

# February 7 PartnerSHIP meeting

- Closed captioning is available – select CC from your menu bar.
- Spanish interpretation is available. All attendees asked to select the Spanish or English channel following announcement.
- No formal public comment period will be held. Public invited to comment in the chat and/or email [publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us).

# PartnerSHIP Introductions

- PartnerSHIP members to introduce self by sharing name, pronouns, agency/communities you represent and any relevant updates from your agency/community
- Members of the public invited to introduce self in chat.



# Healthier Together Oregon

## PartnerSHIP Meeting

February 7, 1:00 – 3:00pm

### Zoom:

<https://www.zoomgov.com/j/1609047098?pwd=UGd2aGcyNXBSblZRejc5ZktUNFpvUT09>

Meeting ID: 160 904 7098

Passcode: 806191

One tap mobile

+16692545252,,1609047098# US (San Jose)

+16468287666,,1609047098# US (New York)

### Meeting Objectives:

- Approve work plan for 2022
- Receive and discuss subcommittee business
- Receive information about new SPIINE grant to support food systems
- Review and provide feedback on HTO annual report
- Conversation with PHD director, Rachael Banks

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<b>15 minutes</b>	<b>Welcome and team building time –</b> Name, pronouns, agency/community and updates from your agency/community
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<b>20 minutes</b>	<b>Guidance committee updates and report out</b>
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<b>20 minutes</b>	<b>Subcommittee updates</b> <i>Funding and finance</i> <i>Policy</i>
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<b>10 minutes</b>	<b>Break</b>
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<b>5 minutes</b>	<b>State Partnerships Improving Nutrition and Equity Grant</b> <i>Update and Discussion</i>
<b>15 minutes</b>	<b>HTO Annual Report – feedback and next steps</b> <i>What do you like about the report?</i> <i>What changes would you like to see?</i>
<b>25 minutes</b>	<b>Conversation with Public Health Division Director, Rachael Banks</b>
<b>5 minutes</b>	<b>Wrap up and next steps</b> Next meeting is March 7th

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other language
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Heather Owens at 971-291-2568 or [heather.r.owens@dhsaha.state.or.us](mailto:heather.r.owens@dhsaha.state.or.us) or 711 TTY.

Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

- Intérpretes de lengua de señas y lengua hablada
- Materiales escritos en otros idiomas
- Braille
- Letra grande
- Audio y otros formatos

Si necesita ayuda o tiene preguntas, comuníquese con Heather Owens at 971-291-2568 or [heather.r.owens@dhsaha.state.or.us](mailto:heather.r.owens@dhsaha.state.or.us) or o 711 TTY.

# Guidance committee report out

- Report out from retreat
  - Overall take-aways
  - Review and discuss work plan
  - Public participation in monthly meetings
- Recruitment for new guidance committee member
- PartnerSHIP facilitation contract



**PartnerSHIP goals for 2022**

**Commented [HCJ1]:** Built from miro board: [https://miro.com/app/board/uxjvOTh3yJs=](https://miro.com/app/board/uxjvOTh3yJs=/)

**1. Establish an engaged and active PartnerSHIP**

Activities	Responsible party	Objective
Establish and implement member recruitment and engagement process (application, outreach, selection, onboarding, offboarding, relationship building, effective meeting facilitation)	OHA staff and guidance committee	By Sept, 2022, PartnerSHIP will have 20 engaged and active members.  By January, 2023, 95% of PartnerSHIP members will agree the group is effective in achieving its desired outcomes or is on track to achieve those outcomes as planned.

**2. Expand knowledge, value and use of HTO by health equity partners around the state.**

Activities	Responsible party	Objective
Finish and implement strategic communications plan (for policy makers, state agencies, CHIP implementers, and communities)	OHA staff, communications committee, policy committee	By July 2022, 5 Oregon legislatures will have received a communication (letter or in person meeting) about HTO.
Complete partner mapping among PartnerSHIP members – and use identified networks for communication	PartnerSHIP members and communications committee	By December 2022, a strategic communications plan will be completed and shared with PartnerSHIP members.
Create roadmapping and policy toolkit for communities to connect and use HTO	OHA staff, communications committee	



**3. Establish PartnerSHIP as an accountability partner for advancement of prioritized strategies**

<b>Activities</b>	<b>Responsible party</b>	<b>Objective</b>
Establish reciprocal relationship with related councils (for example, participation in mutual meetings, agenda items, public comment, letters of agreement and understanding, joint policy recommendations, information sharing).	PartnerSHIP members	By December 2022, PartnerSHIP members will be connected to at least 2 councils.



**PartnerSHIP and Subcommittee Meeting Objectives**

Month	PartnerSHIP meeting objectives	Subcommittee Objectives – by quarter			
January	Holiday recess	<i>Guidance</i> Develop work plan for 2022 Establish membership engagement plan Identify new facilitator Meeting planning	<i>Policy</i> Identify priority for 2023 legislative session Develop messages and materials for relationship building with policy makers Track HTO related policy in 2022 session	<i>Finance</i> Determine allocations for rest of 21-22 block grant  Create budget for 22-23 block grant	
February	Develop/review 2021 annual report Approve 2022 work plan Subcommittee report outs				
March	Accountability report out on Behavioral Health strategies (OHA, ADPC, ODE, etc.)				
April	Subcommittee report out CHIP spotlight: Lane county health council and/or Live Healthy Lane	<i>Guidance</i> Implement membership engagement plan Meeting planning	<i>Policy</i> Map policy makers for relationship building  Inform OHA’s 2023 LC and POP development  Develop policy toolkit	<i>Finance</i> Finalize budget for 22-23 block grant  Identify other funding alignment opportunities  Identify other funding sources	<i>Communications</i> Conduct and analyze partner network mapping among PartnerSHIP members  Support OHA in development of communication materials and campaigns about HTO
May (In person)	Accountability report out on housing and transportation (OHCS and ODOT)				
June	Subcommittee report out CHIP spotlight: Central Oregon Health Council				
July	Accountability report out on broadband (Business Oregon)	<i>Guidance</i>	<i>Policy</i> Build relationship with policy makers	<i>Finance</i> Identify other funding	<i>Communications</i> Support OHA in development of
August	Summer recess				





September	Accountability report out on food security and food systems (ODHS, OHA, ODE and OCFSN, Partners for a Hunger Free Oregon)	Meeting planning and member engagement	Host HTO legislative days  Provide policy training to community partners  Inform OHA's 2023 LC and POP development	alignment opportunities  Identify other funding sources	communication materials and campaigns about HTO
October (In person)	Subcommittee report out Planning for 2023	<i>Guidance</i> Meeting planning and member engagement	<i>Policy</i> Build relationship with policy makers Prepare for 203 legislative session	<i>Finance</i> <i>TBD</i>	<i>Communications</i>
November	Subcommittee report out Planning for 2023				
December	Subcommittee report out Planning for 2023 End of year celebration	End of year recess – No subcommittees meet			

**Guidance committee**

- Provide strategic direction for PartnerSHIP
- Inform agenda and meeting development
- Support member engagement
- Support internal and external communication about HTO and work of the PartnerSHIP



#### **Policy committee**

- Contribute to OHA's policy and rules development process
- Build relationship with legislators
- Coordinate testimony and advocacy for HTO supportive legislation

#### **Finance committee**

- Direct and determine investments for HTO, including but not limited to CDC block grant
- Inform alignment of other funding sources such as hospital system investment and philanthropic partners

#### **Communications committee**

- Conduct and analyze partner network mapping among PartnerSHIP members
- Support OHA in development of communication materials and campaigns about HTO
- Identify resources needed for PartnerSHIP members to communicate about HTO with community at large.



**Prioritized strategies for 2022**

Implementation area/Strategy	Priorities <sup>1</sup>	Partner agencies	Partner councils and commissions <sup>2</sup>	Related plans
<b>Housing and Food</b>				
1. Increase affordable housing that is co-located with active transportation options.	Economic Drivers of Health	Oregon Housing and Community Services Oregon Department of Transportation	<a href="#">Housing Stability Council</a> (OHCS) <a href="#">Oregon Transportation Commission</a> (ODOT) <a href="#">Bike and Pedestrian Advisory Council</a> (ODOT) <a href="#">Land Conservation and Development Commission</a> (DLCD)	<a href="#">Statewide Housing Plan Oregon</a> <a href="#">Transportation Plan</a>
2. Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.	Economic Drivers of Health	Oregon Department of Human Services Oregon Health Authority, Oregon Department of Education Partners for a Hunger Free Oregon	<a href="#">Oregon Hunger Task Force</a> (Partners for a Hunger Free Oregon)	<a href="#">Plan to End Hunger</a>
3. Build a resilient food system that provides access to healthy, affordable and culturally appropriate	Economic Drivers of Health	Oregon Health Authority Oregon Department of Agriculture	<a href="#">Oregon Hunger Task Force</a> (Partners for a Hunger Free Oregon)	

**Commented [HCJ2]:** Need to add plans here...ask core group to contribute

<sup>1</sup> Priority area/subcommittee where strategy originated during development of the plan. Given interrelatedness of priorities, some strategies originated in more than one subcommittee.

<sup>2</sup> Also consider councils specific to priority populations, to include [Racial Justice Council](#), [Oregon Advocacy Commissions](#), [Commission for the Blind](#), [Oregon Council on Developmental Disabilities](#), [Oregon Disabilities Commission](#), [Independent Living Council](#), [Medicaid Advisory Council](#)



food for all communities.		Oregon State University Extension Oregon Community Food Systems Network		
<b>Healthy Communities</b>				
4. Increase affordable access to high-speed internet in rural Oregon	Economic Drivers of Health	Business Oregon	<a href="#">Broadband Advisory Council</a> (Business Oregon)	<a href="#">Oregon Broadband Strategic Plan</a>
<b>Behavioral Health</b>				
5. Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.	Behavioral Health	Oregon Health Authority	<a href="#">Oregon Health Policy Board</a> (OHA) <a href="#">Alcohol and Drug Policy Commission</a> (OHA) <a href="#">Quality and Health Outcomes Committee</a> (OHA)	
6. Improve integration between behavioral health and other types of care.	Behavioral Health	Oregon Health Authority	<a href="#">Oregon Health Policy Board</a> (OHA) <a href="#">Alcohol and Drug Policy Commission</a> (OHA) <a href="#">Quality and Health Outcomes Committee</a> (OHA)	
<b>Healthy Youth</b>				
13. Provide culturally and linguistically responsive, trauma	Behavioral Health	Oregon Health Authority	<a href="#">Oregon Health Policy Board</a> (OHA) <a href="#">Quality and Health Outcomes Committee</a> (OHA)	<a href="#">2022-2023 System of Care Strategic Plan</a> <a href="#">Raise up Oregon Plan</a>



informed, multi-tiered behavioral health services and supports to all children and families.		Oregon Department of Education Oregon Youth Authority Early Learning Division Oregon Department of Human Services	<a href="#">System of Care Advisory Council</a> (OHA) <a href="#">Early Learning Council</a> (ELD) <a href="#">Family Services Review Commission</a> (ODHS) <a href="#">Youth Development Council</a> (OYA) <a href="#">Board of Education</a> (ODE)	
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# Policy committee report out

## 2022 Legislative session

- PartnerSHIP members encouraged to contribute to tracking smartsheet for HTO legislature

## 2023 Legislative session

- Policy committee will be developing policy toolkit to enable CHIP implementers and community-based organizations to advocate for HTO policy.
- PartnerSHIP and policy committee will focus on relationship building with legislators and other policy makers.
- OHA will be using our 7 prioritized strategies to inform framework and planning of 2023 Legislative Concepts and Policy Option Packages

# Funding and finance committee report out

Immediate goal is to allocate remaining 100K from Block Grant (might be expended by September 30).

## 1. Communications

Option A. Use funding to develop strategic communications plan – informed by evaluation.

Option B. Conduct another round of HTO seeds funding – directing money to CBOs for direct use in community.

Option C. Develop HTO related materials to be used in communities and with policy makers (supports idea from policy committee)

Option D. Something else – other ideas or suggestions from group.

**2. In person meeting** – penciled in for May. \$ for travel, per idem, lunch

**3. Support capacity building** and learning opportunities for PartnerSHIP members (conferences, convenings, etc.)

# Break

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# State Partnerships Improving Nutrition and Equity Grant (SPINE) program

- OHA received \$144K grant from the National Association of Chronic Disease Directors State Partnerships Improving Nutrition and Equity SPINE program.
- After required deduction for cost allocation, it will bring more than \$112K for subcontracted partners:
  - At least \$56K is designated for Oregon Community Food Systems Network
  - At least \$28K is designated to a local CBO
  - At least \$28K designated as preference to the Tribes

# State Partnerships Improving Nutrition and Equity Grant – Evaluation Framework

- Use modified version of the RE-AIM Framework for an informal evaluation of the SPINE Grant
  - Reach
  - Adoption
  - Implementation
  - Effectiveness
  - Maintenance
- OHA will develop a set of questions under the framework for use in the evaluation
- Evaluation will occur at 6 and 12 months

*Is the PartnerSHIP interested in an evaluation role?*

*If so, would it be the full PartnerSHIP, or one of the subcommittees?*

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# HTO Annual Report – Intentions

- Report demonstrates accountability for HTO implementation
- Report is a communication tool about what HTO implementation looks like.
- Includes a range of stories, from big P policy wins that came out of the legislature to local examples of communities, local agencies/partners, or individuals advancing equity.

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Healthier Together Oregon – Annual Report

Year 1: October 1, 2020 – December 2021

Released March, 2022



**Healthier  
Together  
Oregon**

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**Executive Summary**

As the backbone organization for Healthier Together Oregon, OHA is committed to accountability in implementation, to both the PartnerSHIP, and community at large.

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**Letter from PartnerSHIP**

Dear community,

PartnerSHIP is the community based steering committee for Healthier Together Oregon.

PartnerSHIP is a group of twenty community representatives, providing statewide perspectives from priority populations and those who implement Community Health Improvement Plans.

PartnerSHIP's dedication to the vision of HTO: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

PartnerSHIP members utilize the values of HTO in our decision making: Equity and social justice, Empowerment, Strengths-based, Authentic community input, Accountability

HTO as a tool for all Oregon – not just OHA's plan.

**PartnerSHIP members come to this work and to this group because...**

This is Oregon's plan for advancing health equity, recovering from COVID and building resilience out of this historic pandemic.

Equity is how, the where, the why, and the for and with whom we do our work. Investments in the social determinants of health is the what we do. HTO draws the connections the equity and social determinants of health.

This annual report lifts up examples of work that attended to inequities created by systems and policies, not individual behaviors.

HTO calls for multi-faceted systems change to address our state's most difficult challenges. Implementation of HTO relies on Collective Impact, a set of conditions required for complex systems change. The Tamarack Institute identifies the conditions for Collective Impact 3.0.

- Movement Building
- Community Aspiration
- Strategic Learning
- High Leverage Activities
- Inclusive Community Engagement, and
- Creating Containers for Change

Your voice and perspectives are welcome and needed at our table. On page xx of this report, you'll find a number of ways to get involved in advancement of HTO. Strengthen the call to action...

Sincerely,

**Commented [HCJ1]:** Drafty talking points - Confirm whether they'd like to provide an introductory letter...

**Commented [HCJ2]:** Pull quotes from jamboard exercise in February...

**Commented [HCJ3]:** List names/affiliations of members

### **Overview of accomplishments and challenges from past year.**

Healthier Together Oregon (HTO) is the State's Health Improvement Plan (SHIP). HTO is a strategic plan to advance health equity for six 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, immigrant/refugees and people living in rural areas. HTO is intended to be an alignment tool for anyone working to advance health equity in our state. This includes, but is not limited to, community-based organizations, Regional Health Equity Coalitions, agencies working on Community Health Improvement Plans, policy-makers, and state agencies. HTO relies on a Collective Impact approach. Collective Impact outlines a set of conditions that can effectively tackle society's greatest challenges. Although not its original intent, HTO is also a tool for equitable recovery from the COVID-19 pandemic. This plan builds off of the individual and community resilience demonstrated this past year in response to COVID-19.

As the backbone organization for HTO, the Oregon Health Authority (OHA) is committed to accountability in implementation of this plan, to both the PartnerSHIP, and community at large. As part of that commitment, OHA offers this annual report to showcase efforts that happened during the first year of implementation. This report cannot possibly collate all of the things that happened across Oregon to advance the strategies and priorities identified in HTO. Instead, this report provides just a few shining examples – both big and small - of what equity driven work can and does look like. OHA celebrates, acknowledges, and expresses tremendous gratitude for the incredible actions of communities that came together to advance health equity, especially in this enormously challenging year.

From the continued response to the COVID-19 pandemic, to historic wildfires, to the continued reckoning with Oregon's racist past, people in Oregon have been through a lot and we are grieving. We've lost loved ones, employment and childcare, and opportunities for memory creation with friends and family. The events that bring us together, like worship, weddings, and celebrations, have been postponed, again and again and again. And yet, our assets have never been stronger. People in Oregon are demonstrating deepened understanding and courage to lean into our racist past and present. Individuals, communities and agencies are peeling away the layers of white supremacy that impact us all. People found new joy and appreciation for nature and the open spaces where it has been safe to gather. Communities and agencies made equity driven changes to direct more resources to communities most impacted by the COVID, 19 pandemic. Policy makers in Salem voted for historic investments and legislative changes – as highlighted throughout this report.

This report references some of the long-term indicators and shorter-term measures identified to measure progress (additional details about this data can be found on the [HTO scorecard](#)). Readers should consider the limitations of this data:

-Data provided is the most current available. Given the reporting lag in most data sets, many of the data points are from before 2020 or earlier and will not capture COVID-19

related impacts. The long-term impacts of COVID-19 may be not be visible in population data sets for several more years.

-When available, data is disaggregated by race/ethnicity and other demographics. When only aggregated data is provided, readers should consider the hidden inequities.

-Behind every data inequity is a story often rooted in systemic and institutional racism.

OHA is committed to decolonizing population health data collected and used in health improvement efforts.

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## Equity and Justice

The past year has been historic, not only because of the COVID-10 pandemic, but because it has been a time of racial awakening. From the disproportionate impact COVID-19 has had on communities of color, to the murder of George Floyd at the hands of a Minneapolis police officer, we have witnessed painful and obvious truths about the legacy of white supremacy in our culture. At the same time, we have all benefited from the strength, resilience and creativity of communities of color and other priority populations. In the coming years, HTO will continue to utilize the lessons learned to fuel our march towards equity, and ultimately, liberation. [Equity and justice strategies](#) call upon state agencies and other institutions to dismantle white supremacy culture and commit to anti-racist practice.

### ***Progress and accomplishments***

Here are a few examples of actions from the past year that are in alignment with HTO strategies related to equity and justice.

- Many jurisdictions and agencies around the state declared institutional racism a public health crisis. [House Resolution 6](#), passed in the 2021 legislative session, declared racism as a public health crisis. [Multnomah](#) and [Lane](#) counties also made declarations about the crisis of racism. Finally, numerous businesses, associations, and councils across Oregon have provided commitments to racial equity.
- Oregon's Department of Administrative Services released [Oregon's Diversity, Equity and Inclusion Plan: A Roadmap to Racial Equity and Belonging](#). This historic plan identifies the role that state employees and agencies have in dismantling systemic racism. The following five racial equity goals of the plan are aligned with HTO.
  - Establish strong leadership to eradicate racial and other forms of disparities in all aspects of state government.
  - Center equity in budgeting, planning, procurement, and policymaking.
  - Strengthen public involvement through transformational community engagement, access to information, and decision-making opportunities.
  - Improve equitable access to services, programs, and resources including education, health, housing, human services, environmental justice, criminal justice, and economic opportunities.

"Be It Resolved by the House of Representatives of the State of Oregon: That the Legislative Assembly declares that racism is a public health crisis in this state."

-House Resolution 6, 2021 Oregon Legislative Assembly

Representation by race on Governor appointed boards and commissions

2% AI/AN

5% Asian

6% Black/AA/

6% Latinx

0.3% NH/PI

5% Two or more races

74% White

[-Oregon Affirmative Action Report, 2018](#)

- Foster an inclusive workplace culture and promote equitable hiring, retention, and promotion practices.
- The 2021 Oregon Legislature took a significant step to address barriers for immigrant communities through passage of [House Bill 2164](#), otherwise known as “Cover all People.” Once the bill takes effect in July of 2022, people in Oregon will be eligible for health insurance through Medicaid, regardless of immigration status.
- [House Bill 3159](#) was signed during June 2021 legislative session, which will require OHA to adopt standards and establish a timeline for health care providers and health insurers to collect REALD and

sexual orientation and gender identity (SOGI) data from patients, clients, or members

#### **Next steps**

- As directed by 2021 state legislation like [House Bill 2488](#), [House Bill 2993](#), and [House Bill 2985](#), state agencies will work to diversify people who participate on state agency councils, task forces and committees. OHA has already begun this work as detailed in this [report](#) completed for the [Oregon Health Policy Board](#).

2% of state contracts in Oregon are awarded to [Certification Office of Business Inclusion and Diversity \(COBID\)-certified firms](#).

[-Oregon Affirmative Action Report, 2018](#)

- With new funding from the Oregon legislature, OHA will be expanding the number of [Regional Health Equity Coalitions](#) (RHECs). RHECs are collaborative, community-led, cross-sector groups organized regionally to identify and address health equity issues.
- Directed by [Senate Bill 778](#), the Governor’s Office will be standing up a new Office of Immigrant and Refugee Advancement to collect and monitor data, advocate for resources from the federal government, and partner with agencies that provide services to immigrant and refugee communities.

## Healthy Communities

Over the past year, communities have demonstrated resilience in a number of ways. From birth of mutual aid groups to equity centered business development, communities created innovative ways to come together even when COVID-19 asked us to keep our distance. [Healthy community strategies](#) attend to the built environment, the importance of community resilience and economic justice.

### Progress and accomplishments

Here are a few examples of actions from the past year that are in alignment with HTO strategies related to healthy communities.

- In response to the COVID-19 public health emergency, [Business Oregon's Rural Broadband](#) program made grants available to provide and support increased high-speed internet access for telework, telehealth, and K-12 distance learning applications in unserved and underserved areas. The city of Independence used this funding to provide internet service to lower-income students who did not have access to online learning in their homes. Seventy-six households in Independence and Monmouth had hardline connections installed and the internet service paid completely through the duration of the project. These installations served 156 kids who all qualified for free and reduced lunch. The project also installed 25 Wi-Fi zones in public parks and areas of low-income housing, and expanded existing Wi-Fi range and capacity at five public facilities. The city also purchased a generator and solar powered communications trailer which can be used as a mobile hotspot for learning centers or during a natural disaster.

20% of Oregon children have experienced 2 or more Adverse Childhood Experiences

[-National Survey of Children's Health, 2019](#)

Oregon ranks 34<sup>th</sup> in the country for broadband access (1 is best, 50 is worst)

[-Broadband Now, 2021](#)

- The economic impacts of the COVID-19 pandemic have been far-reaching, and the small businesses run by linguistically diverse, immigrant, and minority business owners have suffered direct and critical losses. Business Oregon's Technical Assistance (TA) for Underrepresented Businesses Program builds on a federally funded pilot

program that was started in 2020 to help historically under-represented and under-resourced businesses respond to COVID-19. This funding enhances and expands the culturally competent, linguistically appropriate, and geographically aligned resources that these small businesses need to survive and thrive, while strengthening and networking the individual TA provider organizations.

Approximately 37,393 hours of assistance has been provided to 8,742 clients through this program since 2020. "Without the support [of this program], I wouldn't have been able to

69% of people in Oregon have a park within a 10-minute walk from their home

[-Trust for Public Land, 2021](#)

stay in business” said Gabriela Delgado, owner of Magic Shapes. “My crisis would have been really terrible.”

- In an effort to prepare students for employment and to aid local businesses in their search for employees, Recruit HIPPO (Helping Individuals Pursue Professional Opportunities) serves communities in Coos, Curry and Douglas counties. The mission of [Recruit Hippo](#) is to nurture a culture for youth work experience, ensuring the quality and increasing the number of opportunities young people have to apply their academic experiences in workplace settings. Recruit Hippo acts as a liaison between students and schools and employers.
- In 2020, AllCare Health, with the support of multiple partners across Jackson and Josephine County, launched the Raising Resilience/Aumentando la resiliencia campaign. The goals of the campaign are to lift up stories of resilience directly from parents and caregivers in our community; normalize that these are extraordinary times and decrease the sense of isolation that so many parents/caregivers are facing; and highlight ways parents/caregivers can create habits and connections that help them stay resilient. The campaign is based on NEAR science, which includes neuro-science, epigenetics, adverse experiences, and resilience. Bilingual/bicultural television campaign launch spots were developed and are airing on both KOB1 and Telemundo.
- *Conversaciones con los abuelos* (“conversations with the grandparents”) is a project created in collaboration with Centro Cultural of Washington County and students of Pacific University’s School of Graduate Psychology’s Sabiduría Latinx Psychology Emphasis. Through this project, students are matched with older adult participants from the [Centro Cultural](#) Edad de Oro (“golden age”) program. The intention behind this project is to provide social and emotional support to Latinx older adults who may be lonely and/or isolated due to mandated social distancing caused by COVID-19. Student volunteers offer linguistically- and culturally-appropriate social and emotional support to vulnerable seniors on a weekly basis by telephone and monthly basis by post. This project promoted healing, connection, and transformation for all participants, including elders and students. While students provided elders with calls and conversations, elders shared their legacy, wisdom, stories and experiences with students allowing for intergenerational relationships and connection.

73% of eligible Oregon families received the Earned Income Tax Credit in 2017

[-Internal Revenue Service, 2017](#)

#### **Next steps**

- The Oregon [Department of Revenue](#) (DOR) in partnership with other agencies, will be working to increase the percentage of families who receive the Earned Income Tax Credit (EITC) – a key driver for reducing poverty. This information campaign will be even more critical as those with an [Individual Taxpayer Identification Number \(ITIN\) will be newly eligible for the EITC in the 2022 tax year](#).

- Staff at the Department of Administrative Services are building an online map that illustrates proximity of health clinics with other support services, like libraries, WIC clinics and [Community Action Agencies](#). Once launched, this map will be a useful tool for communities in the co-location of services and facilities.
- Oregon’s communities will benefit greatly from the investments provided in the Infrastructure Investment and Jobs Act. [Federal funds](#) will support HTO strategies related to active transportation, broadband internet, and climate resilience.

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## **Housing and Food**

Housing and food have continued to be priority needs across communities in Oregon – particularly for persons who lost income due to the COVID-19 pandemic. Although temporary relief was granted in eviction moratoriums, emergency rental assistance and additional food supports, sustained systems change is required to both learn from the success of these programs and to prepare us for the future. [Housing and food related strategies](#) identify how we can create and maintain systems for affordable housing and food security.

### ***Progress and accomplishments***

Here are a few examples of actions from the past year that are in alignment with HTO strategies related to housing and food.

In January of 2020, 14,655 people in Oregon were known to be homeless.

-HUD [Point in time count, 2020](#)

- [Oregon Housing and Community Services](#) (OHCS) participated in the [Keystone Project](#) Grand Opening in Lane County with project sponsor Homes for Good. The Keystone Project was the first project designed and implemented by graduates of OHCS' first Supportive Housing Institute in 2020. The 5-month Institute works

with housing teams across Oregon to help them navigate the complicated process of developing permanent supportive housing and operating a successful Permanent Supportive Housing (PSH) program. The Keystone Project is made up of 15 homes that will house and provide wrap around services to families experiencing chronic homelessness in the city of Eugene.

- Since the first \$40 million allocation in 2015 that created the Local Innovation Fast Track (LIFT) program, the Oregon Legislature has committed a total of \$680 million in Article XI-Q bonds, with a historic \$303.5 million to be offered in the current 2021/2023 biennium. This has brought over 5600 affordable rental homes (including 480 homeownership opportunities) to some of the most historically underserved communities in Oregon, including communities of color in both rural and urban areas.
- Communities across the state are standing up housing councils and housing trusts. The Center Oregon Health Council invested \$200,000 to develop a Regional Housing Council, and the Coos Housing Access Program (CHAP) was organized to create and administer a Housing Trust Fund. The Housing Trust Fund is able to raise money and secure property to be used for the development of affordable and workforce housing. Under the leadership of the Coos Housing Action Team (CHAT), and with support provided by Advanced Health and South Coast Rural Health Integrated Provider Team (SCRIPT), the housing trust fund was created and incorporated as a nonprofit entity under the name, Coos Housing Access Program.

48% of Oregon renters spend more than 30% of their household income on rent

-[American Community Survey, 2019](#)

- In response to COVID related food insecurity, communities stood up innovative models to address the food and nutrition needs of their neighbors. Examples of this include the Plant a Row initiative where community members were invited to plant a row of food in their gardens to donate to the food bank. The program was promoted at area Farmer’s Markets; In 2020, 21 growers produced 1,584 pounds of produce that was donated to those experiencing food insecurity. Another example was Bites of Brookings or the BOB Bus. The BOB Bus was a food project to expand the summer foods program. The name, design, and reconstruction of the bus was completed by Brookings-Harbor School District students. BOB is a school bus that now looks like a watermelon and allows about 20 children at a time to sit inside to eat a meal. In 2020, the BOB Bus served 300 children ages 0-18 in high poverty areas of the community with 6,619 snack packs and activity bags.

58% of eligible families were enrolled in WIC during pregnancy

[-Women Infants and Children Program, 2020](#)

**Next Steps**

- The National Association of Chronic Disease Directors ~~has~~ awarded Oregon a grant as part of its newly established State Partnerships Improving Nutrition Equity program. These resources will support the infrastructure needed to build capacity with community-based organizations involved in equity-centered food and nutrition security policy, programs, and initiatives. This grant will be community-driven and monitored by the PartnerSHIP Committee under the HTO collective impact structure.
- As directed by [House Bill 2842](#), OHA will stand up the Healthy Homes Program – which will provide resources for improvements related to housing rehabilitation, lead and mold abatement, and accessibility.

## Healthy Families

The past year has been one of incredible challenge for families of all shapes and sizes. School and childcare closures taxed systems that were already under stress. Caregivers of older adults and people with disabilities faced isolation and lack of respite. Healthy family strategies identify how we can create and maintain systems that support families, ensure supportive environments for early childhood, and provide equitable access to preventive health care services.

53% of Oregon families say they're coping very well with the daily demands of raising children

[-National Survey of Children's Health, 2019-2020](#)

### ***Progress and accomplishment***

Here are a few examples of actions from the past year that are in alignment with [HTO strategies related to healthy families](#).

- Coordinated Care Organization (CCO) [spending on Health-Related Services \(HRS\)](#) more than doubled from 2019 to 2020, totaling \$16,163,747 and \$34,153,552, respectively. The per member per month (PMPM) spending also doubled from \$1.51 PMPM in 2019 to \$2.93 PMPM in 2020. Individual CCO HRS spending ranged from \$0.48 PMPM to \$15.51 PMPM. CCOs spent 71% of their funding on health information technology (\$7,756,901), housing (\$4,944,757), prevention (\$4,017,873), education (\$3,720,500), family resources (\$1,915,207), substance misuse and addiction (\$1,036,294), and food access (\$828,143). Another 23% of HRS spending (\$7,839,395) was used to address needs exacerbated by COVID-19 and wildfires. To address inequities fueled by the pandemic, CCOs directed HRS funding to community-based organizations that work with Black, Indigenous and other Communities of Color.
- Children and Recovering Mothers (CHARM) was 'born' at Grand Ronde hospital's Family Birthing Center and is supported by many local partners, including the Local Community Advisory Council. CHARM is a health care program for pregnant women struggling with alcohol or drug addiction. CHARM offers early intervention and resources throughout pregnancy to reduce the risk of postpartum complications and helps ensure a healthy newborn. CHARM is about helping women find a way out of addiction and keeping families together.
- The Queers and Allies Program (Q&A), with support from the United Way of Southwestern Oregon and the Oregon Association of Suicide Prevention, is a volunteer-led group that provides support for youth, ages 13-24, who identify as Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning (LGBTQQ+). Q & A helps youth find employment, housing, and supports

2.3% of SHIBA contacts occurred with Medicare beneficiaries who are low income, rural, or non-native English speaking

[-Senior Health Insurance Benefits Assistance Program \(2020\)](#)



to be “out” in the community. Additionally, they help youth connect to behavioral health professionals who provide gender-affirming care. Coos Healthier Together supports Q & A in establishing a Gender Affirmation Closet, creating a website and web internship, and providing supports such as travel and lodging reimbursement for out-of-area travel to access gender affirmation health care. Along with that, help with voice coaching and hair removal are offered, which are costly services that are not typically covered by health insurance.

- OHA’s reproductive health program is partnering with eight community-based organizations to deliver culturally and linguistically appropriate reproductive and sexual health outreach and education to priority populations experiencing disparate access to and outcomes in reproductive health. Through these partnerships, the RH Program supports agencies with training, skill building, and project-appropriate materials support. By building on the unique skills and role of the RH Program, as well as the skills and expertise of CBOs, this project will support the creation of a model of partnership and collaboration between the RH Program and community that serves to improve reproductive health outcomes across the state.

29% of children in Oregon aged 0-5 have access to childcare  
[-Early Learning Map of Oregon, 2020](#)

#### **Next Steps**

- OHA will continue implementation and roll out of the [Family Connects](#) program which offers a home visit by a nurse to all families following the birth of a child, including families who have adopted newborns and those fostering newborns. Home visiting is an evidence-based practice to reduce postpartum depression and anxiety, reduce involvement with the child welfare system, and connect families with needed resources. The program is focusing on outreach to culturally and linguistically specific communities.
- The Early Learning Division will continue implementation of the 2019-2023 [Raise Up Oregon](#) plan. Raise Up Oregon outlines system improvements for the early learning system, with goals and objectives related to kindergarten readiness, support of healthy families, and a coordinated, family centered early learning system.
- OHA will soon submit a new Medicaid waiver application to the Center for Medicare and Medicaid Services. The waiver allows Oregon flexibility in the administration of the Oregon Health Plan. Policy changes being requested in the waiver application include streamlining coverage for people in carceral settings, equity driven revisions to the CCO incentive metrics, and redistribution of social determinant of health funding through community groups. More information about these policies and the waiver process can be found [here](#).

## Healthy Youth

Children and youth have had a tough year. COVID related school closures deepened educational inequities, and social distancing orders prevented young people from spending time with their peers, a developmental necessity. Access to preventative services, including oral and behavioral health care was delayed. Although schools have thankfully reopened, teachers and staff are struggling to meet the diverse needs of students. Healthy youth strategies identify the work needed to ensure equitable access to and outcomes for youth – both in and outside of a classroom.

### **Progress and accomplishment**

Here are a few examples of actions from the past year that are in alignment with [HTO strategies related to healthy youth](#).

20% of Oregon students missed 10% or more of school days

[-Oregon Department of Education, 2018-2019](#)

- The [Columbia Regional Educator Network](#) (CREN) recently started integration of Senate Bill 13, [Tribal History/Shared History](#), into their region. This work is critical for tribal students to be able to be accurately portrayed and “seen” in school curriculum. Similar work is underway in David Douglas School District, South Umpqua School District, Beaverton School District, Portland Public School District, and eleven school districts in Lane County. In districts like South Umpqua, who have been championing this work since last school year, an early effect is increasing attendance for tribal students. Oregon was one of few states to prioritize tribal nations in school curriculum with the passage of Senate Bill 13 in 2017.
- School nursing services provide critical access to preventive health care for Oregon’s children and youth. Nurses who work in Oregon schools provide a wide array of services, such as mental health support, education about health conditions, coordination of mental and physical care, and advocacy. In the midst of COVID-19, nurses played a particularly important coordination role to protect in-person learning and extra-curricular activities. One nurse shared “They get that \*I\* don’t quarantine people, in fact I’m trying to help them avoid quarantines. Now I’ve got everyone’s contact in my phone, they call me whenever.

7.6% of school districts have school nursing services

[-Oregon Education Department, 2021](#)

And bonus, this is really improving our sports head-injury training and concussion management processes, too.”

- In an effort to assist school districts in meeting the requirements of comprehensive

health education, the Oregon Department of Education (ODE), OHA, the Multnomah Education Services District (MESD), and the Oregon Community Foundation invested in the development of openly-licensed instructional materials for sexuality education and interdisciplinary health education lessons. Over the year-long Sex Ed Open Learning project, six grantees from communities across Oregon worked in partnership with local students and groups to create over 40 lessons on topics often left out of health and

sexuality education materials, such as violence prevention, anti-oppression, and positive and affirming growth, development, and reproduction.

Similarly, the ODE and MESD Interdisciplinary Project worked with teachers to develop project-based lessons that embedded health concepts and social justice standards within math, science, health and physical education. Lessons developed included a kindergarten lesson on geometry and physical education called “Yoga Shapes, Let’s Learn Geometry with our Bodies”, a fifth grade lesson on nutrition and science called “Think Before you Eat, How Can We Reduce Plastic Pollution?”, and many more.

23% of Oregon 11<sup>th</sup> graders reported having an unmet mental health care need in the past 12 months

[-Student Health Survey, 2020](#)

These resources will be offered to districts on the newly launched [Oregon Open Learning Hub](#), a website where schools can find and share free instructional materials aligned with Oregon’s educational standards and approaches.

#### **Next Steps**

- We have seen a significant decrease in the number of dental sealant programs operating in schools due to an increase in remote learning and hesitation of schools in allowing outside programs into the schools. Our goal for the 2021-22 and 2022-23 school years are to get oral health and dental sealant programs back into the schools to provide students with screenings, preventive dental services, and referrals to a dental home.
- OHA and ODE are committed to partnership as reflected in a Memorandum of Understanding that identifies the agencies’ shared priorities in anti-racist practice and policy, development of community partnerships, seamless physical and mental health and wellness services, and creation of conditions that create equitable health and education outcomes.

### **Workforce Development**

Health, social service and other essential workers are true heroes. From overtime worked at capacity hospitals, to grocery store cashiers who helped put food on our tables, Oregon's workforce has demonstrated courage and resilience. This resource is not infinite however, and efforts are needed to build and sustain a workforce that matches Oregon's growing diversity. [Workforce development strategies](#) identify opportunities to create a culturally and linguistically responsive workforce – particularly in health and social services.

11.3% of mental health providers in Oregon identify as BIPOC-AI/AN

[-OHA Healthcare Workforce Reporting Program, 2020](#)

#### ***Progress and accomplishment***

Here are a few examples of actions from the past year that are in alignment with HTO strategies related to workforce development.

- ECHO (Extension for Community Healthcare Outcomes) is an interactive educational and community-building experience that allows healthcare professionals throughout the state of Oregon (especially in rural regions) to create a case-based learning environment through the convenience of video-conferencing. In partnership with Trauma Informed Oregon, a 12 session ECHO was held to build capacity of primary care and allied health professionals to understand and address the impact of psychic trauma sustained by patients and health care systems. There were 232 attendees from 25 counties in Oregon. Participants reported a higher level of knowledge in trauma informed approaches after having participated in the ECHO program.
- In 2020, AllCare created a program to help individuals with limited English access food banks. Five interpreters were hired to work at food banks and pantries in the region. The interpreters spoke Spanish and were also equipped with VRI (Video Remote Interpreting) technology to assist people who spoke other languages. Overall, the interpreters were able to help 447 community members in five different languages at 15 food bank locations across the region.
- In June 2021, the Oregon State Legislature passed House Bill 2528 that creates dental therapy licensure, which is a new category of dental practitioner in Oregon. A dental therapist will dedicate at least 51% of their practice to serving underserved populations. The Oregon Board of Dentistry is currently undergoing rulemaking for dental therapy licensure. We do not anticipate seeing an increase in the number of dental therapists beyond those that are operating as part of an approved dental pilot project for a couple of years due to education and training requirements of licensure. OHA will be developing a toolkit over the next three years to assist dental clinics in incorporating a dental therapist into the dental team.

- OHA released a toolkit about [equitable hiring strategies](#). Written for hiring managers and interview panelists in OHA, this toolkit may be a helpful resource for other agencies and organizations looking to advance equity through human resource practices.
- Health Share funded a training cohort of over 40 Peers to complete Portland Community College's (PCC) Alcohol and Drug Counseling degree and certificate program to increase services and workforce diversity, specifically focusing on racial and LGBTQIA+ representation.

### **Next Steps**

- In response to the behavioral health workforce crisis that has been exacerbated by the COVID-19 pandemic, a number of actions have been taken:
  - OHA provided \$15M to provide retention and hiring bonuses of up to \$2,000 to more than 7,000 workers serving clients directly in residential settings.
  - OHA provided \$8M to hundreds of licensed behavioral health providers for childcare stipends to go directly to staff, improved supervision, and working environment improvements.
  - OHA has provided staff support to both children's and adults' licensed behavioral health facilities to offset the impact of COVID-19 on the workforce.
  - CMS approved OHA's request to extend the behavioral health provider rate increase. Almost \$13M has already been paid to date – directly to providers and to CCOs for providers. CMS also approved OHA's request to extend the behavioral health provider vacancy payments. Vacancy payments pay for empty beds when the reason for the bed vacancy is due to the pandemic. This has helped to provide stable income for providers during COVID-19. More than \$30M has been paid to date. Both the rate and increase and vacancy payment are now allowable through the end of the COVID-19 Public Health Emergency.
  - The National Guard has provided support to the Oregon State Hospital.

### Behavioral Health

Preliminary data suggest that mental illness, alcohol and substance use have all increased due to COVID-19. Anxiety and depression have been aggravated by the stress of living in a pandemic, and for many, alcohol and other substances have been used to cope. Thankfully, in 2021, the Oregon legislature made historic investments to the behavioral health system – providing resource and funding for the strategies identified in HTO. [Behavioral health strategies](#) identify opportunities to address behavioral health stigma and transform the behavioral health delivery system, from prevention through treatment and recovery.

Behavioral health related deaths  
(Rate per 100,000)

Drug overdose – 14.2

Suicide – 20.4

Alcohol related deaths – 42.6

Tobacco related deaths – 142.8

[-Oregon vital records, 2019](#)

#### **Progress and accomplishment**

Here are a few examples of actions from the past year that are in alignment with HTO strategies related to behavioral health.

- All Oregon school districts are required to create a suicide intervention plan. The [School Suicide Prevention and Wellness](#) (SSPW) team at Lines for Life was created to provide technical assistance and support to schools in the development and implementation of these plans. The SSPW also helps schools ensure their plans are equity centered by including students who have been historically excluded. For example, a Clatsop County school district worked with the SSPW team to access no cost training for their staff and used

28% of CCO Community Advisory Councils (CAC) have representation from county mental health programs

-CAC Demographic Report, 2021

mini-grant funds to create a wellness space where students can regulate and practice mindfulness. A Malheur County school connected with the SSPW team to help with deepening a shared mindset of creating safety and connection for all students. The SSPW team has met with 125 total unique districts, school buildings, and Educational Service Districts in 30 of Oregon’s 36 counties.

- OHA is implementing recommendations from the 2019 [Veteran’s Behavioral Health Improvement Study](#). These efforts address suicide prevention, access to behavioral health services, and supporting and developing the workforce. In the past year, over \$500,000 went out to community-based organizations for work ranging from veteran specific behavioral health workshops on a ranch, to increased virtual and in-person supports

44.3% of Oregon adults report having 1 or more days of poor mental health in the past month

[-Oregon Behavioral Risk Factor Surveillance System, 2019](#)

for veterans in recovery. Other funds have been used to support the development and roll out of a veteran and military culture and suicide prevention training, veteran-specific Peer Delivered Services, as well as a variety of behavioral health programming for Tribal Veterans.

- The Oregon Suicide Prevention Framework was released as part of the updated [Youth Suicide Intervention and Prevention Plan \(YSIPP\) 2021-2025](#). The Oregon Suicide Prevention Framework is grounded in the National Strategy for Suicide Prevention and the CDC Technical Package for Suicide Prevention and informed by feedback from collaborators and partners across Oregon. The Oregon Suicide Prevention Framework strategic pillars and goals represent the long-term vision for suicide prevention in Oregon. The OHA suicide prevention team currently includes five dedicated coordinators working in three scopes — youth suicide, adult suicide, and [Zero Suicide](#) initiatives in healthcare settings. OHA’s coordinators will use the framework’s strategic pillars and goals to guide their work.
- Columbia Pacific CCO is continuing to develop and refine their payments to support integrated service in primary care. Community mental health programs (CMHPs) have been transitioned to alternative payment models (APMs) with program specific targets that roll up to a quality payout. The most recent development is integration of the Primary Care Payment Model and the Behavioral Health Payment Model. The payment is now integrated in one comprehensive per member per month (PMPM) program that incorporates behavioral health program elements rather than being a standalone program. We have also rolled our expanded access to traditional behavioral health codes into primary care settings that will allow more flexibility for financial sustainability and to offer services anywhere an outpatient patient presents without a payment barrier. Columbia Pacific CCO also supported Tillamook County Community Health Centers (TCCHC) with one-time funding to hire a psychiatrist in a county that did not have this resource.

### **Next Steps**

- Starting in July 2022, people in Oregon will have a new way to access support for a behavioral health crisis. Similar to the 911 system, 988 will be available 24 hours a day, 7 days a week, for people to call when they are or someone else is having a behavioral health crisis or emergency. When someone calls 988, they will reach a compassionate, highly trained counselor who can help address their issue in the least intrusive way possible. The counselor is part of a call center that is linked to a network of services, so the caller will be connected quickly with the right kind of help, from the right type of helper.
- OHA is finalizing the state’s first Adult Suicide Intervention and Prevention Plan (ASIPP). The ASIPP, in alignment with Healthier Together Oregon, seeks to make Oregon a place where suicide reduction and suicide prevention is achieved for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities

17.6% of Coordinated Care Organizations are in compliance with mental health parity and addictions law

[-OHA’s Mental Health Parity Program, 2021](#)

and geographic locations. Acknowledging the impact of white supremacy and multiple forms of oppression, ASIPP will include an Equity Assessment which will guide groups assess how power in society impacts populations identified with the highest rates of suicide. It establishes basic principles about equity as it relates to suicide prevention, providing a tool for decision-making, recommendations, and resource allocations.

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### **Technology and Health**

Technology provided a critical resource for innovative delivery of health care services in the past year. Telehealth went from being rarely used by providers and patients prior to the pandemic to being widely used for a wide variety of health care services, especially behavioral health. The increase in telehealth use also served to elevate barriers to digital inclusion, such as limited access to internet, hardware or supports needed to access technology. . Investments in electronic health records enabled timely information about COVID-19 vaccination and collection of disparity identifying data. Community information exchanges blossomed around the state to provide information and closed loop referral to a variety of support services. [Technology and health](#) related strategies include expanding access to telehealth, use of electronic health records and community information exchange.

#### ***Progress and accomplishment***

Here are a few examples of actions from the past year that are in alignment with HTO strategies related to technology and health.

- Oregon’s community health centers deliver integrated medical, dental and behavioral health services to many of the state’s most vulnerable communities through over 270 locations statewide. Like most providers, community health centers rapidly transitioned to telehealth appointments when the COVID-19 pandemic hit. For some, telehealth finally put health care access within reach. Virginia Garcia Memorial Health Center clinics saw more patients making their appointments when transitioning to virtual behavioral health visits, because virtual visits didn’t present the same barriers that may have been keeping them from health care in the past (like lack of child care or transportation, or finding time off).

19 counties are using a Community Information Exchange with an available closed loop referral mechanism (up from 10 in 2020)  
[-Oregon Health Leadership Council, 2020](#)

Still, many Oregonians experienced barriers to telehealth visits due to limited access to technology or devices for video appointments, limited access to affordable internet service or poor connectivity, insufficient minutes or data on devices, little to no knowledge of how to use technology, lack of a private or safe space for a telehealth appointment, or limited access to interpreters or otherwise culturally responsive services. To address some of these barriers, La Clinica’s Birch Grove Health Center, which serves primarily patients with mental health and substance use needs, gave phones to patients so they could continue to engage in their care, including behavioral health.

- Community Information Exchange (CIE) provided a critical resource to rapidly respond to community needs during COVID-19. Connect Oregon, a CIE network powered by Unite Us, and partners quickly stepped up to support communities through rapid response and

recovery plans. From February – July 2021, Connect Oregon worked with three local health departments to provide technology, training and technical assistance in order to securely and effectively connect 978 individuals needing wrap around services for persons in quarantine or isolation. Within 4 days, they saw an average case resolution rate of 87% and referral acceptance rate of 98%, indicating efficient collaboration to help those in need.

- The 2021 Oregon legislature passed two significant bills related to telehealth. House Bill 2508 establishes telehealth coverage and parity, including behavioral health, and House Bill 2591 establishes a school linked telehealth pilot program to expand access to health care services in schools via telehealth within school-based health centers.
- After eleven years, the Medicaid EHR Incentive Program (also known as the Promoting Interoperability Program), the federally supported program concluded December 31, 2021. The program offered qualifying Oregon Medicaid providers federally funded financial incentives for the adoption or meaningful use of certified electronic health records technology. Eligible professional types included physicians, naturopathic physicians, pediatric optometrists, nurse practitioners, certified nurse-midwives, dentists, and physician assistants in certain settings. By the end of the program, more than \$213 million in federal incentive payments were paid to 60 Oregon hospitals and 3,865 Oregon providers.

11.6% of % of OHP primary care services in rural counties were delivered via telehealth  
Oregon Health Authority, 2021

#### Next Steps

- The Health Information Technology Oversight Council (HITOC) is engaged in reviewing and updating Oregon’s Strategic plan for health Information Technology (IT), and will be looking to identify strategies to ensure that health IT can support Oregon’s health system transformation and goals to eliminate health inequities by 2030. There will be many opportunities to get involved in the strategic planning process over the next year. For more information please see the [HITOC meeting page](#).
- HITOC has approved 15 members for a new [CIE Workgroup](#) to recommend strategies to accelerate, support, and improve CIE across the state. Members represent a broad array of roles and backgrounds within Oregon’s diverse landscape of health care, social service partners, and communities that are impacted by development in this area. The CIE Workgroup will be meeting monthly throughout 2022.
- [HITOC](#) is seeking members for a new [Health Information Exchange \(HIE\) Workgroup](#) to recommend strategies to accelerate, support, and improve HIE across the state. HITOC needs to hear from individuals and organizations from across the state that are impacted by HIE to identify how to better support and facilitate HIE in Oregon. This is a great opportunity for individuals who want to help advance health equity in Oregon through health IT. Monthly meetings will begin in spring 2022 and will run through the end of the year.

- In 2022, OHA will fund three “school-linked telehealth pilots” where school-based health centers work in partnership with school nurses at a distance to expand student access to health care services.
- In 2022, OHA also plans to conduct CIE focus groups/interviews with individuals, community-based organizations (especially those who serve specific culturally and linguistically specific populations), and other interested parties to hear the challenges and barriers they face, and identify opportunities to help in their adoption and participation in CIE. The overall information will be presented to the CIE workgroup and HITOC to inform recommendations and the HITOC Strategic Plan Update.

60.1% of immunization records submitted by Electronic Health Record included race and ethnicity data  
OHA’s Immunization Program, 2021

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## Next steps for Year 2

On December 6<sup>th</sup>, 2021 the PartnerSHIP came to consensus on a prioritized list of seven strategies (out of 62 identified in the plan) for 2022. This decision will inform policies that OHA advances, cross-sector partnerships OHA forms and maintains, and provides direction for future resource investments. These strategies provide concrete actions OHA, and others, can take towards elimination of health inequities. These strategies are perfectly aligned with the needs repeatedly heard from community, before and throughout the pandemic – housing and transportation, food security, culturally specific behavioral health services, and access to broadband internet.

- Increase affordable housing that is co-located with active transportation options.
- Increase access to affordable, healthy and culturally appropriate foods for communities of color and low-income communities.
- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.
- Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.
- Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.
- Improve integration between behavioral health and other types of care.
- Increase affordable access to high-speed internet in rural Oregon.

OHA will advance these strategies through internal coordination and external partnership with agencies like Oregon Housing and Community Services, Oregon Department of Human Services, Oregon Department of Transportation, Business Oregon and Department of Land Conservation and Development. How these strategies will be implemented within communities will differ across the state, but HTO gives space for culturally-specific and community-led approaches to health. Partners working to advance health equity are encouraged to explore how their work aligns with these and other strategies identified in HTO.

Here are ways you can learn about and share HTO with your community.

- Make sure you're signed up for the [HTO listserve for monthly updates and opportunities to get involved in implementation](#).
- Additional information about the [PartnerSHIP, including their meeting schedule, can be found on OHA's website](#). The PartnerSHIP is a community-based steering committee, convened by OHA, to direct implementation of Healthier Together Oregon.
- Recordings of PartnerSHIP meetings, HTO in Action events and partner spotlights can be found on the [HTO YouTube playlist](#).

- Want to share a health equity story of success with others in Oregon? Share the HTO aligned work of your community or agency with OHA. Email your story to [publichealth.policy@state.or.us](mailto:publichealth.policy@state.or.us).

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**Appendix:**

**Community Health Improvement Plans**

CCOs are required to complete Community Health Assessments and Community Health Improvement Plans (CHIPs) at least every five years. The CCO CHIP must be a shared CHA/CHIP with local public health authorities, hospitals and other CCOs, and they must invite tribes that share a service area to be equal shared partners. The CCO CHIPs must also include two strategies that align with HTO strategies. CCO CHIP progress reports provide a current overview of the work happening across Oregon to improve community health and advance health equity.

<b>Coordinated Care Organization</b>	<b>Counties Served</b>	<b>2021 CHIP Progress Report</b>
Advanced Health	Coos	<a href="#">2021 CHIP Progress Report</a>
Advanced Health	Curry	<a href="#">2021 CHIP Progress Report</a>
AllCare Health	Curry	<a href="#">2021 CHIP Progress Report</a>
AllCare Health	Jackson, Josephine Douglas	<a href="#">2021 CHIP Progress Report</a>
Cascade Health Alliance	Klamath	<a href="#">2021 CHIP Progress Report</a>
Pacific Source Central Oregon	Deschutes, Jefferson, Crook	<a href="#">2021 CHIP Progress Report</a>
Pacific Source Marion Polk	Marion, Polk	New CCO – First CHIP Progress report expected June 2022.
Pacific Source Lane	Lane	New CCO – First CHIP Progress report expected June 2022.
Pacific Source Columbia Gorge	Hood River, Wasco	Next CHIP progress report expected June 2022.
Columbia Pacific CCO	Clatsop, Tillamook, Columbia	<a href="#">2021 CHIP Progress Report</a>
Eastern Oregon CCO	Sherman, Gilliam, Morrow, Umatilla, Union, Wallowa, Wheeler, Grant, Baker, Lake, Harney, Malheur	<a href="#">2021 CHIP Progress Report</a>
Health Share of Oregon	Multnomah, Clackamas, Washington	<a href="#">2021 CHIP Progress Report</a>
Intercommunity Health Network	Benton, Lincoln, and Linn	<a href="#">2021 CHIP Progress Report</a>
Jackson Care Connect	Jackson	<a href="#">2021 CHIP Progress Report</a>
Trillium Community Health Plan	Lane	Next CHIP progress report expected June 2022.
Trillium Community Health Plan	Multnomah, Washington, Clackamas	New CCO – First CHIP Progress report expected June 2022.
Umpqua Health Alliance	Deschutes	<a href="#">2021 CHIP Progress Report</a>
Yamhill Community Care	Yamhill	<a href="#">2021 CHIP Progress Report</a>

# HTO Annual Report – Discussion of draft

*What do you like about the report?*

*What would you like changed?*

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

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Oregon  
Health  
Authority

# Discussion with PHD Director, Rachael Banks

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

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Oregon  
Health  
Authority



# Next Steps & Final Thoughts

## Next meeting:

Monday, March 7th

## Reminders:

- P'SHIP members eligible for compensation – invoice template is posted in Basecamp