



Access to Equitable Preventive Healthcare

 **Goal 1:** Increase equitable access to and uptake of community-based preventive services

 **Strategies:**

Policy

- Support dissemination of health literacy techniques for healthcare providers including educational outreach, online resources, and best practices.
- Expand and promote evidence-based approaches to preventive services such as harm reduction programs, overdose prevention, vaccinations, obesity and diabetes prevention programs, and contraception provision.


Community

- Reduce barriers to accessing preventive services by locating fundamental support services at or near clinics, for example childcare, food pantry services, housing, and providing safe and active transportation options.
- Provide and expand resources for and access to affordable, fresh, nutritious foods, particularly for populations experiencing food insecurity, communities of color, tribal communities, in rural and urban areas.

Individual

- Ensure that students have access to screening for health barriers to learning, for example developmental disabilities, poor oral health, reduced vision, reduced hearing, and chronic medical conditions.

 **Goal 2:** Increase equitable access to and uptake of clinical preventive services

 **Strategies:**

Policy

- Support and expand evidence-based alternative workforce models for health care delivery, particularly to increase access to care in rural areas. Create health care teams that include primary care providers, advanced practice providers, dietitians, traditional health workers, school nurses, and dentists.
- Increase access to oral health preventive services by expanding the evidence-based model of mid-level dental providers especially in tribal and rural communities, and providing access to dental sealant and fluoride varnish programs in schools.
- Increase access to early prenatal care in the Medicaid and CAWEM+ population by reducing systemic barriers and expanding programs with the goal of reducing low birthweight and increasing efficiency.

Community

- Improve access to sexual and reproductive health services by decreasing stigma, improving knowledge of wraparound services, and expanding funding models for sexual health.

Individual

- Increase culturally responsive care through use of traditional health workers and developing health care expertise around caring for people of all race/ethnicities, gender identities,

sexual orientations, and abilities.



Goal 3: 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



Strategies:

Policy

- Expand tele-medicine and its infrastructure (i.e. improvements to payment reimbursement mechanisms) to increase access to mental health care, health promotion programs, and specialty services.
- Increase and improve electronic health record coordination and data sharing between primary care and specialty and hospital care.
- Use health care payment reforms to create incentives and encourage flexibility to support access to food, housing, and transportation.

Community

- Support efforts around statewide community information exchange to facilitate referrals between the health sector and social services.

Individual

- Harness electronic health record technology to promote delivery of preventive care screenings (i.e. immunizations and colorectal cancer screening), including screening for social determinants of health.

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Behavioral Health



Goal 1: Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced.



Strategies:

Community

- Define the need for community behavioral health services in partnership with state, tribal and local entities.
- Ensure community agencies have access to information to destigmatize and educate communities around issues of behavioral health.

Individual

- Create, expand, and fund programs that combat loneliness and increase social connection in older adults.
- Implement public awareness campaigns (e.g., "Mind Your Mind", Cultivate Compassion) to encourage people to ask for services when they need them and reduce stigma.



Goal 2: Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery



Strategies:

Policy

- Create and build upon existing state, local, and tribal governmental partnerships between education, law enforcement, judicial system, housing and social services, payors, hospital systems, and health care practitioners to improve the mental health of Oregonians.
- Increase access to behavioral health services by coordinating across systems and improving integration between behavioral health and other care and service providers.
- Incentivize treatments that are rooted in science, culturally informed, and trauma-informed practice.
- Examine, reduce and remove barriers to behavioral health services, for example accessibility, assessment process, transportation, and language.
- Ensure that providers are paid for all behavioral health services provided by developing Oregon Health Plan billing codes that support outreach and care coordination and promoting alternative payment models in public and private insurance.
- Strengthen enforcement of mental health parity and addictions equity laws at the federal and state levels to assure equitable administrative requirements, payment, and access for behavioral health services.
- Build incentives to recruit, retain, and train a qualified and appropriately trained workforce, reflective of the communities that they serve, including training for evidence-based practices.

Community

- Identify evidence related to institutional bias and disparities in local education and law enforcement systems in communities of color to create localized solutions to improve mental health.
- Implement Housing First initiatives creating supportive and supported housing for individuals who are in need, including individuals waiting to access behavioral health treatment.

Individual

- Increase funding and resources for culturally and age-responsive suicide prevention and resilience programs for communities most at-risk, for example Native Americans, LGBTQ+ individuals, and veterans.

Economic Drivers

Economic Viability



Goal: 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.



Strategies:

Policy

- Increase access to living wage jobs by addressing the barriers to pursuing higher education and investing in job training and other workforce development activities for rural communities, communities of color, people with disabilities, and other marginalized populations.
- Improve data collection to better understand barriers to high-quality, affordable childcare and caregiving and develop data-driven policy solutions.

Community

- Increase health-supporting, local employment opportunities for prioritized populations by strengthening local economic development, entrepreneurship, and small business growth in underserved communities.
- Develop educational programs that increase the opportunity of economic viability for populations that may be financially vulnerable: people with disability, low income, low financial literacy; and communities of color. Educational programs should address available resources and services, eligibility criteria for those services, and support for the application process in a trauma-informed and culturally responsive way.

Individual

- Increase broadband connectivity in rural Oregon

Physical Environment



Goal: Ensure that all people in Oregon live, work, 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.



Strategies:

Policy

- Ensure that transportation, health, housing and land use agencies utilize robust, culturally responsive community engagement strategies to co-create investments, policies, projects, and agency initiatives.
- Integrate racial equity as a key criterion in State agencies' health, housing, transportation and land use planning, policy, and investment development.
- Build climate and water resiliency in Oregon's most impacted communities by doing a statewide assessment of urgent needs and partnering with communities to implement locally- and culturally- appropriate solutions.

Community

- Create healthy, livable rural and urban communities by increasing green infrastructure and access to safe, affordable housing, transit, childcare, education, employment, healthy foods, and healthcare; especially for communities of color, low-income communities, and people with disability.

- Increase affordable housing stock through state appropriations and housing development programs in neighborhoods with transit and active transportation choices, access to schools, jobs, services, goods, and community amenities.

Individual

- Promote and expand existing and innovative new programs to increase homeownership among communities of color, including the Oregon Bond Residential Loan Program, new manufactured housing, and access to affordable first-time homebuying loan products.

Food Insecurity



Goal: Increase equitable access to culturally appropriate nutritious food regardless of social or structural barriers (e.g., age, location or employment) by addressing the underlying issues in food availability and stigma associated with food insecurity.



Strategies:

Policy

- Maximize community investments and cross-organizational collaboration on interventions through alignment of hospital, CCO, and local public health Community Health Assessments and Tribal Food Sovereignty Assessments.

Community

- Build resilient food systems at the state and local levels that support access to healthy, affordable food for all communities.
- Build capacity to address the needs of populations at high risk of food insecurity by increasing programmatic and financial supports, for example for existing nutrition programs such as SNAP, WIC, and the School Based Summer Lunch Program.

Individual

- Create educational campaigns to address the stigma associated with using food supports such as food bank and food vouchers.

Institutional Bias



Goal 1: Expose and reduce the impact of institutional biases that influence health, by



Strategies:

Policy

- Expand human resources practices, for example in hiring, recruitment, and retention, that promote equity.
- Ensure indicators data are reportable by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.
- Train all teachers on implicit bias with programming that addresses race and gender to end discipline disparities for black youth. Track teachers and schools for discipline disparities and address those contributing to racial and gender bias in school pushout.



Goal 2: Identifying and championing work across systems, structures, polices, communities and generations, so that



Strategies:

Policy

- Implement standards for workforce development that include identifying and addressing institutional bias.
- Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services.
- Ensure state agencies are pledged to racial equity by accounting publicly for racial equity in budgeting to ensure adequate investment into BIPOC (Black, Indigenous, and People of Color) communities and incorporating equity into agency performance metrics.



Goal 3: All people in Oregon are empowered and have opportunity to participate fully in decisions to achieve optimal health.



Strategies:

Community

- Use restorative justice models in schools to address conflict, bullying, and to ensure that young students remain integrated within their peer community. Institute training in mediation and restorative justice for students, parents, teachers, and community members to avoid the school to prison pipeline and the escalation of misdemeanor charges for youth.
- Expand and strengthen the Senior Health Insurance Benefits Assistance (SHIBA) volunteer program for Medicare and Medicare Advantage enrollment and transportation assistance.

Individual

- Identify and mitigate barriers to the development and maintenance of affordable housing.
- Require sexual orientation and gender identity training (including trans-informed training) for all health and social service providers receiving state funds.

Adversity, Trauma, and Toxic Stress



Goal 1: Prevent trauma (e.g. intergenerational and historical trauma), toxic stress, and adversity through data driven policy, system and environmental change.



Strategies:

Policy

- Promote access to and provide resources (e.g. funding, training, and staffing) for safe, affordable, and high-quality culturally appropriate childcare and paid family leave.
- Ensure all school districts are implementing K-12 comprehensive health education according to law, including the Human Sexuality Education Law of 2009, the Healthy Teen Relationship Act of 2013, the Child Sexual Abuse Prevention Law of 2015, and the revision of the Oregon Health Education Standards in 2016.

Community

- Implement anti-racism, anti-poverty, and anti-oppression policies and initiatives through community partnerships, coalitions, and cross-system initiatives to prevent trauma and increase resilience.

Individual

- Support expansion of statewide evidence-based and culturally appropriate prenatal and early childhood home visiting.



Goal 2: Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities



Strategies:

Policy

- Create joint-use agreements between school districts, park districts, cities, public agencies, private entities, and nonprofit organizations in order to provide safe, accessible, high-quality community gathering places to meet the multi-ethnic and multicultural needs of the community.

Community

- Promote and invest in community-based, culturally appropriate opportunities for mentoring and peer delivered services, including intergenerational mentoring.
- Develop and/or strengthen community partnerships to increase awareness of toxic stress, its impact on health, and the strength of protective factors.
- Promote community-wide art and cultural events by holding them in widely accessible public spaces and reducing barriers to program participation, including lack of disability accommodation, and conducting culturally responsive outreach for community programs and celebrations.

Individual

- Provide culturally sensitive and age-appropriate outreach to inform individuals of where, when, and how they can access tools and resources in their community on toxic stress, its impact on health, and the strength of protective factors.
- Promote interventions that build relational capacity and supportive environments for positive connectiveness within family units. Interventions should provide trainings to families on coordinated, family-centered care and engage families to promote culturally responsive resiliency strategies.



Goal 3: Mitigate trauma by promoting trauma informed systems and services that assure safety and equitable access to services, and avoid re-traumatization.



Strategies:

Policy

- Include the requirement to develop a workforce trained to understand trauma, including awareness of adverse child experiences, with institutions, service providers, and contracting agencies engaged in systems of care that address trauma related services. For example, agencies may include the Oregon Health Authority, Department of Human Services, Oregon Youth Authority, Oregon Housing Community Services, Department of Justice, and Department of Corrections.
- Require documentation and implementation of policies and procedures reflecting principles of trauma Informed care for institutions, service providers, and contracting agencies engaged in systems of care that address trauma related services (e.g. modeled on an existing standard such as OHA Addictions and Mental Health Division Behavioral Health Trauma-Informed Services Policy).
- Ensure that state agencies implement House Concurrent Resolution 33 and implementation of trauma informed approaches is written into state agency plans.

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2020 – 2024 State Health Improvement Plan Navigation Map Addendum



Proposed Outcome Indicators – *currently in review*

Adversity, Trauma, and Toxic Stress

1. Chronic absenteeism (Oregon Department of Education)
2. ACEs among children (National Survey of Children's Health)
3. Concentrated Disadvantage (Calculated from American Community Survey)

Access to equitable preventive health care

1. Childhood immunizations (ALERT IIS)
2. Colorectal cancer screening (Behavioral Risk Factor Surveillance System/BRFSS)
3. Third graders with cavities in their permanent teeth (Oregon Smiles Survey)

Institutional Bias

All will be disaggregated by race:

1. Disciplinary Action (Oregon Department of Education)
2. Premature death /Years of Potential Life Lost (Vital Records)
3. Housing Burden - % of income spent on rent/mortgage (American Community Survey)

Behavioral Health

1. Suicide rate (Vital Records)
2. Unmet mental health care need (Student Health Survey)
3. Adults with poor mental health in past month (Behavioral Risk Factor Surveillance System/BRFSS)

Economic Drivers of Health

Economic Viability

1. Opportunity Index – increase Oregon's economy score by 2.5 point over 5 years. (Opportunity Index – Economy Dimension)
2. Childcare cost burden (Consumer Expenditure Survey, Bureau of Labor Statistics)

Food Insecurity

1. Food Insecurity (USDA's US Food Security Survey)

Physical Environment

1. Housing Burden - % of income spent on rent/mortgage (American Community Survey)
2. 3rd grade reading proficiency (Oregon Department of Education)