

HTO STRATEGIES

Identified to Promote Protective Factors

2023

The following strategies have been identified to promote protective factors in communities and align with Oregon’s State Health Improvement Plan “Healthier Together Oregon” (HTO).

Programs opting into Tier 2 or Tier 3 may consider the following HTO strategies if proposing to work in the “Strategy Area C: Flexible Tobacco Prevention Strategy” area. Please consider the following strategies as examples rather than recommendations or requirements.

Provided below:

☐ **Equity and justice**

- ☐ Declare institutional racism 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**

☐ **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**

☐ **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**

- ☐ **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.

☐ **Behavioral health**

- ☐ 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.

☐ **Housing and food**

☐ ***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.

☐ **Workforce development**

- ☐ 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**

- ☐ 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.