



**Healthier
Together
Oregon**



PartnerSHIP Meeting

Thursday, July 9th, 1:00 – 4:00pm

Join Zoom Meeting: <https://zoom.us/j/94742586748>

Meeting ID: 947 4258 6748

One tap mobile: +16699006833,,94742586748# US (San Jose)

Meeting Objectives:

- Reconsider priority populations
- Review Healthier Together Oregon and Implementation Framework
- Review and approve 2020-2024 State Health Improvement Plan

Time	Items
1:00 – 1:10pm	Welcome & introductions, acknowledgement, and meeting purpose
1:10 - 1:15pm	Public Comment
1:15 -1:35pm	Priority populations and centering BIPOC
1:35 – 1:40pm	Review of process to develop the SHIP
1:40 – 1:50pm	Introducing Healthier Together Oregon & Implementation Framework
1:50 – 2:00pm	Brain Break
2:00 – 2:50pm	Review and approve strategies for Equity & Justice, Technology & Innovation, Housing & Food, and Healthy Families
2:50 – 3:00pm	Break

3:00 – 3:50pm	Review and approve strategies for Workforce Development, Behavioral Health, Healthy Communities, and Healthy Youth
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3:50 – 4:00pm	Wrap up and next steps
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Welcome & Introductions

- Share name, pronouns and agency

Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

Public Comment

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Reconsidering the Priority Populations

The State Health Assessment identified five priority populations

- People of color
- People with low-income
- People who identify as LGBTQ+
- People with disabilities
- People living in rural areas

The **Economic Drivers of Health Subcommittee** proposes reconsideration of these populations, and **re-centering on Black, Indigenous, and People of Color (BIPOC)**

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July 1, 2020

Dear PartnerSHIP Committee Members,

We write to ask the PartnerSHIP to prioritize Black, Indigenous and People of Color (BIPOC) as the primary focus of the 2020-2024 State Health Improvement Plan (SHIP) and to implement a racial justice framework for finalizing the SHIP.

We understand that this request is coming at the end of a lengthy process, which involved extensive community input and stakeholder participation. Yet, we feel that we would be remiss if we did not take into account the calls for social change led by the Black Lives Matter movement and the health and economic disparities facing BIPOC in the wake of Covid-19. The current moment is asking all institutions, organizations, and people to question: “what is our/my commitment to dismantling racism, centering black lives, and moving towards a just and racially equitable society?” And while reflection is key, concrete action must be commensurate.

As members of the Economic Drivers of Health subcommittee, and subject matter experts in our respective fields, we have met regularly for the past ten months to identify strategies that support the economic well-being of all people residing in Oregon. Throughout, there have been many instances when we struggled to select a specific priority population on which to center in the strategies. This tension came to head this past week as we attempted to decide which priority population to center in a strategy regarding decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods.

Data shows that all the identified priority populations experience disparities when it comes to accessing healthy communities and housing; however, historical documentation^{1,2} shows that black community members have been the direct targets of exclusionary zoning and land use policies in Oregon. Considering the current call from communities across the country to center black lives and confront the American legacy of racism, we decided to center BIPOC in this strategy and questioned why the 2020-2024 SHIP was not moving forward with a racial justice framework.

We have an opportunity to make meaningful improvements towards justice through the SHIP. To truly dismantle disparities for all people identified in each of the SHIP’s topic areas, we must address the way racism has been institutionalized in our institutions, systems and policies. To quote the Racial Equity Alliance³:

We also know that other groups of people are still marginalized, including based on gender, sexual orientation, ability and age, to name but a few. Focusing on racial equity provides the opportunity to introduce a framework, tools and resources that can also be applied to other areas of marginalization. This is important because:

¹ Imarisha, Walidah. August 13, 2013. *A Hidden History*. Oregon Humanities. <https://oregonhumanities.org/rll/magazine/skin-summer-2013/a-hidden-history/>

² City of Portland Bureau of Planning and Sustainability. *History of Racist Planning in Portland*. <https://www.portland.gov/bps/history-racist-planning-portland>

³ Government Alliance on Racial Equity. *Why Lead With Race?* Racial Equity Alliance. <https://www.racialequityalliance.org/about/our-approach/race/>

- *To have maximum impact, focus and specificity are necessary. Strategies to achieve racial equity differ from those to achieve equity in other areas. “One-size-fits all” strategies are rarely successful.*
- *A racial equity framework that is clear about the differences between individual, institutional and structural racism, as well as the history and current reality of inequities, has applications for other marginalized groups.*
- *Race can be an issue that keeps other marginalized communities from effectively coming together. An approach that recognizes the inter-connected ways in which marginalization takes place will help to achieve greater unity across communities.*

It is time to support long-needed, fundamental change for Oregon by focusing SHIP strategies to contest generations of racism and structures that have been built to support white privilege. We are asking the PartnerSHIP to center BIPOC people in all SHIP strategies and lead with racial equity.

Sincerely,

Economic Drivers of Health Subcommittee

Members:

Carolina Iraheta Gonzalez, Policy Analyst, Public Health Division Environmental Public Health

Brian Frank MD, Assistant Professor, Department of Family Medicine, Oregon Health & Science University

Trilby de Jung, JD, Deputy Director, Health Policy & Analytics, Oregon Health Authority

Emileigh Canales, MPH, Quality Improvement Analyst, CareOregon

Timeline for developing 2020-2024 SHIP



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Healthier Together Oregon & Implementation Framework

- Acknowledge intersectionality of priority areas
- Remove redundancy in some strategies
- Consolidate strategies to make plan more actionable and achievable
- Communicates work across broader audience
- Priorities will still be visible – implementation areas provide another opportunity for engagement

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Individuals & Families

Many communities in our state experience more health issues than others. We know that things like quality education, affordable places to live, safe neighborhoods, living wage jobs and access to health care impact your health.



EXPLORE THE PLAN



[Healthy Communities](#)



[Healthy Families](#)



[Healthy Students](#)



[Housing and Food](#)



[Behavioral Health](#)



[Equity and Justice](#)



[Workforce Development](#)



[Technology and Innovation](#)



Healthier Together Oregon

Brain Break

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Equity & Justice

1. Ensure **State Health Indicators** are reported by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.
2. Ensure state agencies engage priority populations to **co-create investments, policies, projects and agency initiatives**
3. Require state agencies to **commit to racial equity in planning, policy, agency performance metrics and investment** to BIPOC
4. **Ensure accountability** for implementation of anti-racist and anti-oppression policies and cross-system initiatives.
5. Build upon and create **BIPOC led, community solutions for education, criminal justice**, housing, social services, public health and health care to address systematic bias and inequities.
6. Require all public facing state agencies and state contractors to **implement trauma informed policy and procedure**.
7. Declare institutional **racism as a public health emergency**.
8. Reduce **legal and system barriers for immigrant and refugee communities**, including people without documentation.

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Technology & Innovation

1. Support **alternative healthcare delivery models** in rural areas.
2. **Expand use of telehealth**, especially in rural areas and for behavioral health.
3. **Use electronic health records** to promote delivery of preventive services.
4. **Improve electronic health record coordination and data sharing** among providers.
5. **Create a statewide community information exchange** to facilitate referrals between health care and social services.

Housing & Food

1. **Increase affordable housing** that is co-located with active and public transportation options.
2. **Increase homeownership among BIPOC** through existing and innovative programs.
3. **Require Housing First principles** be adopted in all housing programs.
4. **Increase access to affordable, healthy and culturally appropriate foods** for BIPOC and low-income communities
5. **Maximize investments and collaboration** for food related interventions.
6. **Build a resilient food system** that provides access to healthy, affordable and culturally appropriate food for all communities.
7. **STIGMA strategy?**

Healthy Families

1. Improve access to **sexual and reproductive health services**.
2. Ensure access to culturally responsive **pre and postnatal care** for low-income and undocumented people.
3. Expand evidence based and culturally responsive **early childhood, home visiting programs**.
4. Ensure access to and resources for affordable, high quality, culturally responsive **childcare and caregiving**.
5. **Build family resiliency** through trainings and other interventions.
6. Expand reach of **preventive health services** through evidence based and promising practices.
7. Support Medicare enrollment for older adults through **expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program**.
8. Use **healthcare payment reforms** to support the social needs of patients.
9. Increase **patient health literacy**
10. **WAGE STRATEGY?**

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Brain Break

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Workforce Development

1. **Ensure cultural responsiveness among health care providers** through increased use of traditional health workers and trainings.
2. **Implement standards for workforce development** that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.
3. Require all public facing state agencies and state contractors receive **training about trauma and toxic stress**
4. **Require sexual orientation and gender identity training** for all health and social service providers.
5. **Create a behavioral health workforce** that is culturally reflective of the communities they serve.
6. **Expand human resource practices** that promote equity.

Behavioral Health

1. **Conduct behavioral health system assessments** at state, tribal and local levels.
2. **Enable community based organizations** to destigmatize behavioral health by providing culturally responsive information to people they serve.
3. **Implement public awareness campaigns** to reduce the stigma of seeking behavioral health services.
4. **Create state agency partnerships** in education, criminal justice, housing, social services, public health and health care **to improve behavioral health outcomes among BIPOC.**
5. **Improve integration** between behavioral health and other types of care.
6. **Incentivize behavioral health treatments** that are rooted in evidence-based and promising practices.
7. **Reduce systemic barriers** to receiving behavioral health services, such as transportation, language and assessment.
8. **Use healthcare payment reform** to ensure comprehensive behavioral health services are reimbursed.
9. Continue to **strengthen enforcement of the Mental Health Parity and Addictions Law.**
10. Increase **resources for culturally responsive suicide prevention** programs for communities most at risk.

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Healthy Communities

1. **Center BIPOC communities in decision making about land use planning and zoning** in an effort to create safer, more accessible, affordable, and healthy neighborhoods.
2. **Provide safe, accessible and high-quality community gathering places**, such as parks and community buildings.
3. Enhance community resilience through **promotion of art and cultural events** for priority populations.
4. **Co-locate support services** for low income people and families at or near health clinics.
5. Increase affordable access to **high speed internet** in rural Oregon.
6. **Build climate resilience** among priority populations.
7. **Expand culturally responsive community based mentoring**, especially intergenerational programs, and peer delivered services.
8. Expand programs that **address loneliness and increase social connection in older adults**.
9. **Develop community awareness of toxic stress**, its impact on health, and the importance of protective factors.
10. **Strengthen economic development**, employment, and small business growth in underserved communities.
11. **Enhance financial literacy and access to financial supports** among priority populations.
12. **Invest in workforce development and higher education opportunities** for priority populations.

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Healthy Youth

1. Expand recommended **preventive health related screenings in schools**.
2. Ensure schools offer **access to oral health care** such as dental sealants and fluoride varnish.
3. Increase use of **mediation and restorative justice in schools** to address conflict, bullying and racial harassment.
4. **End school related disparities for black children and youth** through teacher training, monitoring of data and follow-up with teachers, administrators and schools.
5. Ensure and support all school districts to implement **K-12 comprehensive health education according to state standards**.
6. Provide culturally and linguistically responsive, trauma informed, **multi-tiered behavioral health services and supports to all children and families**.

Next Steps & Final Thoughts

- Next meeting August TBD
- Volunteers to review draft plan?

Key Indicators

Priority area	Indicators
Institutional bias	Disciplinary Action (Department of Education) Premature death/Years of Potential Life Lost (Vital Statistics) Housing cost burden among renters (ACS)*
Adversity, trauma and toxic stress	ACEs among children (National Survey of Children’s Health) Chronic Absentism (Department of Education) Concentrated Disadvantage (ACS)
Behavioral health	Unmet mental health care need among youth (Student Health Survey) Suicide rate (Vital statistics) Adults with poor mental health in past month (BRFSS)
Economic drivers of health	3 rd grade reading proficiency (Department of Education) Opportunity Index – Economy Dimension (Opportunity Index) Childcare cost burden (TBD) Food insecurity (Map the meal) Housing cost burden among renters (ACS)*
Access to equitable preventive health care	Childhood immunizations (ALERT IIS) Colorectal cancer screening (BRFSS) Adults with a dental visit in past year (BRFSS)