



Healthier Together Oregon

Annual Report

Year 1: September 2020 – December 2021

Released June 2022

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To the people of Oregon,

[The PartnerSHIP](#) is a community steering committee for [Healthier Together Oregon \(HTO\)](#), the [State Health Improvement Plan](#). Convened by OHA, the PartnerSHIP is a group of 20 community representatives that provide statewide perspectives from priority populations and those who implement community health improvement plans. PartnerSHIP members share dedication to the vision of HTO: Oregon will be a place where health and well-being are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Members of the PartnerSHIP committee come to this work because we understand health equity will only be achieved through sustained policy, systems and environmental changes led and designed by the communities most affected. HTO draws the necessary connections among cross-sector partners for work in the social determinants – conditions in the places where we live, learn, work, play and pray that affect our health. HTO is a tool for all of Oregon. It is Oregon’s plan for working collaboratively to advance health equity, recover from COVID and build resilience out of this historic pandemic.

This annual report lifts up examples of work from a time that will be remembered for generations — between September 2020 and December 2021. During that time, people in Oregon endured a lot. We are still grieving due to the continued response to the COVID-19 pandemic, historic wildfires and the continued reckoning with Oregon’s racist past. We have lost loved ones, employment, childcare, and chances to create memories with friends and family. The events that bring us together, such as worship, weddings and celebrations, have been postponed again and again and again. And yet, our assets have never been stronger. People in Oregon are beginning to understand and confront our racist past and present. Individuals, communities and agencies are peeling away the layers of white supremacy that affect us all. People have 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 affected by the COVID-19 pandemic. Policymakers in Salem voted for historic investments and legislative changes, with examples highlighted throughout this report.

We need your voice and perspectives at our table. On [page 30](#) of this report, you will find a number of ways to help advance HTO. PartnerSHIP members hope you will get involved in this important effort.

Sincerely,

PartnerSHIP

PartnerSHIP members

Current members

Alisha Overstreet	Oregon Family Advisory Council
Amy Thuren	Health Care Coalition of Southern Oregon
Connie Dillinger	AllCare Community Advisory Council
Dalia Baadarani	Lutheran Community Services
Esther Kim	Oregon Health Equity Alliance
Ian Winbrock	Whiteaker Community Council
Jennifer Little	Klamath County Public Health
Jess Gasper	Oregon Marshallese Community Association
Kimberly Lane	Confederated Tribes of Siletz Indians
Maria D. Morales Donahue	Euvalcree
Monica Yellow Owl	Klamath Tribal Health and Family Services
Rachel Schutz	Family Justice Center of Washington County
Susan Blane	PeaceHealth
Timur Holove	Slavic Community Center of NW
Veronica S. Leonard	Latino Network
W. Kirt Toombs	Association of Oregon Centers for Independent Living (AOCIL)

Previous members

Jenny Pool Radway	Consejo Hispano
Lauren Gottfredson	United Way of the Columbia-Willamette
Stan Baker	Crossroads Christian Fellowship
Toc Soneoulay-Gillespie	Health Share of Oregon

Overview of year 1 accomplishments and challenges

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 lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, Two-Spirit, or other ways people choose to self-identify (LGBTQIA2S+)
- People with disabilities
- Immigrants and refugees, and
- People living in rural areas.

HTO is an alignment tool for anyone working to advance health equity in Oregon. This includes but is not limited to:

- Community-based organizations
- Regional health equity coalitions
- Agencies working on community health improvement plans
- Foundations
- Policymakers, and
- State agencies.

HTO relies on a collective impact approach, which outlines a set of conditions to effectively tackle society's greatest challenges. HTO is also a tool for equitable recovery from the COVID-19 pandemic. This plan builds off the individual and community resilience demonstrated this past year in response to COVID-19.

As HTO's backbone organization, the Oregon Health Authority (OHA) has committed support to PartnerSHIP and the community in implementation. This annual report showcases efforts during the first year of implementation. This report cannot possibly collate all that happened across Oregon to advance the strategies and priorities identified in HTO. Instead, this report provides just a few shining examples of what equity-centered work can and does look like. This report offers suggestions of work to come as well as work that communities would like to see occur in the future.

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.

This report references some of the long-term and short-term indicators 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 2020 or earlier and will not capture COVID-19 related impacts. The long-term impacts of COVID-19 may not be visible for several more years.
- When available, data is disaggregated (separated) by race, ethnicity and other demographics. When only aggregated data is provided, readers should consider the hidden inequities.
- Behind every data point are policies created and perpetuated by systemic and institutional racism. Race and ethnicity data may appear to reflect individual choices or characteristics while, in fact, the data is heavily influenced by structural issues that have disproportionately affected racial and ethnic groups for hundreds of years.

OHA is committed to working with communities to collect and report meaningful population health data used in health improvement efforts. This also means collecting stories and wisdom that provide more context for the data than numbers alone.

Implementation areas

To address the connections across HTO priorities, the strategies in the plan are organized into eight implementation areas: equity and justice, healthy communities, housing and food, healthy families, healthy youth, workforce development, behavioral health, and technology and health. The following section details accomplishments and next steps within each implementation area.

Equity and justice

The past two years have been historic. They have marked both the COVID-19 pandemic and a time of racial awakening. People have witnessed painful and obvious truths about the legacy of white supremacy. They are more aware of the work required to undo centuries of harm upon communities of color and tribal communities.

At the same time, people in Oregon have all benefited from the strength, resilience and creativity of communities of color, tribal communities and priority populations. In the coming years, HTO will continue to use the lessons learned to fuel the march toward equity and, ultimately, liberation. [Equity and justice strategies](#) call upon state agencies and other institutions to dismantle white supremacy and commit to anti-racist practices.

Progress and accomplishments

Here are a few examples of actions from the past year that align with HTO equity and justice strategies:

- Many jurisdictions and agencies around the state declared institutional racism a public health crisis. Racism is a key driver of health outcomes; see the [State Health Assessment](#) for more information. [House Resolution 6](#), passed in the 2021 legislative session, declared racism 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 committed to racial equity.

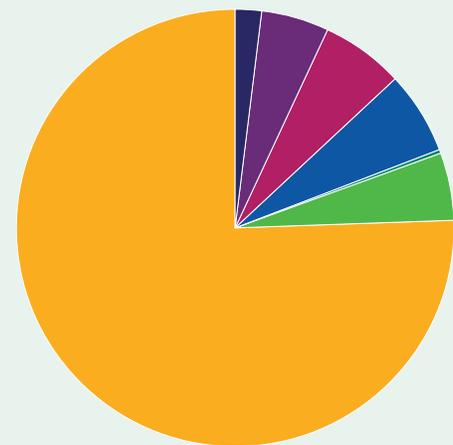
***“Be It Resolved
by the House of
Representatives of
the State of Oregon:
That the Legislative
Assembly declares
that racism is a
public health crisis
in this state.”***

-House Resolution 6,
2021 Oregon Legislative
Assembly

- In response to the COVID-19 pandemic, many state agencies changed processes and policies to quickly support education and outreach, contact tracing, masks, vaccinations and wraparound services. Community-based organizations received funding to create community-led solutions. For example, OHA's new [Community Engagement Team funded 170 culturally and linguistically responsive community-based organizations](#) to support priority populations during the COVID-19 pandemic and released a new, innovative funding opportunity for culturally and linguistically responsive public health services in December 2021 across eight program areas.
- Oregon's Department of Administrative Services released [the Diversity, Equity and Inclusion Action Plan: A Roadmap to Racial Equity and Belonging](#). This plan identifies state employees' and agencies' roles in dismantling systemic racism. The plan's five racial equity goals are aligned with HTO:
 - » Establish strong leadership to eradicate racial and other disparities in all aspects of state government.
 - » Center equity in budgeting, planning, procurement and policymaking.
 - » Strengthen public involvement through transformational community engagement, as well as 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.
 - » Foster an inclusive workplace culture and promote equitable hiring, retention and promotion practices.

Representation by race on Governor-appointed boards and commissions:

- 2% American Indian/Alaska Native
- 5% Asian
- 6% Black/African American
- 6% Latinx
- 0.3% Native Hawaiian/Pacific Islander
- 5% Two or more races
- 74% White



-Oregon Affirmative Action Report, 2018

- 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 2022, people in Oregon will be eligible for health insurance through Medicaid, regardless of immigration status.
- The Governor signed [House Bill 3159](#) during the June 2021 legislative session. This law requires OHA to adopt standards and establish a timeline for health care providers and health insurers to collect race, ethnicity, language, disability, and sexual orientation and gender identity (REALD and SOGI) data from patients and clients. This will help them better understand disparities in health outcomes.

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

-Oregon Affirmative Action Report, 2018

Next steps

- As directed by 2021 state legislation such as [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 begun this work as noted in a [Oregon Health Policy Board](#) report.
- With new funding from the Oregon Legislature, OHA will expand 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 stand 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.

20% of Oregon children have experienced two or more adverse childhood experiences.

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

Healthy communities

Over the past year, communities have demonstrated resilience in a number of ways. Communities created innovative ways to come together even when COVID-19 asked people to keep physical distance. For example, mutual aid groups formed and equity-centered businesses developed. [Heathy 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 align with HTO strategies for healthy communities:

- In response to the COVID-19 public health emergency, [Business Oregon's Rural Broadband](#) program made grants that provide and support increased high-speed internet access for telework, telehealth and K-12 distance learning in unserved and underserved areas. The city of Independence used this funding to provide internet service to lower-income students who did not have home access to online learning. 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 students who 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 that can be used as a mobile hotspot for learning centers or during a natural disaster.

**Oregon ranks
34th in the
country**

*for broadband access
(1 is best, 50 is worst).*

[-Broadband Now, 2021](#)

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

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

- The economic impacts of the COVID-19 pandemic have been far-reaching. 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 started in 2020 to help historically underrepresented and under-resourced businesses respond to COVID-19. This funding expands the culturally competent, linguistically appropriate and geographically aligned resources these small businesses need to survive and thrive. The grants also strengthen and provide networking for individual TA provider organizations. Approximately 8,742 clients received 37,393 hours of assistance through this program since 2020. “Without the support [of this program], I wouldn’t have been able to stay in business” said Gabriela Delgado, owner of Magic Shapes. “My crisis would have been really terrible.”
- [Recruit HIPPO \(Helping Individuals Pursue Professional Opportunities\)](#) prepares students for employment and helps local businesses find employees. The program serves communities in Coos, Curry and Douglas counties. The mission of [Recruit Hippo](#) is to nurture a culture for youth work experience, and increase the number of opportunities young people have to apply their academic experiences in workplace settings. Recruit HIPPO acts as a liaison between students, schools and employers.
- In 2020, AllCare Health launched the Raising Resilience/Aumentando la resiliencia campaign. Multiple partners across Jackson and Josephine counties supported the campaign. Its goals are to:
 - » Lift up stories of resilience directly from parents and caregivers in the community
 - » Confirm that these are extraordinary times and decrease the sense of isolation that so many parents and caregivers face, and
 - » Highlight ways parents and 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. NEAR science gives us a whole picture of experiences over the life course and generations. These affect the quality of our health, relationships, self-regulation and on-the-job performance. The campaign developed bilingual and bicultural television launch spots airing on both KOB1 and Telemundo.

- Centro Cultural of Washington County and students of Pacific University’s School of Graduate Psychology’s Sabiduría Latinx Psychology Emphasis collaborated to create Conversaciones con los Abuelos (“Conversations with the Grandparents”). This project matches students with older adult participants from the [Centro Cultural Edad de Oro](#) (“golden age”) program. The students provided 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 offered weekly linguistically and culturally appropriate social and emotional support to vulnerable seniors by telephone and monthly contacts by post. This project promoted healing, connection and transformation for all participants, including elders and students. Students provided elders with calls and conversations while elders shared their legacy, wisdom, stories and experiences with students. This nurtured intergenerational relationships and connection.

Next steps

- The [Oregon Department of Revenue \(DOR\)](#), in partnership with other agencies, will work to increase the percentage of families who receive the Earned Income Tax Credit (EITC) – a key strategy for reducing poverty. This information campaign will be even more critical because 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. Examples include libraries, WIC clinics, [centers for independent living](#) and [community action agencies](#). Once launched, this map will help communities co-locate 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.

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

[-Internal Revenue Service, 2017](#)

Housing and food

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

*In January 2020,
14,655 people
in Oregon were known to
be houseless.*

-HUD Point In Time
Count, 2020

Progress and accomplishments

Here are examples from the past year that align with HTO housing and food strategies:

- [Oregon Housing and Community Services \(OHCS\)](#) participated in Lane County’s Keystone Project Grand Opening with project sponsor Homes for Good. Graduates of OHCS’s first Supportive Housing Institute designed and created the [Keystone Project](#) as their first project. The five-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. Fifteen homes make up the Keystone Project. They will house and provide wraparound services to families experiencing chronic homelessness in Eugene.
- Since the first \$40 million allocation in 2015 that created the [Local Innovation and Fast Track \(LIFT\)](#) program, the Oregon Legislature has committed a total of \$680 million in bonds. A historic \$303.5 million was available during the 2021–2023 biennium. As a result, more than 5,600 affordable rental homes (including 480 homeownership opportunities) are available to some of the most historically underserved communities in Oregon, including communities of color in both rural and urban areas.
- CCOs are using [SHARE funding](#) to make housing more accessible for people with disabilities. For example, Eastern Oregon CCO funded [Northeast Oregon Housing Authority](#) to enhance an affordable housing project with fully accessible units for individuals with limited mobility and accessible walking paths and recreational areas. Intercommunity Health Network funded the CHANGE (Communities Helping Addicts Negotiate Change Effectively) program to increase the number of ADA accessible respite care beds.

- Communities across the state are standing up housing councils and housing trusts. The Central Oregon Health Council invested \$200,000 to develop a regional housing council. The Coos Housing Access Program (CHAP) was organized to create and administer a housing trust fund. The housing trust fund raises money and secures property to develop affordable and workforce housing. Under the leadership of the Coos Housing Action Team (CHAT) and with support from Advanced Health and South Coast Rural Health Integrated Provider Team (SCRIPT), the housing trust fund was created and incorporated as a nonprofit entity, Coos Housing Access Program.
- Communities stood up innovative models to address the food and nutrition needs of their neighbors during the COVID-19 pandemic. These efforts include the Plant a Row initiative. Community members planted a row of food in their gardens to donate to the food bank. The program was promoted at area farmers' markets. In 2020, 21 growers produced 1,584 pounds of produce donated to those experiencing food insecurity. Another example was Bites of Brookings or the BOB Bus. This project expanded 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. Approximately 20 children at a time can 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.
- WIC has increased outreach and retention campaigns at the local, state and national levels. At the local level, WIC programs in the Portland metro area have been collaborating with CCOs and maternal and child focused programs to improve connections to WIC. At the state level, there is additional outreach work and advocacy to continue program flexibilities that allowed for remote WIC services during the COVID-19 pandemic. At the national level, the WIC Modernization Act provides \$390 million for fiscal year (FY) 2021, to remain available through FY 2024, to carry out outreach, innovation and program modernization efforts, including appropriate waivers and flexibility, to increase participation and redemption of benefits.

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

-American Community Survey, 2019

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 awarded Oregon a grant as part of its newly established State Partnerships Improving Nutrition Equity program. These resources will help build capacity with community-based organizations involved in equity-centered food and nutrition policy, programs and initiatives. The PartnerSHIP will monitor this community-driven grant.
- As directed by [House Bill 2842](#), OHA will stand up the Healthy Homes Program, which committee will provide resources for home 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 already under stress. Caregivers of older adults and people with disabilities faced isolation and lack of respite. Healthy family strategies identify how Oregon 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 aligned 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 (\$1,036,294), and food access (\$828,143).
 - » Another 23% of HRS spending (\$7,839,395) addressed needs increased 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, communities of color and people with disabilities.

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)

- Children and Recovering Mothers (CHARM) was “born” at Grand Ronde Hospital’s Family Birthing Center. Many local partners, including the local community advisory council, support it. CHARM is a health care program for pregnant women struggling with alcohol or drugs. It offers early intervention and resources throughout pregnancy to reduce the risk of postpartum complications and help ensure a healthy newborn. CHARM helps women connect to services and keep their families together.
- The Queers and Allies Program (Q&A) is a volunteer-led group that provides support for youth, ages 13–24, who identify as lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual, Two-Spirit and other ways people choose to self-identify (LGBTQIA2S+). The United Way of Southwestern Oregon and the Oregon Association of Suicide Prevention Q&A helps youth find employment and housing and supports youth to be “out” in the community. Additionally, Q&A helps youth connect to behavioral health professionals for gender-affirming care. Coos Healthier Together helped Q&A establish a Gender Affirmation Closet for local youth access to access gender-affirming clothing. Coos Healthier Together also helped Q&A create a website and web internship, and provided supports such as travel and lodging reimbursement for out-of-area travel for gender-affirming health care. Along with that, Q&A offers help with voice coaching and hair removal, which are costly services not typically covered by health insurance.
- OHA’s Reproductive Health Program partners with eight community-based organizations to deliver culturally and linguistically appropriate reproductive and sexual health outreach and education. Priority populations experiencing disparate access to and outcomes in reproductive health access this service. The Reproductive Health Program supports agencies with training, skill building and project-appropriate materials.

29% of children in Oregon aged 0–5 have access to childcare.

[-Early Learning Map of Oregon, 2020](#)

Next steps

- OHA will continue rolling out the [Family Connects Oregon](#) program that offers a home visit by a nurse to all families following the birth of a child. This includes families who have fostered or adopted newborns. Home visiting is an evidence-based practice to:
 - » Reduce postpartum depression and anxiety
 - » Decrease involvement with the child welfare system, and
 - » Connect families with needed resources.

The program focuses on outreach to culturally and linguistically specific communities.

- The Oregon Department of Education Early Learning Division will continue carrying out the 2019–2023 [Raise Up Oregon](#) Plan. Raise Up Oregon outlines improvements for the early learning system. Its goals and objectives relate to kindergarten readiness, support of healthy families, and a coordinated, family-centered early learning and childcare system.
- OHA recently submitted a new Medicaid waiver application to the Centers for Medicare and Medicaid Services. The waiver would give Oregon flexibility to administer 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 been greatly affected by the COVID-19 pandemic. Limited in-person learning during the start of the pandemic deepened educational inequities and prevented young people from spending time with their peers. Access to oral and behavioral health care and other preventive services was delayed. Although schools have reopened, teachers and staff are struggling to meet significant social and behavioral health 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 align with [HTO strategies related to healthy youth](#):

- The [Columbia Regional Educator Network \(CREN\)](#) recently started integrating Senate Bill 13, [Tribal History/Shared History](#), into the Hood River, Wasco, Wheeler, Gilliam and Sherman county region.

This work is critical for Tribal students to be accurately portrayed and “seen” in school curriculum. Similar work is underway in the David Douglas School District, South Umpqua School District, Beaverton School District, Portland Public School District, and 11 school districts in Lane County. Districts such as South Umpqua, which have been championing this work since last school year, are seeing an early effect of Tribal students’ increased attendance. Oregon was one of a few states to prioritize Tribal Nations in school curricula by passing 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. And bonus, this is really improving our sports head-injury training and concussion management processes, too.”
- The Oregon Department of Education (ODE), OHA, the Multnomah Education Services District (MESD) and the Oregon Community Foundation developed

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

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

7.6% of school districts have school nursing services.

[-Oregon Education Department, 2021](#)

instructional materials to help school districts meet comprehensive health and sexuality education requirements. Over the year-long Sex Ed Open Learning project, six grantees from communities across Oregon partnered with local students and groups to create more than 40 lessons on topics often left out of health and sexuality education materials. Examples of topics include violence prevention, anti-oppression, and positive and affirming growth, development and reproduction.

Similarly, the interdisciplinary ODE and MESD 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.

Districts will be able to get these resources on the newly launched [Oregon Open Learning Hub](#). This website gives schools a place to find and share free instructional materials aligned with Oregon’s educational standards and approaches.

Next steps

- Oregon has seen a significant decrease in the number of dental sealant programs operating in schools. This is due to an increase in remote learning and schools’ hesitation in allowing outside programs into the schools. OHA’s Oral Health Unit will work with schools over the next year to support the return of oral health and dental sealant programs 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 agency’s’ shared priorities in the following:
 - » 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.
- As Oregon moves into recovering and building resilience from the COVID-19 pandemic, youth and educator emotional and mental health wellness is a major focus for both ODE and OHA through the [Integrated Model of Mental Health](#). Both agencies are committed to working collaboratively with students, families, school staff and leaders, Tribal and community partners to ensure school communities have full access to the culturally and linguistically responsive resources needed to support optimal mental health and well-being.

**23% of Oregon
11th graders reported
having an unmet mental
health care need in the
past 12 months.**

*-Student Health Survey,
2020*

Workforce development

Health, social service and other essential workers have helped meet the needs of people in Oregon throughout the pandemic. From overtime worked at hospitals to grocery store workers who helped put food on tables, Oregon's workforce has demonstrated courage and resilience. This resource is not infinite, however. Oregon needs 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 align with HTO workforce development strategies:

- ECHO (Extension for Community Healthcare Outcomes) is an interactive educational and community-building experience where health care professionals throughout the Oregon (especially in rural regions) created a learning environment through video-conferencing sessions. In partnership with [Trauma Informed Oregon](#), ECHO held 12 sessions to help primary care and allied health professionals understand and address the impact of trauma on patients and health care providers. There were 232 attendees from 25 counties in Oregon. Participants reported a higher level of knowledge in trauma-informed approaches after participating in the ECHO program.
- In 2020, AllCare created a program to help individuals with limited English access food banks. Five interpreters worked at food banks and pantries in the region. The interpreters spoke Spanish and were also equipped with VRI (video remote interpreting) technology to help 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 a dental therapy licensure, a new category of dental practitioner in Oregon. Dental therapists will dedicate at least 51% of their practice to serving underserved populations. OHA will develop a toolkit over the next three years to help dental clinics incorporate dental therapists into the dental teams.
- OHA released a toolkit about [equitable hiring strategies](#). OHA wrote the toolkit for its hiring managers and interview panelists. Other agencies and organizations may also use it.

- Health Share of Oregon funded a training cohort of more than 40 peers to complete Portland Community College's (PCC) Alcohol and Drug Counseling degree and certificate program. This increases services and workforce diversity, specifically focusing on racial and LGBTQIA2S+ representation.

31% of OHA employees completed required cultural competency training.

-Learn, 2020

Next steps

- In response to the behavioral health workforce crisis increased by the COVID-19 pandemic, a number of actions have been taken:
 - » OHA provided \$15 million for retention and hiring bonuses of up to \$2,000 to more than 7,000 workers serving clients directly in residential settings.
 - » OHA provided \$8 million to hundreds of licensed behavioral health providers for childcare stipends, improved supervision and working environment improvements.
 - » OHA provided staff support to licensed behavioral health facilities to offset the impact of COVID-19 on the workforce.
 - » Centers for Medicare & Medicaid Services (CMS) approved OHA's request to extend the behavioral health provider rate increase. Providers and CCOs have received almost \$13 million to date
- CMS also approved OHA's request to extend the behavioral health provider vacancy payments. Vacancy payments pay for empty beds when bed vacancy is due to the pandemic. This has helped provide stable income for providers during COVID-19. They have received more than \$30 million to date.
- Both the rate 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

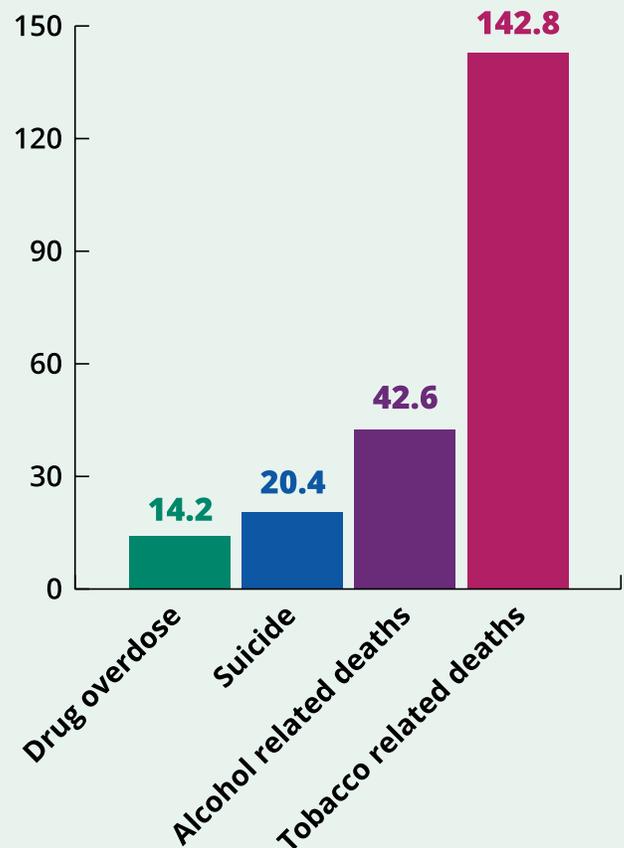
Preliminary data suggest mental health conditions, alcohol and substance use have all increased due to COVID-19. The stress of living in a pandemic, as well as alcohol and other substances used to cope, have aggravated anxiety and depression. Thankfully, in 2021, the Oregon Legislature made historic 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.

Progress and accomplishment

Here are a few examples of actions from the past year that align with HTO strategies related to behavioral health:

- All Oregon school districts must create a suicide intervention plan. The [School Suicide Prevention and Wellness](#) (SSPW) team at Lines for Life provides technical assistance and support to schools to develop and carry out 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 staff and used 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 deepen a shared mindset of creating safety and connection for all students.
 - » The SSPW team met with 125 total unique districts, school buildings and educational service districts in 30 of Oregon’s 36 counties.

Behavioral health related deaths (rate per 100,000)



[-Oregon Vital Records, 2019](#)

- 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, community-based organizations received more than \$500,000 for work ranging from veteran-specific behavioral health workshops on a ranch, to increased virtual and in-person supports for veterans in recovery. Other funds supported developing and rolling out 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.

28% of CCO community advisory councils (CACs) have representation from county mental health programs.

-CAC Demographic Report, 2021

- 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. Collaborators and partners across Oregon gave feedback. 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 health care settings. OHA’s coordinators will use the framework’s strategic pillars and goals to guide their work.

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

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

- Columbia Pacific CCO offers an integrated model of care by supporting physical and behavioral health providers with an alternate payment model. Instead of siloed primary care and behavioral health care payments, integrated service providers now receive comprehensive payment that incorporates both services. To further encourage health care integration, Columbia Pacific CCO expanded the ability for primary care providers to be reimbursed for behavioral health services. As a result, members may receive whole person health services anywhere without a payment barrier.

Next steps

- Starting in July 2022, people in Oregon will have a new way to access support for a behavioral health crisis by calling 988. Similar to the 911 system, 988 will be available 24 hours a day, seven days a week for people to call when having a behavioral health crisis. When a person calls 988, they will reach a compassionate, highly trained counselor who can help address their issue in the least intrusive way. The counselor is part of a call center 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 HTO, 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 and geographic locations. Acknowledging the impact of white supremacy and multiple forms of oppression, including hate crime, ASIPP will include an Equity Assessment to guide groups to assess how power in society affects 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.
- Oregon plans to launch a new website, “Here for you Oregon,” in April 2022. This website will be a one-stop resource guide for people seeking culturally and linguistically appropriate behavioral health services. It will include a provider directory, quick access to emergency hotlines and a guide to help visitors identify a behavioral health resource that meets their needs. OHA staff and members co-developed this website with diverse communities who carefully vetted the information to ensure it is appropriate and comprehensive.

17.6% of
**coordinated care
organizations are
in compliance with
mental health parity and
addictions law.**

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

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 also highlighted barriers such as limited access to the internet and hardware or supports needed to access technology. Investments in electronic health records enabled timely information about COVID-19 vaccination and collection of demographic 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.

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

Progress and accomplishment

Here are a few examples of actions from the past year that align with HTO technology and health strategies:

- Oregon's community health centers deliver integrated medical, dental and behavioral health services to many of the state's most vulnerable communities through more than 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 attending virtual behavioral health appointments vs attending in person. Virtual visits reduced problems such as lack of child care or transportation, or finding time off.

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.

La Clinica's Birch Grove Health Center serves primarily patients with mental health and substance use needs. La Clinica 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 its partners quickly stepped up to support communities through rapid response and recovery plans. From February through July 2021, Connect Oregon worked with three local health departments to provide technology, training and technical assistance to securely and effectively connect 978 individuals needing wraparound services for persons in quarantine or isolation. Within four 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](#) established that insurance companies must pay the same for telehealth coverage as they do for in-person care, including behavioral health. House Bill 2591 established a pilot program to expand access to telehealth care services within school-based health centers.
- After 11 years, the federally supported Medicaid EHR Incentive Program (also known as the Promoting Interoperability Program) concluded Dec. 31, 2021. The program offered qualifying Oregon Medicaid providers financial incentives to adopt or effectively use certified electronic health records technology. Eligible professional types included physicians, naturopathic physicians, pediatric optometrists, nurse practitioners, certified nurse-midwives and dentists. Physician assistants are eligible in certain settings. By the end of the program, 60 Oregon hospitals and 3,865 Oregon providers received more than \$213 million in federal incentive payments.

11.6% 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 reviewing and updating Oregon’s Strategic Plan for Health Information Technology (IT). HITOC will identify strategies to ensure 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, 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. The CIE Workgroup will meet 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 that use HIE to identify how to better support and facilitate HIE throughout Oregon. This is a great chance for people to help advance health equity in Oregon through health IT. Monthly meetings will begin in spring 2022. They will run through the end of the year.
- In 2022, OHA will fund three school-linked telehealth pilots where school-based health centers partner with school nurses at a distance to expand student access to health care services.
- In 2022, OHA also plans to conduct CIE focus groups and interviews with individuals, community-based organizations (especially those who serve specific culturally and linguistically specific populations), and other interested parties. The groups will focus on the challenges and barriers they face. They will also highlight opportunities to help adopt and participate in CIE. The 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

Next steps for Year 2

On Dec, 6, 2021, the PartnerSHIP agreed to prioritize seven strategies (out of 62 identified in the plan) for 2022. This decision will:

- Inform policies that OHA advances
- Nurture cross-sector partnerships OHA forms and maintains, and
- Direct future resource investments.

These strategies provide concrete actions OHA and others can take toward eliminating health inequities. These strategies are perfectly aligned with the needs repeatedly heard from the community before and throughout the pandemic – housing and transportation, food security, culturally specific and integrated behavioral health services, and access to broadband internet.

OHA will advance these strategies through internal coordination and external partnership with agencies such as Oregon Housing and Community Services, Oregon Department of Human Services, Oregon Department of Transportation, Business Oregon, and Department of Land Conservation and Development. Implementation strategies will differ within communities across the state. However, 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.

Prioritized strategies for 2022

- Increase affordable housing 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

Get involved with HTO

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

- Make sure to sign up for the [HTO listserv for monthly updates and opportunities to get involved in implementation](#).
- Learn about the [PartnerSHIP and find their meeting schedule on OHA's website](#).
- Find recordings of PartnerSHIP meetings, HTO in Action events and partner spotlights on the [HTO YouTube playlist](#).
- Want to share a health equity story of success with others in Oregon? Share your community's HTO-aligned work. Email your story to publichealth.policy@state.or.us.

Appendix

Community health improvement plans

CCOs are required to complete community health assessments and community health improvement plans (CHIPs) at least every five years. Each CCO must share the CHIP with local public health authorities, hospitals and other CCOs. Each CCO must invite Tribes that share a service area to be equal 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.

Coordinated care organization	Counties served	CHIP progress report status
Advanced Health	Coos	2021 CHIP Progress Report
Advanced Health	Curry	2021 CHIP Progress Report
AllCare Health	Curry	2021 CHIP Progress Report
AllCare Health	Jackson, Josephine, Douglas	2021 CHIP Progress Report
Cascade Health Alliance	Klamath	2021 CHIP Progress Report
Pacific Source Central Oregon	Deschutes, Jefferson, Crook	2021 CHIP Progress Report
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.

Coordinated care organization	Counties served	CHIP progress report status
Columbia Pacific CCO	Clatsop, Tillamook, Columbia	2021 CHIP Progress Report
Eastern Oregon CCO	Sherman, Gilliam, Morrow, Umatilla, Union, Wallowa, Wheeler, Grant, Baker, Lake, Harney, Malheur	2021 CHIP Progress Report
Health Share of Oregon	Multnomah, Clackamas, Washington	2021 CHIP Progress Report
Intercommunity Health Network	Benton, Lincoln, Linn	2021 CHIP Progress Report
Jackson Care Connect	Jackson	2021 CHIP Progress Report
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	2021 CHIP Progress Report
Yamhill Community Care	Yamhill	2021 CHIP Progress Report



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