

August, 2024



OREGON
HEALTH
AUTHORITY

Oregon Health Authority Strategic Plan

Contents

- Letter from the director 3**
 - Eliminating health inequities in Oregon..... 4
 - OHA’s strategic plan measures and goals..... 4

- Executive summary..... 7**
 - Our guiding mission..... 7
 - Our goal pillars..... 8
 - Strategies and actions..... 9
 - How we will measure success..... 9

- Goal pillars, strategies and actions10**
 - Transforming behavioral health..... 10
 - Strengthening access to affordable care for all 13
 - Fostering healthy families and environments 17
 - Achieving healthy Tribal communities20
 - Building OHA’s internal capacity and commitment to eliminate health inequities 22

- Plan development..... 26**
 - OHA strategic plan timeline: Phase One (2018–2020).....26
 - OHA strategic plan timeline: Phase Two (2020–2023)27
 - OHA strategic plan timeline: Phase Three (2023–2024)27
 - OHA strategic plan timeline: Phase Four (2024–ongoing).....28

- Approach to resourcing..... 28**

- Monitoring and evaluation strategy 29**

- Conclusion 30**

- Appendix 1: Strategic planning SWOT31**

- Appendix 2: Strategic planning PESTLE..... 35**

Letter from the director

Dear Governor Kotek:

I am pleased to present the 2024–2027 agency strategic plan for the Oregon Health Authority (OHA). This plan, which is based on years of community input, including Tribal consultation, directly responds to the most important health challenges facing Oregon communities, aligns with your priorities to reduce homelessness and strengthen Oregon’s behavioral health system, and advances OHA’s goal to eliminate health inequities by 2030.

I came to this state because Oregon is recognized nationally for its transformational innovations in health policy. Through your leadership and the commitment of legislative leaders and previous governors, Oregon has expanded health coverage; defended access to reproductive health care; and established groundbreaking new Medicaid benefits that address homelessness, climate change and other factors that have a direct impact on people’s health.

These efforts could not have happened without a strong foundation of community partnership. From Oregon’s locally based coordinated care model to its Regional Health Equity Coalitions, local voices and priorities have spurred new innovations, such as the Healthier Oregon program, and gains in health equity. OHA is also committed to honoring the government-to-government relationship with the Nine Federally Recognized Tribes of Oregon and to continuing to listen to, learn from, and support building the health of Tribal communities.

During the COVID-19 pandemic, these relationships saved lives. As the nation emerged from the COVID-19 Public Health Emergency, only a handful of states had lower COVID-19 infection, hospitalization and death rates than Oregon. Among states that disaggregated vaccination data by race and ethnicity, no state outperformed Oregon in reducing vaccine disparities for communities of color. The state met its goal to vaccinate 80 percent of adults in priority communities, and the vaccination rate exceeded 90 percent among Black and African American people — the highest documented rate of any state.

Eliminating health inequities in Oregon

Despite these accomplishments, health in Oregon — like in every state in the nation — is marked by unfair differences in health outcomes for communities disadvantaged by bias and barriers related to race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, geography, intersections among these communities or identities, and other socially determined circumstances. At a population level, these differences are not caused by personal choices or risks embedded in family medical histories. These disparities are the product of systemic racism and other unfair barriers to care that stem from policy decisions, budgetary priorities and care delivery systems that have failed to benefit all communities in all regions of the state.

Because these unfair factors are deeply interwoven into our health care structures, they can seem invisible and insurmountable. Yet they are not inherent, and because they result from decisions (intentional or otherwise), that means we can change them.

No one in Oregon should experience poorer health or a shorter lifespan due to the color of their skin, the language they speak at home, or their ZIP code. Five years ago, OHA set a goal to address these systemic issues and eliminate health inequities by 2030.

OHA's strategic plan is the roadmap for making the program and policy changes needed to achieve this goal and eliminate health inequities. It defines the goals we'll pursue to get there, the actions we'll take and the outcomes we'll use to measure our progress.

OHA's strategic plan measures and goals

This plan is ambitious. But it outlines achievable goals and strategies that crystallize that vision and aim to produce better and more equitable health outcomes.

It also includes outcome measures we will use to hold ourselves accountable. We chose these metrics because we believe that if we improve Oregon's performance in these areas — while also reducing the disparities within them — we will see cascading positive effects on other health indicators across our communities. As a result, Oregon will move closer to our goal of eliminating health inequities by 2030.

Under this plan, OHA is committed to the following five goal pillars:

1. Transforming behavioral health;
2. Strengthening access to affordable care for all;
3. Fostering healthy families and environments;
4. Achieving healthy Tribal communities; and
5. Building OHA's internal capacity and commitment to eliminate health inequities.

Our strategic plan reflects the invaluable feedback OHA staff have heard during intensive community engagement — in town hall meetings, listening sessions and community meetings held in every corner of the state, often in multiple languages. These interactions have helped shape our coordinated care organization (CCO) model, our State Health Improvement Plan, OHA's budget requests and legislative concepts, and the establishment of our 2030 goal to eliminate health inequities.

Our strategic plan also has been informed by intensive staff involvement, including members of OHA's Equity Advancement Leadership Team (EALT) and more than 130 OHA employees from all levels of the organization who defined our strategies and committed us to taking the actions that will bring us closer to our intended outcomes.

OHA cannot achieve this plan alone. Ultimately, its success will require community support and partnership. We look forward to convening and mobilizing a statewide coalition — including partners from educational, philanthropic, business, nonprofit and other sectors — to join us in taking concrete actions to make our common goal to eliminate health inequities a reality.

When it comes to health, we're all connected. Accomplishing this plan will improve the health and well-being of every community in Oregon. I appreciate your support and look forward to sharing our progress with you.

Sincerely,

Sejal Hathi, M.D., MBA
Director

OHA’s mission, vision, values and health equity definition, which has been formally adopted by the Oregon Health Policy Board, establish the foundation of our strategic plan. They work together to inform OHA’s five strategic goal pillars. All components align and move us toward our strategic goal of eliminating health inequities in Oregon by 2030.

Vision: A Healthy Oregon



Health equity definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Executive summary

Our guiding mission

In 2019, OHA became the first health agency in the country to declare an ambitious statewide goal to eliminate health inequities, and to do so by 2030. In the simplest terms, that means establishing a health system where all people in Oregon can reach their full health potential and well-being, without facing disadvantages due to their race, ethnicity, language, disability, immigration status, age, gender, gender identity, sexual orientation, geography, or social class.

Health inequities are differences in health outcomes that stem from unfair social, economic and other factors, including racism and other forms of bias, discrimination and oppression, which cause people in some communities to have higher rates of health problems — such as infant death, chronic disease and shorter life spans — than people in other communities.

Naming our goal of eliminating health inequities by 2030 is bold and aspirational. It sets a daily intention for us as an agency: in our work, systems, policies and practices. We want every decision, every action, every allocation of resources to move us toward this goal every day. And we know that means shaking up entrenched ways of thinking and doing so that we can ensure Oregon becomes a place where everyone has a chance to thrive.

When people are prevented from accessing good health care by barriers such as high costs, bias, and a lack of trained providers or convenient services, it impacts the broader community. OHA will continue to focus on eliminating those barriers that prevent both individual people and the broader community from being healthy and accessing the care that every person in Oregon deserves.

Our goal pillars

OHA has identified five principal goals to serve as pillars of progress toward achieving our 2030 vision:

- **Transforming behavioral health:** Build a behavioral health system that works for every child, teen, adult and family experiencing mental illness or harmful substance use by expanding integrated, coordinated and culturally responsive behavioral health services when and where people need them, guided by people with lived experience.
- **Strengthening access to affordable care for all:** Ensure 100 percent of people in Oregon have easy access to affordable health care, prioritizing communities most harmed by health inequities.
- **Fostering healthy families and environments:** Foster healthy families and environments that equitably promote health and well-being, especially among communities most harmed by health inequities. Do this by expanding access to: 1) preventive health services and supports, including for new parents and families before and after birth; 2) safe and accessible housing; 3) healthy food and nutrition; and 4) climate resilience.
- **Achieving healthy Tribal communities:** In honoring the relationships with the Nine Federally Recognized Tribes of Oregon, Urban Indian Health Program and other health partners, OHA commits to support the ultimate goal of achieving healthy Tribal communities. This empowers Tribal individuals, families and communities across Oregon to achieve optimal health and wellness through a fully funded continuum of health care rooted in traditional and culturally specific practices.
- **Building OHA's internal capacity and commitment to eliminate health inequities:** Establish, maintain and resource the internal infrastructure and accountability mechanisms necessary to acknowledge, reconcile and redress racism and other forms of discrimination and oppression that undermine the health, well-being and opportunities of people across Oregon.

Strategies and actions

Each of our strategies is focused on ensuring that we are able to achieve our overall goal and will be guided by individuals and communities with lived experience. Our work will:

- Strengthen access to affordable, quality health care and provide resources for healthier communities;
- Increase availability of culturally responsive clinics and providers;
- Expand mental health and substance use services and clinics; and
- Bolster the workforce needed to deliver those services.

To accomplish these goals, OHA will work closely with partners, listen to and engage meaningfully with community, and practice transparency and accountability.

How we will measure success

OHA will measure progress made toward our goal of eliminating health inequities by 2030 based on the health outcomes within the communities we serve. We will track the prevalence of preventable disease, whether people at all income levels can access quality and affordable health care, and the degree to which communities experiencing systemic marginalization are able to access behavioral health services. We will review aggregated and disaggregated Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data on health access and outcomes to analyze trends and inform our work. And we will monitor how specific factors such as racism, bias and oppression affect access to care.

Goal pillars, strategies and actions

The tables below outline the strategies, actions and measures used to evaluate each of the five goal pillars. There is one table for each pillar. Under each pillar are five strategies and three actions OHA is committed to taking to achieve those strategies, and measures of success.

Transforming behavioral health		
<p>Build a behavioral health system that works for every child, teen, adult and family experiencing mental illness or harmful substance use by expanding integrated, coordinated and culturally responsive behavioral health services when and where people need them, guided by people with lived experience.</p>		
<p>Strategy 1: Connect all people in Oregon to behavioral health services and supports when and where they need them: Measure, incentivize, and increase timely access to culturally and developmentally responsive behavioral health services and supports across the life course, in the community.</p> <p>Outcome measures: Ensure treatment demands in the state are met.</p>	<p>Action 1: Enhance and expand youth and young adult behavioral health access at all levels of care, with a focus on priority populations in home and community-based services.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Expand and ensure access to home and community-based services in each county in Oregon for people with serious mental health or substance use challenges.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Incorporate the availability of culturally and linguistically responsive services delivered by providers in CCO and open card networks in relation to member demographics as part of network adequacy reviews.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>

<p>Strategy 2: Bolster the behavioral health workforce: Recruit, retain, and expand the capacity of the behavioral health workforce to provide culturally and linguistically responsive care.</p> <p>Outcome measures: Increase the number of people incentivized to pursue or sustain a career in behavioral health.</p>	<p>Action 1: “Skill up” the youth and young adult behavioral health workforce through training and education in best practices to increase the confidence and competency of providers to better treat and support those accessing care.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Retain and expand the behavioral workforce building on the 2021–2023 legislative session’s House Bill (HB) 2235 and HB 2949 workforce investments — continuing rate increases and other provider incentives.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Meaningfully include best practices that are culturally and linguistically specific within incentives offered to increase and maintain the workforce.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
<p>Strategy 3: Adopt a “Behavioral Health in All” policy: Address upstream social determinants of health and structural challenges through a primary prevention lens.</p> <p>Outcome measures: Increase the utilization of health-related services among people with severe mental illness and substance use-related needs.</p>	<p>Action 1: Enhance and expand behavioral health supports for early childhood by providing culturally responsive training, clinical supports, and education to providers and families of young children.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Reduce stigma and foster behavioral health and wellness by engaging consumers, families, peers and community partners in outreach efforts to raise awareness and connect people to services.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Develop and utilize an equitable funding distribution model that supports primary prevention and treatment service needs in a geographic and culturally responsive way.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>

<p>Strategy 4: Improve transparency and accountability: Establish public transparency and accountability for the outcomes of the statewide behavioral health system.</p> <p>Outcome measures: Establish public-facing dashboards that demonstrate accountability and transparency for funds invested in the behavioral health system.</p>	<p>Action 1: Implement a statewide naloxone saturation strategy, which will strengthen OHA’s relationship with providers and first responders and increase access to naloxone in the communities with greatest need.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Develop public-facing dashboards for key areas of the behavioral health system that illustrate the investment of public funds and the outcomes .</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Improve data collection to better reflect services provided in the community and outcomes for the individuals using those services.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
<p>Strategy 5: Build system capacity: Measure, monitor, and close the statewide gap in treatment capacity.</p> <p>Outcome measures: Decrease the number of people accessing the emergency department for behavioral health visits.</p>	<p>Action 1: Further integrate and expand crisis services (e.g., 988, mobile crisis) to ensure same-day care for individuals experiencing behavioral health crises.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Secure youth-specific substance use disorder funding to build a robust continuum of care for youth prevention, harm reduction, treatment, peer supports, and recovery.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Increase the number of active high-acuity behavioral health treatment beds across the state.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>

Strengthening access to affordable care for all

Ensure 100 percent of people in Oregon have easy access to affordable health care, prioritizing communities most harmed by health inequities.

<p>Strategy 1: Connect all people in Oregon to care: Maintain and continue to expand access to affordable health insurance coverage.</p> <p>Outcome measures: Percent of people in Oregon with health care coverage.</p>	<p>Action 1: Maintain near-universal health insurance coverage rate.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Support community partners and Marketplace assisters in their outreach and enrollment work.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Develop wraparound program for Oregon Health Plan Bridge-eligible members enrolled in Healthier Oregon.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 4: Launch the State Based Marketplace (SBM) successfully and on schedule.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 2: Increase access to health care providers throughout the state and ensure the care is culturally and linguistically appropriate.</p> <p>Outcome measures: Number of certified Traditional Health Workers (THWs).</p>	<p>Action 1: Increase the use of high-value care that is culturally and linguistically appropriate by:</p> <ul style="list-style-type: none"> • Supporting policies that increase the number of trained, utilized, and reimbursed THWs. • Supporting “health care navigation” as a core function of Healthier Oregon community partner organizations. • Ensuring appropriate language access for Oregon Health Plan (OHP) members across all modes and sources of communication. 	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Strengthen network adequacy throughout the state, especially for Health Professional Shortage Areas (HPSAs) and for high-need provider types by:</p> <ul style="list-style-type: none"> • Continuing loan forgiveness and pipeline programs for a broader set of providers to support investment of new providers. • Using Health Care Market Oversight transaction reviews to monitor and mitigate potential changes to network adequacy. • Exploring options for a statewide media campaign to strengthen recruitment of providers to Oregon. 	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>

<p>Strategy 3: Increase the convenience of accessing health care.</p> <p>Outcome measures: Access to care measures in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey (adults and kids).</p>	<p>Action 1: Explore options to increase convenience, including:</p> <ul style="list-style-type: none"> • “One-stop shop” care (i.e., medical homes, Certified Community Behavioral Health Clinics and dyadic family care). • Adoption of Community Information Exchange software (CIE). 	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Strengthen tools to support people in getting to their appointments physically (e.g., non-emergent medical transportation) or virtually (telehealth).</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Reduce administrative burden for patients and providers.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
<p>Strategy 4: Maintain the broadest set of benefits that are inclusive of diverse patient needs.</p> <p>Outcome measures: Women, Infants and Children Program (WIC) enrollment.</p>	<p>Action 1: Implement and monitor recent expansions of benefits.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Explore future benefit expansions.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Expand access to vaccines, WIC Nutrition and Health Screening Program, and lead testing for children, parents and families.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 5: Reduce the number of people struggling with medical debt or delaying care due to affordability.</p> <p>Outcome measures: Percent of people in Oregon who report not having insurance because of cost.</p>	<p>Action 1: Maintain and enforce current protections for health care financial assistance and medical debt; explore opportunities to expand protections.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Implement and enforce Oregon’s Cost Growth Target Program, including health plan and provider organization accountability; increasing transparency and reporting on key health care cost drivers.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Implement and enforce Oregon’s Health Care Market Oversight Program; explore opportunities to strengthen and align market oversight authorities.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

Fostering healthy families and environments

Fostering healthy families and environments that equitably promote health and well-being, especially among communities most harmed by health inequities, by expanding access to: 1) preventive health services and supports, including for new parents and families before and after birth; 2) safe and accessible housing; 3) healthy food and nutrition; and 4) climate resilience.

<p>Strategy 1: Provide trauma-informed and culturally and linguistically responsive public communications about primary prevention, public health risks and access to preventive health and health-related social needs services.</p> <p>Outcome measures: Reduced non-infectious (e.g., wildfire smoke-related) respiratory emergency department visits, hospitalizations and deaths.</p>	<p>Action 1: Ensure trauma-informed, plain language is used across OHA communications and that communications are available in multiple formats.</p>	<p>Start date: 6/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Improve and standardize timeliness and accuracy of translated prevention and public health emergency preparedness communications.</p>	<p>Start date: 6/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Provide OHP and Marketplace members culturally and linguistically appropriate health information that meets their needs.</p>	<p>Start date: 6/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 2: Implement policies and programs that facilitate equitable access to quality housing, climate adaptation resources, nutrition supports and preventive services.</p> <p>Outcome measures: Health-related social needs (HRSN) providers (climate, nutrition, housing) enrolled or otherwise contracted with OHA by service category and region.</p>	<p>Action 1: Implement Medicaid waiver HRSN services, health- related services (HRS), in lieu of services (ILOS), and CCO quality metrics within the framework of the Healthier Together Oregon State Health Improvement Plan.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Leverage all available contractual mechanisms and OHA funding to ensure local partners and contractors are working meaningfully to eliminate health inequities and ensure compliance with these provisions.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Increase identification and response to climate health risks and improve the health of home environments.</p>	<p>Start Date: 06/01/2024</p> <p>End date: 12/31/2027</p>
<p>Strategy 3: Facilitate capacity building and workforce development to address population health inequities.</p> <p>Outcome measures: Increased (childhood and adult influenza) immunization rates.</p>	<p>Action 1: Increase Traditional Health Worker (THW) certified and qualified Health Care Interpreter (HCI) workforce and utilization in Oregon.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Assess current status and needs and implement training and technical assistance for local public health authorities, Tribes, community-based organizations, coordinated care organizations (CCOs), providers, Regional Health Equity Coalitions (RHECs) and other partners to increase immunization rates, reduce immunization disparities, and address other inequities.</p>	<p>Start Date: 01/01/2025</p> <p>End date: 12/31/2027</p>
	<p>Action 3: Leverage innovative partnerships to recruit, retain and promote a diverse workforce to better meet the needs of communities most harmed by health inequities.</p>	<p>Start Date: 06/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 4: Build a modern public health system that is fully resourced and equipped to eliminate health inequities and respond to public health risks and emergencies in real time.</p> <p>Outcome measures: Reduced rates of congenital, primary and secondary syphilis.</p>	<p>Action 1: Increase the statewide public health workforce and ensure it is reflective of the community served.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Implement public health policies and programs designed to eliminate health inequities.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Implement climate adaptation plans.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
<p>Strategy 5: Expand access to health and social services resources and supports for children, parents and families.</p> <p>Outcome measures:</p> <ul style="list-style-type: none"> • Child elevated blood lead level testing for Medicaid members. • Reduction of severe maternal morbidity. 	<p>Action 1: Create a robust system of care for expanded access to culturally and linguistically responsive prenatal and postnatal care through increased Medicaid reimbursement rates for doulas, streamlined Medicaid reimbursement pathways and expanded CCO participation</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>
	<p>Action 2: Expand access to vaccines, Nutrition and Health Screening (WIC) Services programs, and lead testing for children, parents and families.</p>	<p>Start date: 06/01/2024</p> <p>End date: 12/31/2027</p>

Achieving healthy Tribal communities

In honoring the relationships with the Nine Federally Recognized Tribes of Oregon, Urban Indian Health Program and other health partners, OHA commits to support the ultimate goal of achieving healthy Tribal communities. This empowers Tribal individuals, families and communities across Oregon to achieve optimal health and wellness, through a shared vision of providing opportunities to learn and experience healthy lifestyles through a fully funded continuum of health care rooted in traditional and culturally specific practices.

Tribal consultation and next steps for implementation of the Tribal goal pillar

Per the OHA Tribal Consultation and Urban Indian Health Program (UIHP) Confer Policy, OHA Tribal Affairs sent a Dear Tribal Leader letter to Tribal officials and Tribal health representatives March 29, 2024, identifying the Agency Strategic Planning as a critical event that will impact the Nine Federally Recognized Tribes of Oregon and UIHP. Background and materials were shared with an opportunity to request an individual consultation/confer meeting.

On April 3, 2024, at the SB 770 Health and Human Services Cluster Meeting, OHA hosted the first consultation/confer discussion. There were eight Tribes in attendance and a representative from the UIHP, as well as other staff from agencies and organizations working to improve health in Tribal communities. At that meeting OHA Tribal Affairs went over the first three steps of developing the strategic plan and shared and discussed the following:

1. Vision, Mission, Values and Health Equity Definition
2. OHA Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
3. OHA Political, Economic, Sociological, Technological, Legal and Environmental (PESTLE) Analysis

After review and discussions, recommendations were made to add to the SWOT and PESTLE. OHA then went over the four draft goal pillars that had been developed and discussed how the Tribes wanted to develop the Tribal goal pillar. Notes from this meeting included ideas such as — *We don't need to start from scratch. We already have the Tribal Behavioral Health Strategic Plan to expand from. We should look at that and see how we can build from it. Listen to us instead of telling us what we're going to do. We are equal to the federal government. We're not underneath the State, and we are not underneath the counties either. Tribes should never have to compete for grant money or state and federal funding. We want efforts to be made to ensure data sovereignty.*

On April 19, 2024, Tribal representatives met again with OHA Tribal Affairs to further develop the Tribal goal pillar. Starting with the vision statement of the current Tribal Behavioral Health Strategic Plan, the draft Tribal goal pillar was expanded to cover health overall.

OHA held their regularly scheduled Tribal Monthly Meeting May 10, 2024. The Tribal goal pillar was on the agenda to finalize and discuss next steps. Tribal representatives agreed that they would like OHA to contract again with Kauffman and Associates, Inc., to further assist in expanding the current Oregon Tribal Behavioral Health Strategic Plan to develop the additional components of the Tribal goal pillar for the agency strategic plan.

Kauffman and Associates, Inc. (KAI) is an American Indian and woman-owned management consulting firm dedicated to uplifting American Indian and Alaska Native people, Tribal and urban Indian communities, and social sector programs. They value indigenous knowledge and believe in the inherent strength, resilience, and sovereignty of Tribal nations to find community-led solutions for intergenerational healing, wellness, and growth. Their expertise spans diverse specialty areas, including behavioral health, public health, education, and Tribal affairs. They work closely with diverse partners, combining stories of lived experiences with data-driven insights, to drive positive change across Indian Country.

OHA contracted with KAI in 2019 to write the Oregon Tribal Behavioral Health Strategic Plan in partnership with the Nine Tribes of Oregon and the UIHP. OHA leadership is committed to supporting another contract with KAI to meet the deliverables of the Agency Strategic Plan for the Tribal goal pillar. OHA has met with KAI and will move forward with them in partnership with the Tribes and UIHP to develop the outcomes/ measures, strategies, action plan, resources plan, monitor and evaluation plan. OHA wants to do this in a meaningful and respectful way to honor the government-to-government relationship. The timeline is to have this complete by fall of 2024.

Building OHA’s internal capacity and commitment to eliminate health inequities

Establish, maintain, and resource the internal infrastructure and accountability mechanisms necessary to acknowledge, reconcile, and redress racism and other forms of discrimination and oppression that undermine the health, well-being and opportunities of people across Oregon.

<p>Strategy 1: Continue to ensure shared accountability for OHA’s strategic goal to eliminate health inequities by 2030</p> <p>through proactive equity and anti-racism staff training and comprehensive assessment of administrative and programmatic policies, rules, and practices.</p> <p>Outcome measures: Percent of employees who have participated in foundational anti-racism training.</p>	<p>Action 1: Develop fair and consistent standards for accountability within the agency for when harm is done, taking proactive action, facilitating reparation, promoting restorative justice, and supporting healing and dignity for those who experienced harm.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Design and deliver tiered levels of anti-racism, multicultural and diversity training and resources; require foundational trainings and promote higher tier trainings for all OHA employees; define accountability and identify managers to lead multicultural, multiracial and diverse teams.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Conduct an institutional assessment to determine alignment of administrative and programmatic policies, rules and practices with OHA’s health equity and anti-racism goals; build the structural capacity for ongoing and iterative assessment and improvement action.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 2: Advance equitable hiring strategies and professional development pathways that ensure OHA staff composition reflects the communities we serve and that enhance their competencies and career trajectories.</p> <p>Outcome measures:</p> <ul style="list-style-type: none"> • Comparison of OHA supervisory managers to potential labor market. • Comparison of voluntary separations to all agency separations. 	<p>Action 1: Implement the OHA Equitable Hiring Policy and Equitable Hiring Strategies Toolkit investing in the agency structure to sustain daily practice, innovation and accountability.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Collect and use OHA employee data to guide and validate workforce equity and diversity strategies and policy decisions, including REALD and SOGI data and other data that provide near-term, comprehensive insight across underrepresented groups most harmed by inequities and sociopolitical injustices.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Develop, expand, and promote structured professional development opportunities, including learning on the job (OJT) programs and job rotations.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 3: Foster OHA staff well-being, belonging and wholeness so that all OHA staff feel safe and invited to bring their identities, perspectives, and experiences to work each day and have those be heard, understood, honored, and included in alignment with OHA's values, the 2030 strategic goal to eliminate health inequities, and its commitment to being an anti-racist organization.</p> <p>Outcome measures: Gallup engagement survey metrics.</p>	<p>Action 1: Implement the OHA Organizational Resilience and Healing Policy (ORHP) investing in the agency structure to sustain daily practice, innovation and accountability.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Promote awareness, facilitate participation and provide structural support for OHA's Employee Resource Groups.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Expand the employee mentorship program agency-wide, building upon the pilot launched in 2024.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

<p>Strategy 4: Curate and cultivate cross-division multidisciplinary community of practice forums and collaborative action toolkits for teaching and learning best practices and promoting iterative cycles of innovation.</p> <p>Outcome measures:</p> <ul style="list-style-type: none"> • Health Equity Impact Assessment (HEIA) tools and training developed (binary measure yes/no). • Utilization of the HEIA tools in policy and program development. 	<p>Action 1: Promote awareness, facilitate participation, and provide structural support for a portfolio of Communities of Practice forums that bridge the gap between didactic content and experiential daily practice and that enhance our capacity to recognize, reconcile, and rectify historical and contemporary injustices.</p>	<p>Start date: 6/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Promote awareness, establish accountability and provide structural support for a suite of HEIA tools.</p>	<p>Start date: 6/01/2024</p> <p>End date: ongoing</p>
<p>Strategy 5: Establish a healing-centered OHA Community Engagement Framework that brings community wisdom into the agency through realignment of power and accountability for agency action.</p> <p>Outcome measures: OHA responsiveness to community and partner concerns.</p>	<p>Action 1: Implement the OHA Community Engagement Framework, investing in the agency structure to sustain daily practice, innovation and accountability.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 2: Design and invest in technologies, tools and policies that facilitate implementation, promote trusting relationships, establish accountability, and advance best practices based on the values and structure of the Community Engagement Framework.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>
	<p>Action 3: Centralize community engagement activities and workstreams across the agency; rely upon established community engagement teams to prioritize, coordinate, and orchestrate community engagement in partnership with program staff.</p>	<p>Start date: 06/01/2024</p> <p>End date: ongoing</p>

Plan development

OHA strategic plan timeline: Phase One (2018–2020)

The first phase of OHA’s strategic planning process focused on aligning the agency’s purpose and direction. This involved several key initiatives.

In 2018, the OHA leadership team engaged staff to establish clearly defined Mission, Vision and Values for the organization. This period also saw the development of an agency-wide performance system to hold OHA accountable for achieving its mission.

To ensure community input for the strategic plan, OHA undertook a comprehensive engagement effort in 2019. OHA Tribal Affairs held Tribal Consultation meetings to hear directly from the Nine Tribes of Oregon. OHA’s Equity and Inclusion Division and Community Partner Outreach Program (CPOP) partnered to lead events across the state. This included 22 events across 11 counties, reaching over 400 participants and offered in seven languages. These culturally and linguistically appropriate events included in-person meetings, remote participation options such as webinars and surveys, and a radio call-in show. The feedback from this engagement overwhelmingly identified health inequities as the most significant barrier to health and well-being in Oregon.

During this period, the Oregon Health Policy Board (OHPB) adopted a shared definition of health equity developed by OHPB’s [Health Equity Committee](#):

Oregon will have established health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments, to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Additionally, leaders and teams from across the agency participated in anti-racism training and discussions with representatives from diverse communities. The alignment of the agency’s mission, community input and shared definition of health equity laid the groundwork for OHA’s overarching goal: eliminating health inequities in Oregon by 2030.

OHA strategic plan timeline: Phase Two (2020–2023)

In early 2020, OHA shifted its strategic planning efforts to respond to the COVID-19 pandemic. The work completed during Phase One provided a foundation for our pandemic response, having established robust community partnerships that addressed health inequities during an unprecedented public health emergency. This phase also saw community collaboration for other initiatives such as the Operation Warp Speed COVID-19 vaccine rollout, wildfire response and implementation of Measure 110.

OHA strategic plan timeline: Phase Three (2023–2024)

Following the groundwork laid in Phase One, Phase Three is focused on developing concrete goals, strategies and actions to achieve OHA's 2030 strategic goal of eliminating health inequities in Oregon.

This phase heavily values community input. A strategic planning group comprised of OHA leadership, subject matter experts and staff who work directly with community reviewed feedback from various sources including the 2019 community engagement sessions, community-based organizations (CBOs) and agency partners. This feedback directly informed the creation of a [SWOT analysis](#) and a [PESTLE analysis](#), which were further refined through Tribal consultation.

During this time, OHA released a Diversity, Equity and Inclusion (DEI) plan that serves as an update and continuation of the Equity Advancement Plan. Additionally, Oregon Department of Human Services (ODHS) and OHA collaborated and released “Health and Human Services Strategic Technology Plan: A Comprehensive Overview 2024-2027.” These two plans will further OHA's ability to achieve its 2030 strategic goal and are in alignment with our present strategic plan per the required core competencies set in place by the Governor's Office.

Having obtained a greater understanding of the current landscape, OHA leadership then established five goal pillars to organize efforts around the 2030 strategic plan. Developed with deep consideration of the feedback received, the goal pillars emphasized community involvement, ongoing communication and culturally relevant services. OHA created subject matter expert teams for each goal pillar to define specific measures, strategies, actions and plans for monitoring and evaluation. OHA developed one of the five goal pillars in collaboration with the Nine Federally Recognized Tribes of Oregon.

Through this collaborative and data-driven approach, Phase Three establishes a clear roadmap for achieving the 2030 goal of health equity for all people in Oregon.

OHA strategic plan timeline: Phase Four (2024–ongoing)

The implementation phase of the 2024–2027 strategic plan will prioritize ongoing communication with communities. OHA acknowledges the valuable contributions of those who participated in 2019 and plans to follow up in several ways. This includes summarizing the prior process, what transpired since then, and how OHA is committed to improving closed loop communication moving forward.

Additionally, OHA will share a summary of key lessons from the 2019 engagement, along with details on how this feedback — combined with internal staff input — informed OHA’s Community Engagement Framework. The strategic plan itself will be evaluated continuously through ongoing dialogue with communities, ensuring their perspectives shape both current efforts and future strategic planning.

This continuous feedback loop will be crucial for the next strategic planning cycle (2027–2030). OHA will use these future sessions to assess progress, identify areas for improvement, and understand the community’s experience with OHA’s goals, outcomes, strategies and action steps. Ultimately, this process will inform how OHA refines its strategies and how future engagement with community can be more effective.

Approach to resourcing

At the time of publishing, two key budget considerations are embedded into the agency’s process for determining resources to advance our strategic plan: the end of federal pandemic funding and the state’s Office of Economic Analysis forecast indicating limited General Fund growth for future budget cycles. Yet this plan remains achievable if we are focused, innovative and collaborative in pursuing our proposed strategies and actions; and if we continue to prioritize the resources we do have toward our strategic goal.

OHA leaders and staff assessed the actions critical to achieving success and their necessary resources. OHA staff also identified the resources supporting current programs; the resources we need to expand our efforts; and the ways we can align funding and capacity to maximize the impact of our strategic plan.

As an important first step, OHA’s Policy Option Proposals for the 2025–2027 biennium will consider how to further the goals and strategies outlined in this plan.

We will need to ensure that our commitment to health equity is fully integrated into all of our agency’s priorities and programs; and that our staff have the training and support they need to bring a health equity approach to every decision they make and every action they take on behalf of each Oregon community.

In addition, it will take more than OHA’s resources and capacity to eliminate health inequities. We will need collaboration, coordination and aligned resources and support from federal and state agencies, Tribes and the Urban Indian Health Program, CCOs, health systems and other providers, local mental health and public health agencies, CBOs, educational systems, philanthropies, businesses, faith communities and many other partners.

To make this plan a reality, we look forward to enlisting many of these partners to join us in eliminating health inequities and identifying the steps they will take to contribute to the 2030 goal.

Monitoring and evaluation strategy

To ensure transparency and accountability, OHA will launch a public website to showcase the key measures used to track progress of the strategic plan. Each individual strategy in the strategic plan is further supported by a unique monitoring and evaluation plan that clearly defines metrics to assess progress and impact.

Internally, the OHA Performance System is fully aligned with the plan, allowing for continuous monitoring of all outcome and process measures that affect each goal pillar. This system will serve as a central platform for leadership and staff to assess the plan’s effectiveness, identify opportunities for adaptation based on new information, and strategically allocate or reallocate resources. Ultimately, the performance system will help OHA be accountable to community, partners and staff.

Conclusion

The staff and leadership of OHA have developed this plan to address Governor Kotek’s priorities, respond to the most pressing health concerns we have heard through years of feedback from people in every corner of Oregon and to achieve our goal to eliminate health inequities by 2030. We are fully committed to the actions this plan requires.

This plan is ambitious — and achievable.

When it comes to health, every person and every community in Oregon is connected. While Oregon is the first and only state in the nation to establish a goal to eliminate health inequities, we have accomplishments to build on, such as our success in eliminating inequities in COVID-19 vaccinations. We know that when we meet the needs of Oregon communities that are most harmed by inequities — disadvantaged by biases and barriers related to race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, geography, intersections among these communities or identities, and other socially determined circumstances — we improve health and quality of life for everyone.

OHA cannot achieve this plan alone. We welcome the support of our many health care, public health, nonprofit, educational, housing, community-based and additional partners, as well as those public and private sector partners with whom we hope to collaborate more closely. We also invite and look forward to the input and involvement of every region and community in Oregon, as well as the Nine Federally Recognized Tribes of Oregon. Together, we can give all people in Oregon a fair chance to live a longer, healthier and happier life.

Appendix 1: Strategic planning SWOT

OHA SWOT

(Strengths, Weaknesses, Opportunities, and Threats) Analysis for Strategic Goal to Eliminate Health Inequities

Strengths

Credibility and expertise: OHA has established credibility and subject matter expertise in health policy, health care delivery, community engagement, and equity and inclusion. OHA is a trusted resource for the legislature, partner agencies, and many external partners and members of the public.

Guidance from community: OHA values community input and has received clear and directional feedback on community desires and needs to achieve our 2030 goal.

Quality data: OHA has extensive and high-quality quantitative and qualitative data, as well as the REALD and SOGI repository, that make it easy to identify and address inequities via coordination with more than 30 data systems across OHA and ODHS.

Commitment to equity: OHA has a clear strategic goal to eliminate health inequities in Oregon and a mission-driven workforce committed to this goal and the vision of A Healthy Oregon. OHA has comprehensive work underway, subject matter expertise in the Equity and Inclusion Division, Community Partner Outreach Program and Tribal Affairs, including programs in place to increase access to peer support and culturally and linguistically appropriate health care. OHA honors the government-to-government relationship with the Nine Federally Recognized Tribes of Oregon and follows its Tribal Consultation and Urban Indian Health Program Confer Policy in a meaningful and thoughtful manner.

Weaknesses

Lack of representation in the OHA workforce: OHA has struggled to hire, retain and promote staff who reflect the communities of Oregon. Community and staff say a lack of representation in the workforce hinders the delivery of services.

Psychological safety of staff: Like any large institution in the United States interpersonal and systemic racism continues to cause harm at OHA. OHA staff have expressed the need to address historical and contemporary injustices embedded in the systems of the agency. Some staff lack an understanding of the history of Oregon and its communities. Some concerns raised by staff over inequitable agency practices have not been resolved. Staff roles in direct service can place staff at higher risk. This has contributed to a lack of psychological safety in our work environment that significantly impacts staff well-being and retention.

Inconsistent practice of accountability and transparency: Staff and community have expressed concerns about a lack of accountability and transparency within OHA, including how decision-making happens within OHA, how that information is shared, and how leadership and staff are held accountable to our organizational commitment to becoming an anti-racist organization. This lack of accountability and transparency also exists between OHA and the organizations it is supposed to hold accountable (CCO contract enforcement and oversight), and between OHA and the communities it serves. Increased clarity and specificity on goals, priorities, resources, staff roles in achieving the goals, and leading indicator measures could improve transparency and accountability. Communities and staff have requested additional transparency in decision-making, process, engagement, application of feedback provided, and measures and results. Processes that impact communities need to be streamlined and discussions need to happen ahead of changes being made.

Internal silos: OHA is a large enterprise, and staff express that internal silos and lack of cross-divisional communication and collaboration hinder the efficiency of their daily work and agency outcomes.

Opportunities

Strong partnerships: OHA has positive relationships with a variety of organizations trusted by communities and individuals across Oregon. A number of structures and relationships are in place to co-create solutions and support the implementation of new policies, practices and programs. Regular coordination with Tribal governments ensures that OHA is following their lead on Tribal health priorities.

Wisdom, knowledge and strength of Oregon communities: Communities across the state have a strong desire for an equitable and healthy Oregon. They bring a deep nuanced understanding of the needs and obstacles faced by their communities and meaningful solutions to address them.

Cross-government and partner engagement on advancing equity, including resource allocation: There has been an increase in federal, state and local government engagement in equity. The Governor's Office has prioritized equity. The Oregon Legislature has increased resources available for this work. Other state and local agencies are ready to partner, and federal funds or vouchers may be available for much-needed equity, data and systems work.

Sphere of influence: OHA is positioned to influence practices and policies impacting health services and outcomes across the state. OHA has a defined role with the CCO contract process to set expectations for CCO providers on equity and community-centered practices. Lessons learned from 2022–2027 1115 waiver implementation can also inform future projects to advance health equity.

Threats

Unaddressed social determinants of health: Equitable access to childcare, education, housing, generational wealth and other social determinants of health are not available to many and are outside OHA's direct sphere of control. Shortcomings and fragmentation of federal, state and local systems result in individuals struggling to access services and supports.

Addressing the social determinants of health to eliminate inequities requires interagency partnerships that exceed the current level of state agency collaboration.

Systemic inertia: Systemic policies, bureaucratic practices and cultural norms not only prohibit change, they also function to maintain current inequitable outcomes. Key areas impacted by systemic inertia include certain policies and practices, an organizational culture that rewards the status quo, outdated data and informational technology (IT) systems, limited staff tools and training, and overall capacity constraints. Constraints from state statutes, budget and enterprise-wide policies sometimes reinforce systemic inertia and limit OHA's ability to provide equitable services and meaningful engagement to meet community needs. Imposed timelines and bureaucracy frequently undermine equitable practices. Loss of institutional knowledge when staff leave key positions both internally and externally creates additional challenges and gaps in services.

Polarization, social division, and lack of trust: Extreme partisanship, misinformation and divisiveness have undermined and weakened government's ability to address problems that impact health security for people and communities. Generations of harm and mistrust between government and communities have eroded the trust many communities once had in OHA and its state partners.

Lack of linguistically and culturally appropriate communications and care: Access to linguistically and culturally appropriate care is limited across Oregon and for certain populations. This presents barriers to fulfilling patient rights to receiving care, education and services in a culturally responsive and linguistically appropriate manner. This results in delays in accessing care and poorer health outcomes.

OHA PESTLE

(Political, Economic, Social, Technology, Legal, Environmental) Factors for Strategic Goal to Eliminate Health Inequities

Political

State or federal policy, rules, new laws and upcoming elections

Many established governmental systems and structures maintain health inequities:

Many existing governmental policies reinforce current health inequities by creating long-standing, unfair barriers to health care and other services that have led to worse health outcomes and other harms in communities of color and Tribal nations.

Inconsistencies between federal and state policies – and larger political dynamics – affect OHA’s efforts to achieve health equity:

OHA’s ability to eliminate health inequities is shaped by larger federal and state policy, funding, and legal decisions. For example, federal Medicaid requirements that limit funding for residential behavioral health treatment, Supreme Court rulings that restrict access to reproductive health care and ongoing challenges to the Affordable Care Act (ACA) affect OHA’s ability to achieve better health outcomes in Oregon. In addition, broader national dynamics impact the work of OHA and its many local partners, including:

- Increasing distrust in government, health care and other institutions that breed skepticism in vaccines and other proven interventions that keep people safe and healthy.
- Increasing partisanship and political brinksmanship that erodes policymakers’ ability to forge consensus in support of evidence-based health initiatives.

- Increasing racism toward immigrants, refugees and people in communities harmed by health inequities.
- Increasing efforts to restrict gender-affirming care.
- Increasing backlash to diversity, equity and inclusion programs.

OHA needs buy-in from federal, state, and local partners to eliminate health inequities:

State health officials work closely with Tribal nations; other state, local, and federal policymakers; private nonprofit and for-profit providers; coordinated care organizations (CCOs), community-based organizations (CBOs) and others. Strong partnerships depend on common goals, mutual trust, effective collaboration and the equitable distribution or redistribution of resources and power.

Economic

Broad economic climate, inflation rates, interest rates, economic growth and property prices

Health care is not affordable for many people:

Health care inflation is a barrier to care for too many people in Oregon, which exacerbates health inequities. Rising health care costs are driven by many factors, including: the rising cost of prescription drugs, health care mergers and market consolidation (which drives up the cost of medical procedures and other care in many communities), increased labor costs and the costs of caring for an aging population.

OHA is curbing health care inflation through the Sustainable Health Care Cost Growth Target program (which holds both the private and public markets accountable for cost growth), the Health Care Market Oversight program (which reviews proposed business deals to make sure they will help – and not hurt – consumers in Oregon) and other efforts.

Economic hardship worsens health inequities:

- Inequities in affordable childcare, health insurance, education and transportation contribute to health inequities.
- Lack of affordable housing in Oregon directly affects health outcomes. Housing affordability is especially challenging for people who have been harmed by health inequities, including people in recovery from mental health and substance use disorders.

- Food insecurity is worsening in Oregon.
- Not everyone in Oregon has access to sustainable living-wage employment, including people from communities that face discrimination in hiring and retention, or people with disabilities.

Workforce shortages reduce access to care and increase costs:

There is a shortage of qualified and culturally appropriate or responsive health care providers in Oregon.

- The workforce is also aging, which will result in further disparity between increasing needs for health care and public service staff and the declining available workforce.
- Plus, there is more competition for this workforce, particularly with the growing use of temporary staffing agencies.
- Federal and state workforce development programs need more resources, especially those aimed at diversifying the health care and OHA workforces.

Social

Population growth rates, cultural aspects, age distribution, and changing social behaviors

Historical and systemic inequities persist in influencing current health outcomes:

The impacts of historical and contemporary racism, segregation, colonialism, sexism, homophobia, ableism, ageism and classism continue to erect barriers to care and fuel health inequities.

People are struggling emotionally:

The demand for behavioral health services continues to outpace the capacity of providers to meet the need. Amid lingering social effects of COVID-19 suicide rates and overdose rates are rising.

The population in Oregon is changing:

Oregon's population is becoming more diverse racially, linguistically and culturally, requiring more language access and culturally relevant health care options across the state. The population of Oregon is also aging, with a growing number of people with dementia and an increasing cost of support to older people when assistance is required.

Educational inequity compounds health inequities:

[Research shows](#) people who don't graduate high school are more likely to have lower lifelong income and poorer health outcomes. Although Oregon has made overall gains in graduation rates over recent years, some student groups continue to graduate at lower rates including those experiencing homelessness, involved in special education, or in foster care, as well as American Indian/Alaska Native, Black, African immigrant and Latino/Latina/Latinx students. The COVID-19 pandemic set back learning and social development for Oregon's students (especially in elementary grades), worsening gaps in student achievement.

Oregon communities are resilient:

Safe communities and strong relationships within communities are a powerful protective factor for social determinants of health. Communities in Oregon are resilient and connected, as demonstrated by Oregon's lower COVID-19 hospitalization and death rates and the response to wildfires and other disasters.

Technology

Availability of technology and rate of technological changes for you and your customer

Technology can improve access to care (or worsen inequities):

Technology can improve access to care and support health equity, but access to technology is limited for people in many communities.

- Telehealth can help people in rural areas gain access to providers and care that may be limited where they live.
- Technology can improve language access for people who speak languages other than English or need information in accessible formats.
- Technology can improve patient care and the patient experience. Technology can improve access to diverse providers and specialized care.
- Technology can improve access to health information.

However, limited access to technology and broadband can perpetuate inequities and leave people in communities harmed by inequities to rely on systems that have failed to serve them well in the past. The current lack of a unified statewide health information exchange means electronic health records are not easily transferred across providers, limiting potential for better patient experience and higher quality of care.

Health care organizations are increasingly vulnerable to cyber-attacks:

Cyber-attacks can expose sensitive patient data and lead to substantial financial costs to regain control of critical systems. Cyber-attacks can prevent hospitals and clinics from using electronic health records, and in some cases, force health systems to transfer patients to other facilities.

Artificial intelligence (AI) presents opportunities and risks:

AI could improve the efficiency of processes within health care organizations throughout Oregon to benefit staff and patients. However, AI systems also have the potential to incorporate historical biases and thereby negatively influence tools, documents, policies and practices within state government. With minimal oversight of new AI tools, OHA is at risk of disseminating or exacerbating systemic inequities. Public agencies are likely to be slower to adopt AI, putting OHA at a disadvantage in its ability to regulate providers and payers and provide the oversight for which OHA is responsible.

Legal

Laws directly connected to us and our area of activity

Legal frameworks shape health care and health equity:

Oregon has a legacy of racism within its laws and constitution that directly impacts the social and structural determinants of health and health outcomes in Oregon. Relatedly, OHA and all state agencies are required to honor the government-to-government relationship with the Nine Federally Recognized Tribes of Oregon, as required by federal and state laws. When state officials neglect to uphold these laws, it creates long-term harm and mistrust, which undermines the health of American Indian/Alaska Native people.

Some laws limit access to care:

OHA has limited regulatory authority to prevent closure of hospitals, dialysis clinics and other health care facilities. Closures create barriers to care, especially in rural communities and in diverse or lower-income communities, which often lack alternatives. Disparate application of the law to people of color across Oregon and the U.S. continues to impact quality of care and access to care. Immigrant, refugee and transgender populations face barriers in getting legal documents that would help them access care. The federal Medicaid for Institutions of Mental Disease exclusion rule also prevents some patients from receiving medically necessary care.

Some laws protect access to care:

State laws protect access to traditional health workers and health care interpreters, such as HB 2359 (2021). HB 2986 (2019) requires OHA and Community Care Organizations to partner with Regional Health Equity Coalitions in addressing health disparities. HB 2088 (2021) and HB 2286 (2023) increase access and capacity for the Tribes in Oregon to provide culturally responsive care in their communities.

Incompatibility between federal and state laws poses challenges:

Incompatibility between federal and state laws creates tension when one allows for flexibility and the other does not, such as with abortion access laws, which also affects program funding.

Environmental

Surrounding environment, weather, natural disasters, geographical position, climate changes, and sustainability

Location determines access to health:

- Oregon is a geographically large and diverse state. People who live in frontier or rural communities may need to travel long distances to access health care, including emergency care.
- Place and community matter to people and their well-being. Many communities lack sidewalks, bike lanes, parks and greenspace that otherwise may encourage healthy living and physical activity.
- Some rural areas lack access to clean and healthy drinking water.
- Some rural and urban areas within Oregon lack access to healthy and affordable groceries.
- Environmental hazards such as air and water pollution affect the health of people in surrounding communities, especially people in lower-income neighborhoods or communities of color, who have been disproportionately exposed to environmental risks.
- Gentrification pushes people out neighborhoods, which fragments social cohesion and increases housing insecurity.

Climate change and emergency preparedness:

Wildfires, extreme heat, drought, and extreme cold are intensifying in Oregon due to climate change. Currently, scientists are predicting that there is about a 37 percent chance that a megathrust earthquake of at least 7.1 magnitude in the [Cascadia Subduction Zone](#) will occur in the next 50 years. During emergencies, OHA needs a supportive infrastructure to:

- Disseminate information in accessible formats including in appropriate languages and cultural contexts.
- Locate employees.
- Ensure Continuity of Operations Plan (COOP) execution.
- Support displaced people.
- Ensure efficient interagency planning and cooperation.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Performance Sys Info at Performance.SysInfo@odhsoha.oregon.gov or 503-302-9364. We accept all relay calls.



200-609702 (08/2024)