Healthier Together Oregon

2020–2024 State Health Improvement Plan

September 2020

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 poor 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 quality 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 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,

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Oregon Health Authority

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Public Health Director
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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), 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 exacerbated 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 interconnectedness 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.

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.

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

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
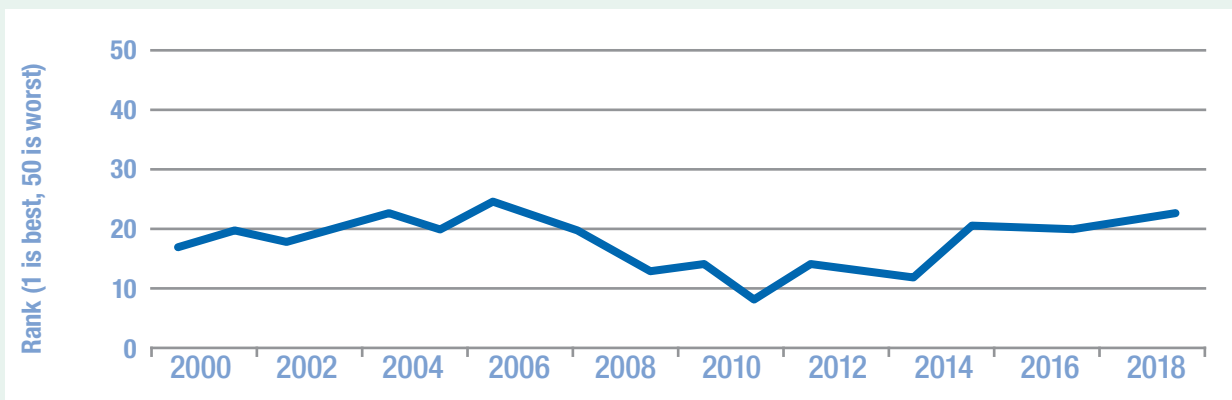
OHA has developed a clearer understanding of how the agency can affect change to the social determinants of health and equity. Quality education, safe homes and neighborhoods, living wage jobs, and access to health care are examples of social determinants of health. They are the primary drivers for people's 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.
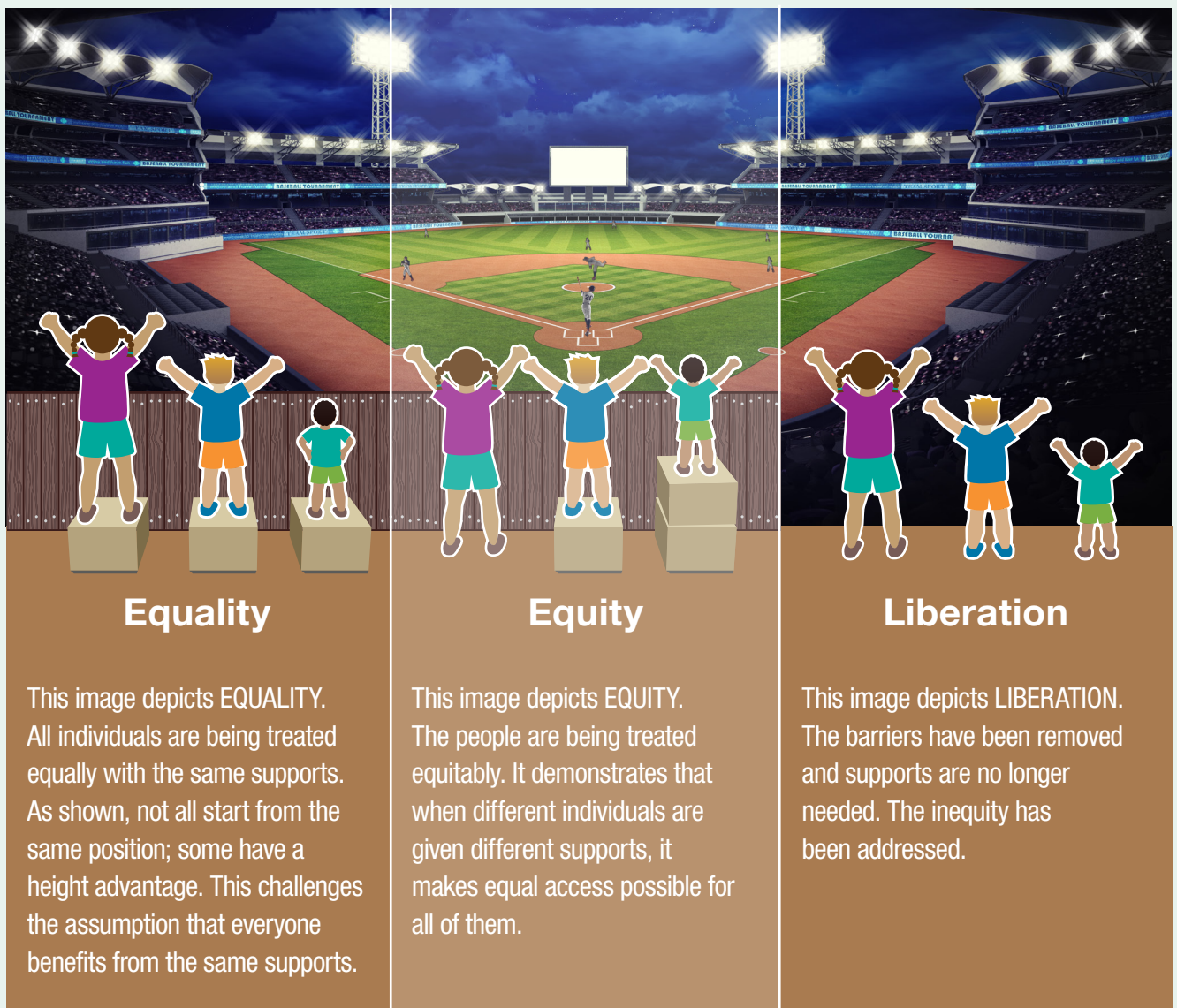
Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- 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, 2019)

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 overtly 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 most marginalized.

Figure 2: Equality, equity and liberation

Equality

This image depicts EQUALITY. All individuals are being treated equally with the same supports. As shown, not all start from the same position; some have a height advantage. This challenges the assumption that everyone benefits from the same supports.

Equity

This image depicts EQUITY. The people are being treated equitably. It demonstrates that when different individuals are given different supports, it makes equal access possible for all of them.

Liberation

This image depicts LIBERATION. The barriers have been removed and supports are no longer needed. The inequity has been addressed.

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 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
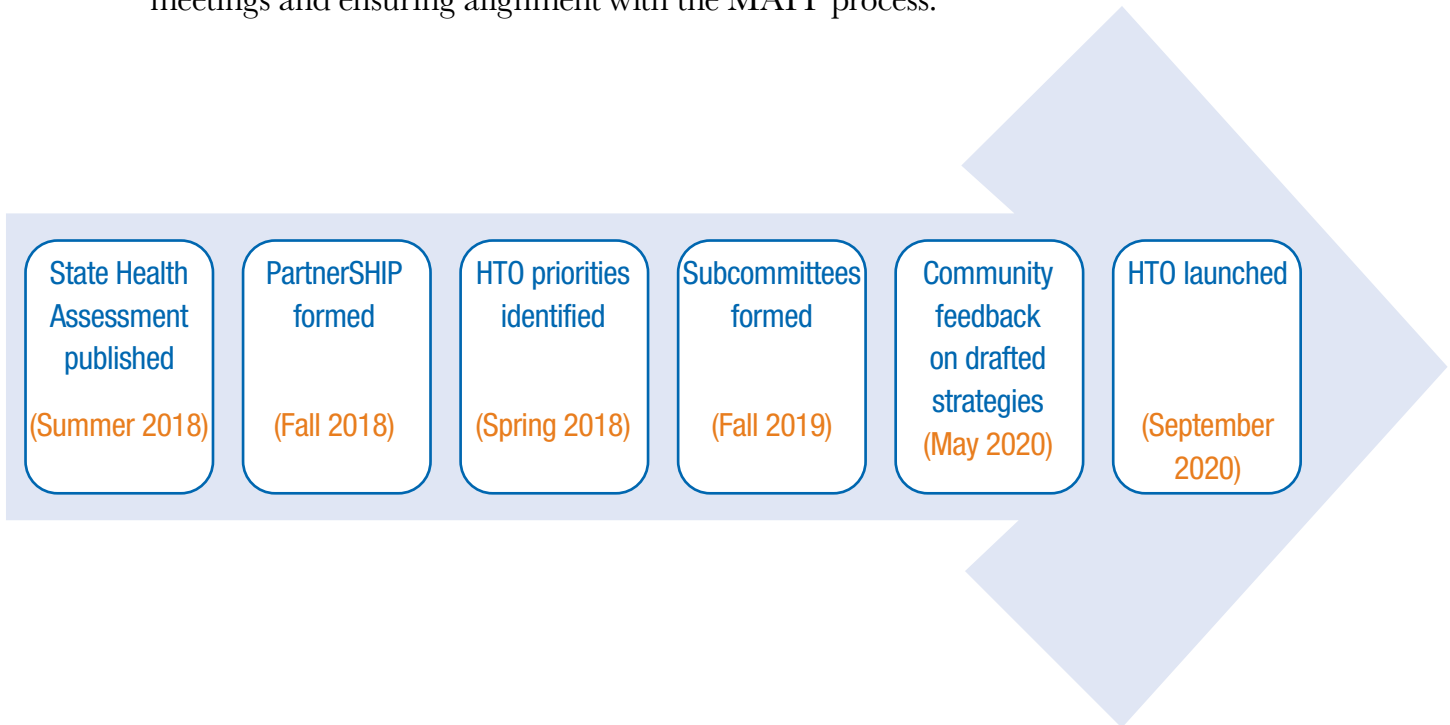*(Reproduced with permission from the Bay Area Regional Health Inequities Initiative)*
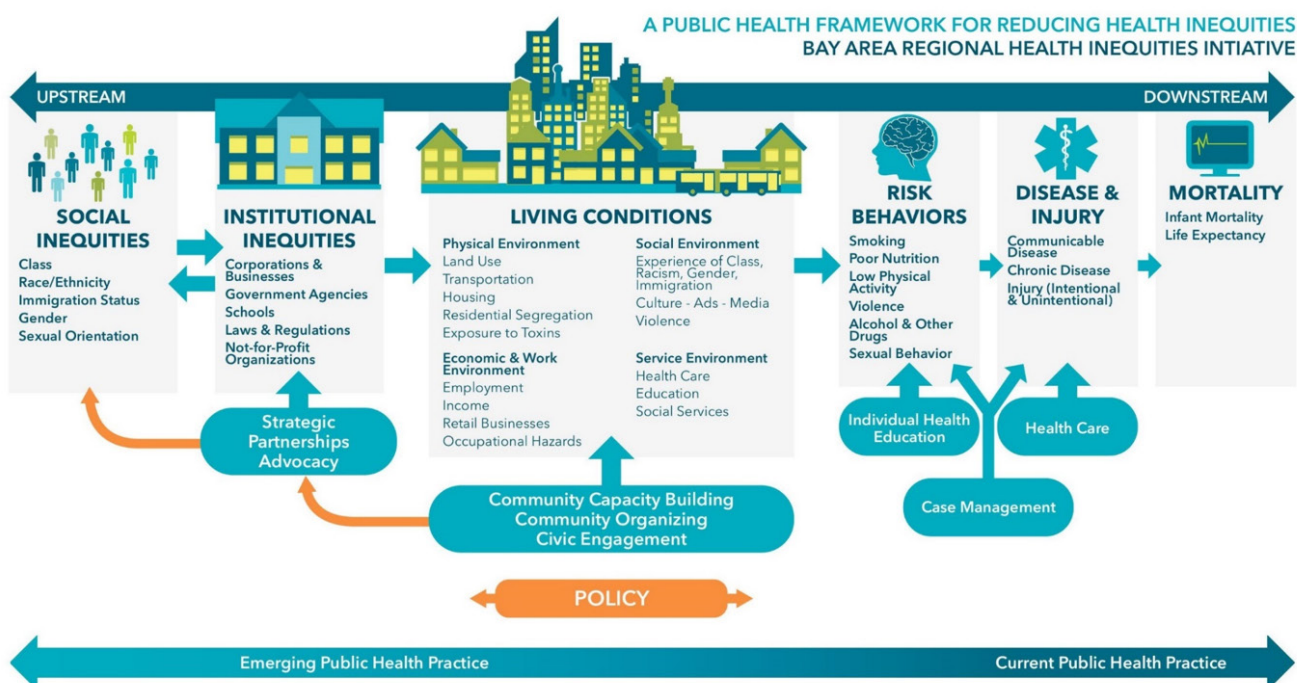
Process of development

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 implementers of the plan. 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.

| State Health Assessment published (Summer 2018) | PartnerSHIP formed (Fall 2018) | HTO priorities identified (Spring 2018) | Subcommittees formed (Fall 2019) | Community feedback on drafted strategies (May 2020) | HTO launched (September 2020) |

HTO 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.

Implementation and accountability

HTO 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 advising on funding to implement HTO.

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. OHA also hopes this reporting will ensure transparency for affected communities to whom this work is ultimately accountable.

Community-based organizations that helped inform HTO

BIPOC-AI/AN communities

Self Enhancement, Inc.; Portland metro area

Northwest Portland Area Indian Health Board; statewide

The Next Door; Columbia River Gorge

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

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 underrepresented 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 heart disease.

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. While all of the priorities impact substance use, 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.

Figure 4: Implementation framework

Figure 4 illustrates how the strategies, indicators, implementation areas and priorities drive toward the HTO vision of health equity.

1 VISION — To achieve health equity

5 PRIORITIES — Our most urgent health challenges

8 IMPLEMENTATION AREAS — To organize our collective work

16 HEALTHIER TOGETHER OREGON INDICATORS — How we will measure our progress

62 STRATEGIES — Actions we will take for improvement

Equity and justice

Oregon has a unique history of white supremacy. This history and current institutional racism has created disadvantages for communities that are real, unjust and unacceptable. COVID-19 has shined a spotlight on the impacts of systemic racism; COVID-19 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 rectify past injustices while honoring the resilience of 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. 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-19 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. 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 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 health conditions 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 and other demographic data.

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

HTO 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. The PartnerSHIP approved this term in consultation with the Northwest Portland Area Indian Health Board.

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.

White supremacy is the belief that white people are superior to those of all other races and should dominate society.

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

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