorded, tailored for different audiences, for different position levels and with cultural considerations.	TBD
Access to equitable preventive healthcare	Support alternative healthcare delivery models in rural areas.	• Leveraging pharmacists, community health workers, mid-level dental providers, and other advanced practice providers to address provider shortages in rural areas. • Creation of health care teams that include primary care providers, advanced practice providers, dietitians, traditional health workers, school nurses, and dentists. • Utilizing dental providers to offer blood pressure, A1c, and cholesterol checks. • Provide licensure for dental therapists.	TBD
Access to equitable preventive healthcare	Increase the cultural and linguistic responsiveness of health care through use of traditional health workers and trainings.	• Improve payment mechanisms for traditional health workers. • Provide sexual orientation and gender identity trainings for different levels of clinic staff. • Expand cultural competency and culturally responsive trainings. • Oregon Health Care Provider Incentive Program • Healthy Oregon Workforce Training Opportunities	# of Traditional Health Workers employed by CCOs (OHA)

Technology and Innovation

Priority	Strategies	Example activities	Short term measures
Access to equitable preventive healthcare	Expand use of telehealth especially in rural areas and for behavioral health.	• Expand Project Echo. • Improve payment mechanisms for telehealth. • Use of telehealth for health promotion programs • Includes telehealth for behavioral health services	% of OHP health care services delivered via telehealth in rural counties (OHP Claims data)
Access to equitable preventive healthcare	Improve exchange of electronic health record information and data sharing among providers.	• Between primary, specialty, oral and behavioral health and hospital care • Between tribal health care and other health care systems • Between correctional and community-based settings	Rate of health information exchange (HIE) use for care coordination among contracted physical, behavioral, and oral health facilities (OHA Health Information Technology Report)
Access to equitable preventive healthcare	Use electronic health records to promote delivery of preventive services.	• Expand use of EHR alerts for preventive services, like immunizations, cancer screenings, etc. • Use EHRs for social need screenings as appropriate	TBD

Access to equitable preventive healthcare	Support statewide community information exchange to facilitate referrals between health care and social services.	• Ensure closed loop referrals • Coordinate with 211 info as appropriate • Use data to identify community needs and inform investments	# of counties with a live CIE effort available and utilizing closed loop referral mechanism (Oregon Health Leadership Council/Health Information Technology Commons)

Review and approve Healthier Together Oregon Plan

- Questions, comments or feedback?
- Recommended edits?
- Approval is needed

Healthier Together Oregon

ABOUT PRIORITIES POTENTIAL PARTNERS CURRENT PARTNERS DATA EXPLORE THE PLAN

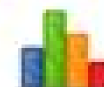
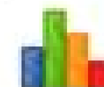
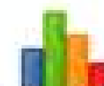
Our 2020-2024 State Health Improvement Plan is called *Healthier Together Oregon*.

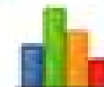
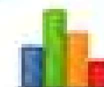
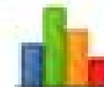
We want to live in a state where we can all have long, healthy lives. The social issues that affect health are the places we live, work, learn and play. They are the main reasons people are healthy, or not. These include things like:

Healthier Together Oregon Scorecard

The table below shows the most recent data for each indicator.

Click

ACCESS TO EQUITABLE PREVENTIVE HEALTHCARE		Oregon	
Childhood immunizations	Percentage of two-year-olds up-to-date on immunizations	**71%**	
Colorectal cancer screening	Percentage of 50 to 75 year olds who have received the recommended colorectal cancer screening	**71.3%**	
Dental visits	Percentage of adults with a dental visit in the previous year	**67.9%**	

ADVERSITY, TRAUMA, AND TOXIC STRESS		Oregon	
Adverse Childhood Experiences (ACEs)	Percentage of children with high ACEs score	**22.5%**	
Chronic school absenteeism	Percentage of students missing 10% of school days in a year	**20.5%**	
High concentrated disadvantage	Percentage of population living in census tracts with a high level of concentrated disadvantage	**27.2%**	

BEHAVIORAL HEALTH Oregon

Current PartnerSHIP

- Members were invited by Public Health Division
- Included representation from agencies serving priority populations, potential implementers, and traditional public health partners

What worked?

What didn't work?

Consider membership & member responsibilities, purpose, meeting processes, community engagement, pace, maintenance of vision and values, etc.

Oregon's State Health Improvement Plan
Oregon PartnerSHIP
2018-2020

Oregon Health Authority

PURPOSE

The purpose of Oregon's State Health Improvement Plan (SHIP) is to identify population-wide priorities and strategies for improving the health of people in Oregon. The SHIP serves as the basis for taking collective action on key health issues in Oregon. The SHIP should reflect the results of a collaborative planning process that includes significant involvement by communities experiencing disproportionate health disparities.

BACKGROUND

Per Standard 5.2 of the Public Health Accreditation Board, Standards and Measures, accredited health departments are required to participate in or lead a collaborative process resulting in a comprehensive health improvement plan at least once every five years. The improvement plan requires:

a. A collaborative process that includes a variety of partners
b. Use of data from the State Health Assessment and consideration for local priorities identified in community health improvement plans (CHIPs)
c. Identification of assets and resources
d. Use of measurable outcomes
e. Use of policy changes

The Oregon PartnerSHIP will provide guidance and oversight of the process to develop a comprehensive SHIP for the period of 2020-2024. The Oregon Public Health Advisory Board provides oversight for the SHIP.

MEMBERSHIP

The Oregon PartnerSHIP is comprised of representatives from a wide range of sectors and communities that are potential partners in SHIP implementation.

LEADERSHIP

The Oregon Health Authority, Public Health Division (PHD) will convene the PartnerSHIP and its subcommittees. The Policy and Partnerships team within the Office of the State Public Health Director will provide meeting support. Co-chairs of the PartnerSHIP will be the State Health Officer (also executive sponsor for the PHD) and one other member to be identified by the PartnerSHIP.

PROCESS

The process will be guided by the Mobilizing for Action through Planning and Partnerships (MAPP) framework, as developed by the National Association of County and City Health Officials (NACCHO). While the SHA was developed over the first three phases of the MAPP, the SHIP will be developed and implemented over the second three phases of the MAPP: Identify Strategic Issues, Formulate Goals and Strategies and the Action Cycle.

SCOPE

From September 2018 through January 2020, the PartnerSHIP will provide leadership and engage the public health community in the following efforts to develop a state health improvement plan for Oregon.

- Develop a SHIP that aims to achieve the vision set forth by the SHA steering committee.
- Design a SHIP prioritization process, including identification of criteria that will address health inequities.
- Identify cross-cutting health and strategic issues based on the SHA and priorities identified in CHIPs.
- Inform the development and membership representation for subcommittees based on identified priorities.
- Provide input on the community engagement process and assist in sharing engagement opportunities with other stakeholders throughout development with maximum transparency.
- Communicate about the SHIP to stakeholders, networks and the public at large
- Provide input and recommendation for process of implementing the 2020-2024 State Health Improvement Plan.

RESPONSIBILITY

Members of the Oregon PartnerSHIP will use their experience, expertise, and insight to create a SHIP that identifies strategic priorities as defined and interpreted by community members, specifically those experiencing health disparities. Members should have a basic understanding of public health practice, be genuinely interested in the success of the SHIP, and be able to actively participate in the process.

Steering Committee member responsibilities are to:

- Maintain vision, values and direction for the SHIP.
- Bring ideas and solicit input from other stakeholders and the community at large.
- Participate in a subcommittee of interest and provide two-way communication between the PartnerSHIP and subcommittees.
- Approve SHIP measures, objectives and work plans.
- Attend all PartnerSHIP and subcommittee meetings (or provide a delegate)
- Review materials ahead of the meeting and come prepared to discuss and participate.
- Facilitate conversation with community groups to gather feedback on strategic issues and strategies.

Chair responsibilities are to:

- Work with PHD staff to develop materials and agendas for meetings.
- Represent the PartnerSHIP at meetings or presentations with other stakeholders and partners as necessary.

DECISION-MAKING PROCESS
Decisions will be based on consensus. Three rounds of thumb voting will be used to determine consensus on a particular issue: thumbs up (I agree), thumbs sideway (I have a question, comment or need more discussion), thumbs down (I disagree). If after three rounds, consensus is still undetermined, facilitators and co-chairs will discuss and propose a course of action. In situations where consensus cannot be achieved due to 20% or less of members in disagreement, the 80/20 rule will be enacted where the person(s) blocking consensus will agree to step aside from the decision for purpose of moving forward.

MEETING EXPECTATIONS & TIME COMMITMENT

- Four to five half-day in person meetings (remote meeting options will also be available) to be held between September 2018 and January 2020 with ongoing work as necessary in between meetings (document review etc.).
- Subcommittee work March – September, 2019. Will include in-person meetings with a remote option or phone call and documentation review. Subcommittees will likely meet on a monthly basis.
- Meetings will be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610 through 192.710) and Public Records Law (ORS 192.001 through 192.505) and documented on the SHIP website: www.healthoregon.org/ship.
- A public meeting notice will be provided to the public and media at least 10 days in advance of each regular meeting and at least five days in advance of any special meeting.
- Written minutes will be taken at all regular and special meetings.
- Option for Steering Committee members to continue participation in the Action Cycle of the State Health Improvement Plan.

COMPENSATION
Lunch and refreshments will be provided during in person PartnerSHIP meetings. Parking or parking reimbursement will also be provided. For members travelling more than 70 miles to in-person meetings, mileage reimbursement or airfare and the cost of lodging and meals at Federal per diem rates will be provided.

CHARTER REVIEW
Charter will sunset at final online posting and distribution of the 2020-2024 State Health Improvement Plan.

PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Kate Brown, Governor

Oregon Health Authority

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PartnerSHIP Roster

Academia:

- OHSU

CCOs and Health Care Systems

- Moda Health
- Health Evidence Review Commission/Health Share
- Advanced Health
- Oregon Association of Hospitals and Health Systems
- Central Oregon Health Council
- Intercommunity Health Network - Community Advisory Council

Culturally responsive organizations

- Eastern Oregon Center for Independent Living
- Asian Health & Service Center
- Pride Foundation

(IRCO and Hacienda Development Corporation originally accepted invitation, but never engaged)

Health Equity Coalitions:

- Health Care Coalition of Southern Oregon
- Linn Benton Health Equity Alliance
- The Next Door Inc.

Local public health

- Multnomah County Health Department
- Klamath County Health Department

State public health

- OHA Public Health Division

Tribal public health

- Northwest Portland Area Indian Health Board (NPAIHB)
- Coquille Indian Tribe

Role of next PartnerSHIP

- **Maintain vision & values** for advancement of health equity
- **Oversee implementation** of strategies
- Encourage agencies and organizations to **support integration and alignment.**
- **Recommend strategy and measure adaptation** and approve annual work plans
- Assist in **bi-directional communication** with networks, CHIPs and the public at large
- **Share stories of implementation** from communities around the state
- Hold state agencies and other implementation **partners accountable for progress** towards goals, as informed by key indicators
- **Direct resource allocation** for implementation grants
- **Advocate** to funders, policymakers and other system leaders.
- **Inform State Health Assessment** process (work starts in 2022)

What's missing?

Is anything out of scope?

Future PartnerSHIP Membership

- What communities or populations should be represented?
- What agencies (state and/or community based) should be invited to apply?
- How can we secure commitment?
- Who is the “right” person (staff with decision making authority versus staff with capacity versus staff with community connections)?
- What’s the right number of people?
- Outreach strategy for applications?
- What would be meaningful compensation?
- Time commitment and frequency of meetings?
- Other considerations?

Recommendations for implementation

How should we advance the strategies of the SHIP?

How would you and/or your organization like to be involved moving forward?

Next Steps & Final Thoughts

- Healthier Together Oregon will launch in early September – help spread the word!
- Complete evaluation – your feedback is important to us!
- Sign up for SHIP listserve to stay informed!