



SO Health-E Strategic Priorities

2017–2019

STRATEGIC PRIORITIES 2017-2019



Improved Health Status

Increased Educational Attainment



Form reproductive/sexual health work group



Environmental scan: School-based health center services



Advocacy for reproductive/sexual health equity



Comprehensive, culturally appropriate sexuality education



Environmental scan: Dental access



Culturally & linguistically appropriate dental services



Cultural agility training for dental providers



Certified medical interpreters



Cultural agility trainings



Equity advocates



Training of trainers



Implementation of CLAS standards by key organizations



Form community engagement work group



Community members on steering committees & work groups



Community engagement training



Leadership training opportunities



Community assemblies



More diverse funding sources



Enough staff with the right skills to support the strategic plan



SO Health-E Coalition in Josephine County by 2017



SO Health-E Coalition in Douglas County by 2019



What is Health Equity?



Health equity means that we all have equal opportunity to live healthy and fulfilling lives.

Achieving health equity requires that we are all valued equally, and that we focus on making sure that we all have the same opportunity to achieve our full potential, especially if we experience barriers because of our race and ethnicity, income, where we live, the language we speak, our gender identity, sexual orientation, a disability or our religion.

Health equity cannot be solved by health care systems alone. It requires that different institutions in our community look at unfair challenges that we commonly face in our day to day life, that keep us from being completely healthy and thriving. This includes housing, employment, public safety, education, or when we experience any type of discrimination or exclusion, even if we no longer notice it. Health equity requires a deep review of how institutions make decisions and offer services.

What are Health Disparities



Health disparities are unfair differences in the health status of different groups of people. Some groups of people have higher rates of certain diseases and more deaths and suffering from them compared to others.

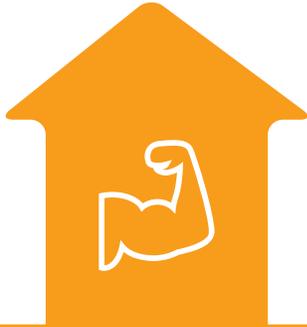
Education Matters for Health



Everyone knows that without a good education, it's hard to get a good job with good earnings. Few people think of education as a key path to health. Yet lots of evidence strongly links education with health, even when other things like income are taken into account. By "education" we mean educational attainment, or the years or level of overall schooling a person has. People with more education are likely to live longer, to experience better health and to practice health-promoting behaviors like exercising regularly, not smoking, and getting regular health care check-ups and screenings.

Educational attainment among adults is linked with children's health as well, beginning early in life. Babies of more-educated mothers are less likely to die before their first birthdays, and children of more-educated parents experience better health.

PRIORITY ONE: ORGANIZATIONAL CAPACITY



STRENGTHEN HEALTH CARE COALITION OF SOUTHERN OREGON (HCCSO) AND EXPAND SOUTHERN OREGON HEALTH EQUITY COALITION (SO HEALTH-E) TO OTHER COUNTIES.



OBJECTIVE:

More diverse funding sources:

By January 1, 2019, 75% of SO Health-E's income will come from grants, 25% from other sources, including fee for service, donations, and paid memberships.

STRATEGIES:

1. By January 1, 2017, SO Health-E will have a written Business Plan in Place.
2. By January 1, 2017, SO Health-E will have marketing materials in hand to ask for paid memberships.



OBJECTIVE:

Enough HCCSO staff with the right skills to support its strategic plan

STRATEGIES:

1. By December 31, 2016, HCCSO will be completed identify future staff needs, and priorities for developing leadership.
2. By April 1, 2017, HCCSO will have fully trained staff in place who are driving the Strategic Plan



OBJECTIVE:

SO Health-E Coalition in Josephine County by 2017

STRATEGIES:

1. By February 1, 2017, a Josephine County SO Health-E Coordinator will be in place.
2. By March 1, 2017, a Steering Committee will be in place in Josephine County
3. By January 1, 2018, a strong Josephine County Steering Committee will be in place with work groups and a work plan.



OBJECTIVE:

SO Health-E Coalition in Douglas County by 2019

STRATEGIES:

1. By January 1, 2018, we will decide if Douglas County is ready for a coalition.
2. If yes, by January 1, 2019, a strong Douglas County Steering Committee will be in place with work groups and a work plan.

PRIORITY TWO: COMMUNITY ENGAGEMENT



INCREASE COMMUNITY ENGAGEMENT IN ALL AREAS OF SO HEALTH-E'S WORK



OBJECTIVE:

Form a Community Engagement Work Group.

STRATEGIES:

1. By March 1, 2017, a Community Engagement Work Group will be in place.
2. By June 1, 2017, a work plan will be in place.



OBJECTIVE:

Community members who have experienced health disparities will be on SO Health-E Steering Committees and Work Groups, with shared decision-making power.

STRATEGIES:

1. By January 1, 2017, an assessment will be done showing how many community members who have experienced health disparities are on steering committees and work groups.
2. By March 1, 2017, two community members will be added to the Jackson County Steering Committee.



OBJECTIVE:

Community Engagement Training: 15 individuals involved with SO Health-E will receive training in community engagement.

STRATEGIES:

1. Sponsor at least one Community Engagement Training per year, using trainers with a Collective Impact framework.
2. Ensure that key SO Health-E leaders and staff are trained.
3. By January 1, 2018, a SO Health-E Leadership and Governance Structure will be in place that supports full community engagement.



OBJECTIVE:

Leadership Training: 5 community members per year will receive leadership training.

STRATEGIES:

1. Identify leadership training opportunities, and identify community members who are ready to take on a leadership role with SO Health-E.
2. Sponsor community members to attend trainings.
3. By January 1, 2019, community members will share leadership and decision-making in SO Health-E.



OBJECTIVE:

Community Assemblies: 100 individuals per year will attend Community Assemblies

STRATEGIES:

1. Sponsor at least 3 community assemblies per year.
2. By March 1, 2017 create a SO Health-E Community Membership Program.
3. Get Community input to develop the program for Community Assemblies.

PRIORITY THREE: CULTURAL AGILITY



INCREASE THE CULTURAL AGILITY OF PEOPLE WORKING IN HEALTH, EDUCATION, SOCIAL SERVICE, LAW ENFORCEMENT, AND GOVERNMENT



OBJECTIVE:

Certified Medical Interpreters:

15 individuals per year will participate in a Southern Oregon-based training to become certified or qualified medical interpreters.

STRATEGIES:

1. Ensure that annual medical interpreter trainings take place locally.
2. Advocate for Rogue Community College to offer ongoing annual Medical Interpreter training.



OBJECTIVE:

Cultural Agility Training:

100 individuals per year will receive cultural agility training from SO Health-E.

STRATEGIES:

1. Sponsor at least two cultural agility trainings per year, using programs supported by SO Health-E.
2. At least 10% of those trained will be people who have faced disparities. 90% of those trained will be people working in health, education, social service, law enforcement, or government.



OBJECTIVE:

Equity Advocates:
15 individuals per year will be trained as equity advocates.

STRATEGIES:

1. Sponsor at least two cultural agility trainings per year to train and develop local equity advocates.
2. Use trainers endorsed by SO Health-E, including John Lenssen, Interface Network, and Oregon Health Authority's Office of Equity and Inclusion.
3. Ensure that individuals trained are in key organizations where they can put equity principles into place.



OBJECTIVE:

Training of Trainers:
3 individuals per year will be trained as certified cultural agility trainers.

STRATEGIES:

1. Use training programs endorsed by SO Health-E, including Closing the Gap.
2. Ensure that those trained are in key organizations where they can provide ongoing training and/or will be available to provide cultural agility training to Southern Oregon organizations.



OBJECTIVE:

Implementation of CLAS Standards by key organizations: Two new organizations per year will effectively implement one or more of the National CLAS Standards (Culturally and Linguistically Appropriate Standards in Health and Health Care). These organizations will be in the health, education, social service or civic sectors.

STRATEGIES:

1. Provide technical assistance and/or training in CLAS standards to key organizations.
2. Identify and document which of the CLAS standards are put into place.

PRIORITY FOUR: ORAL HEALTH DISPARITIES



REDUCE AND ELIMINATE ORAL HEALTH DISPARITIES

Children with poorer oral health status are more likely to experience dental pain, miss school, and perform poorly in school. Improving children's oral health status may be a way to enhance their educational experience, and improve their educational attainment.



OBJECTIVE:

Work with Oral Health Coalition to perform an Environmental Scan.

STRATEGIES:

1. By July 1, 2017, an environmental scan will be performed to identify barriers to dental access and opportunities to remove barriers, create partnerships, and reduce oral health disparities
2. By October 1, 2017, identify and advance two key process improvement areas
3. By December 1, 2017, develop one priority area.



OBJECTIVE:

Culturally and Linguistically Appropriate Dental Services:

SO Health-E will advocate with dental providers to ensure that culturally and linguistically appropriate dental services are provided.

STRATEGY:

1. Two new dental organizations per year will effectively put in place one or more of the National CLAS Standards (Culturally and Linguistically Appropriate Standards in Health and Health Care).



OBJECTIVE:

Cultural Agility Training for Dental Providers:

20 dental providers per year will receive cultural agility training from SO Health-E.

STRATEGIES:

1. Conduct at least two cultural agility trainings per year.
2. Use programs endorsed by SO Health-E, which may include: Think Cultural Health: Cultural Competency for Oral Health Providers, and Closing the Gap.

PRIORITY FIVE: REPRODUCTIVE/SEXUAL HEALTH DISPARITIES



REDUCE AND ELIMINATE DISPARITIES IN TEEN PREGNANCY AND REPRODUCTIVE/SEXUAL HEALTH

Parenthood is a leading cause of school dropout among teen girls. 30% of all teen girls who have dropped out of high school say pregnancy or parenthood is a key reason. The rate is higher for minority students: 36% of Hispanic girls and 38% of African American girls say pregnancy/parenthood is a reason they dropped out. Teen parents are less likely to earn a high school diploma or a GED, and less likely to attain a college degree by age 30.

**Teen Pregnancy and High School Drop-out: What communities can do to address these Problems. The National Campaign to Prevent Teen and Unintended Pregnancy, 2012*



OBJECTIVE:

Form a Reproductive/Sexual Health Work Group

STRATEGIES:

1. By January 1, 2017, a Reproductive/Sexual Health Work Group will be in place
2. By April 15, 2017, a work plan will be in place.



OBJECTIVE:

Work with School-based Health Centers to do an environmental scan.

STRATEGIES:

1. By July 1, 2017, do an environmental scan will be performed to identify barriers to reproductive health access, and opportunities to remove barriers, create partnerships, and reduce reproductive health disparities.
2. By October 1, 2017, identify and advance two key areas that will result in improved access to comprehensive reproductive health services.



OBJECTIVE:

Advocacy:

Increase advocacy for reproductive and sexual health equity in Southern Oregon

STRATEGY:

1. By October 1, 2017, identify and advance one key policy that will impact reproductive/sexual health disparities by working in partnership with other organizations.



OBJECTIVE:

Sexuality Education:

Increase advocacy for evidence-based, comprehensive sexuality education, including culturally appropriate programs like Cuidate.

STRATEGY:

1. By October 1, 2017, identify one school district and develop an advocacy plan to increase its use of comprehensive, evidence-based sexuality education programs.