

August, 2024



OREGON  
**HEALTH**  
AUTHORITY

# **We're all connected: OHA's strategic plan to eliminate health inequities**

# Contents

- Our guiding mission .....3**
  - Our specific goals.....3
  - Strategies and actions.....4
  
- We’re all connected: A plan to eliminate health inequity .....5**
  - The problem: health inequity harms us all.....5
  - Inspired by input from Oregon communities .....5
  - Driven by directives from state leadership .....6
  
- Challenges and opportunities: Health inequity status and solutions ..... 7**
  - State of health inequity in Oregon today .....7
  - Evaluating and strategizing for potential roadblocks .....9
  - OHA’s existing actions to eliminate health inequity ..... 10
  
- How we’ll make progress..... 11**
  - Goal pillar 1. Transforming behavioral health..... 11
  - Goal pillar 2. Strengthening access to affordable care for all .13
  - Goal pillar 3. Fostering healthy families and environments.... 14
  - Goal pillar 4. Achieving healthy Tribal communities..... 15
  - Goal pillar 5. Building OHA’s capacity and commitment to eliminate health inequities ..... 16
  
- Call to action ..... 17**

# Our guiding mission

In 2019, the Oregon Health Authority (OHA) set a goal to eliminate health inequities in Oregon by 2030. OHA is the first health agency in the nation to set such an ambitious goal. This goal means ensuring that all people in Oregon:

- Can reach their full health potential and well-being.
- Do not face disadvantages due to their race, ethnicity, language, disability, immigration status, age, gender, gender identity, sexual orientation, geography, or social class.

Health inequities are unfair differences in the health of people or groups. These differences:

- Are based on social, economic and other factors such as racism and other forms of bias, discrimination and oppression.
- Can cause higher rates of health problems in communities, such as infant death, chronic disease and shorter lifespans.

This goal sets a daily intention in OHA's work, systems, and policies. Every decision, action, and allocation of resources must move us toward this goal. This also means listening and partnering with the communities we serve. We need to think differently and take new approaches. This will ensure Oregon becomes a place where everyone has an opportunity to thrive.

Barriers to accessing good health care include high costs, personal or institutional bias and long waiting lists for providers. When people experience these barriers, it impacts the broader community. OHA will continue to focus on eliminating the barriers. This will help individuals and broader communities be healthy and access the care that every person in Oregon deserves.

## Our specific goals

To work toward our goal, OHA commits to five supporting pillars:

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

## Strategies and actions

Each strategy focuses on enabling us to achieve each goal. Our work will:

- Strengthen access to affordable, quality health care.
- Provide resources for healthier communities.
- Make culturally responsive clinics and providers more available.
- Expand mental health and substance use services and clinics.
- Bolster the workforce needed to deliver care.

To achieve these goals, OHA will model and strengthen trust by:

- Working with partners,
- Listening to and engage meaningfully with communities, and
- Practicing transparency, belonging, and accountability.

### Our goal is ambitious — and achievable

OHA's aspirational and necessary goal is inspired by the World Health Assembly's 1988 goal to eradicate polio around the world. The polio vaccine had been invented 30 years earlier. But in 1988, the disease still paralyzed more than 1,000 children every day.

Setting this ambitious goal helped nations understand eradicating polio was achievable. Today, polio is 99 percent eradicated. More than 2.5 billion children have been immunized in over 200 countries since the goal was set. Declaring the goal changed what we thought was possible, and so it *became* possible.

A strategic plan can help make progress toward an ambitious goal. It can:

- Change the way people think about entrenched problems like health inequities.
- Map concrete steps we can take together.
- Make challenges that seem hopelessly aspirational actually achievable.

# We're all connected: A plan to eliminate health inequity

## The problem: health inequity harms us all

You shouldn't have to be rich to have access to good health care or to live a healthy life. You shouldn't have to be part of a certain racial or ethnic group. Or live in a certain part of the state.

Yet we know unfair systems tip the scales. Some people will get better health outcomes, others worse ones. This is often beyond their control. It's easy to see how these unfair systems hurt the people with fewer advantages. But they also undermine the health of every community.

OHA's strategic goal is based on a core value: Everyone deserves the opportunity to thrive. No one in Oregon should have to suffer poor health because of the color of their skin or where in our state they live. Yet good health is harder for some communities to achieve. It could be due to lack of access to medical care; bias; and other factors beyond their control. This leads to higher rates of infant death, chronic diseases, and shorter lifespans.

We want all Oregon babies and kids to have a healthy start in life. We want everyone to:

- Have affordable health care close to home.
- Be able to see quality and respectful medical providers.
- Have adequate housing and healthy food, which affect overall health.
- Have a voice in shaping the health of their community.

When we take down the barriers to good health, we lower costs for everyone. More people in Oregon can live longer and feel better. This gives every person in Oregon has the best opportunity to live a healthy life.

## Inspired by input from Oregon communities

Community engagement shaped and defined our 2030 goal, starting in 2019. OHA Tribal Affairs held Tribal Consultation meetings to hear directly from the Nine Tribes of Oregon. OHA conducted 22 in-person community listening sessions in 11 counties around the state. These sessions:

- Engaged over 400 people.
- Took place in seven languages.
- Were led by culturally specific organizations or individual community members.
- Were customized to be culturally and linguistically appropriate.

The goals in the strategic plan reflect the priorities OHA heard in these sessions.

## Driven by directives from state leadership

Governor Tina Kotek shares the vision of our strategic goal. In January 2024, she [sent a letter](#) to the Oregon Health Policy Board. It outlines priority work for the next two years, including:

- “Continue to advance health equity toward the State’s 2030 Goal to eliminate health inequities,”
- “Champion strategies to reduce health care costs and increase affordability for Oregonians,”
- “Work with a particular focus on upstream strategies to advance the state’s health equity goals,” and
- Work toward “a more responsive and culturally reflective behavioral health system.”

With the goals of OHA, the Oregon Health Policy Board, the community, and the Governor so aligned, we can make great progress together.

## Closing unfair gaps in care saves lives in the pandemic

In 2021, only 45 percent of people in Oregon identifying as Hispanic or Latino/x/a/e had received both of the first two COVID-19 vaccines. Meanwhile, 76 percent of the state’s adult white population was vaccinated. More than 90 percent of people who identify as Native Hawaiian or Pacific Islander, Black, or Asian were also fully vaccinated. By listening to community, OHA learned that the vaccine distribution locations and eligibility guidelines created roadblocks for Hispanic or Latino/x/a/ people in Oregon to access the vaccine.

In response, OHA shifted strategy to walk-in vaccination clinics. The clinics were in trusted places already serving Hispanic or Latino/x/a/e communities. A few months later, 72 percent of the adult Hispanic or Latino/x/a/e population had received the first two doses of the vaccine, closing the vaccination gap.

Due in large part to the success of state and local partners in closing these inequities, Oregon had lower rates of COVID-19 infections, hospitalizations and deaths than most other states.

# Challenges and opportunities: Health inequity status and solutions

## State of health inequity in Oregon today

People often think individual factors, such as personal choices and family history, drive people's health. But when we look at health outcomes across communities, we find larger social and systemic barriers. These barriers have a significant, unfair impact on health, well-being, and opportunity.

In Oregon, these unfair barriers to care have harmed the lives of thousands of people across the state, weighed on their families, and strained their communities.

These harms include:

### **Shorter lifespans\*:**

Race and geography both affect the lifespan of people in Oregon. Black/African American, American Indian and Alaska Native people have a shorter life expectancy than white people. These disparities have only widened over the last few years.

People living in rural areas are also dying at an earlier age than people living in urban areas. They have the highest suicide and unintentional injury death rates. They also have higher rates of arthritis, diabetes, cardiovascular disease, obesity, and high blood pressure.

These differences are largely driven by social, economic, and political factors rooted in structural and systemic racism, such as:

- Difficulties in accessing care due to transportation barriers, medical debt, or high prices;
- Food and housing insecurity;
- Poorer health literacy; and
- Police- and gun-related violence.

---

\* Oregon Health Authority. (2018) [“Health Equity Analysis.”](#) *Oregon’s State Health Assessment*: 161-162.

## Higher maternal and child mortality\*:

In Oregon, maternal mortality, infant mortality and preterm birth rates are lower than the national average. But there are stark racial disparities. For example, the mortality rate for Black/African American infants is two times higher than it is for white infants. Limited access to prenatal care, social factors such as food, income and housing insecurity, provider bias and other health issues can also affect healthy births.

## More chronic conditions†:

Not everyone has the same opportunity to receive adequate health care. This can lead to chronic conditions. For example:

- American Indian and Alaska Native people in Oregon have the highest rates of asthma;
- Black/African American, Pacific Islander, American Indian and Alaska Native people have the highest rates of high blood pressure; and
- People in Latino/a/x/e and Pacific Islander communities have the highest rates of diabetes.

Barriers that create these inequities include:

- Less access to health coverage, primary and preventive care;
- Racism and discrimination in care;
- Language barriers; and
- Other factors that create chronic health problems.

## Higher health care costs‡:

Health-related spending is the biggest part of Oregon household budgets. American Indian, Alaska Native and Latino/a/x/e households were more likely to use up their savings on medical bills. That's due to barriers including:

---

\* Oregon Health Authority. (2018) [“Maternal, Child, and Adolescent Health,” Oregon State Health Assessment: 77-79.](#)

† Oregon Health Authority. (2018) [“Health Equity Analysis,” Oregon’s State Health Assessment: 163-164.](#)

‡ Oregon Health Authority. (September 2023). [Impact of Health Care Costs on People in Oregon, 2021: 1, 20.](#)



- Less access to employer-based health coverage,
- High deductible health plans,
- Less Medicaid coverage (such as eligibility restrictions), and
- Language barriers.

## Evaluating and strategizing for potential roadblocks

A key step in achieving the goal of eliminating health inequities by 2030 is analyzing:

- What strengths we can lean on to accelerate our progress and
- What potential issues, within or outside of our control, could potentially hinder our work.

To do this, we used two tools:

- The [“Strengths, Weaknesses, Opportunities, and Threats” \(SWOT\) analysis](#) and
- The [“Political, Economic, Social, Technology, Legal, Environmental” \(PESTLE\) analysis](#).

Results from these tools helped build our strategy and recommendations.

Some obstacles to achieving our goal come from inside our own agency. But the biggest obstacles may come from larger systems and issues. These include:

- Bureaucracy at the state and federal levels,
- Language barriers to accessing care, and
- Social factors including childcare, education, transportation, and housing.

Identifying and understanding these obstacles helps us create strategies to remove them. For example, we can set goals for:

- Recruitment, retainment, and training to build a more diverse workforce.
- Expanding access to linguistically and culturally appropriate medical care for everyone in Oregon.
- Working with our partners to improve access to food, childcare, education, transportation, and housing.

# OHA's existing actions to eliminate health inequity

OHA has already taken a range of actions to address health inequities, including:

## **New Medicaid benefits to address social factors that undermine good health:**

Oregon won [approval to use Medicaid funds to address social factors](#) that contribute to health inequities, such as housing, nutrition, and extreme weather events driven by climate change.

## **Incentives for Medicaid health plans to address inequities:**

Coordinated care organizations (CCOs) are health plans that connect nearly 1 in 3 Oregonians to health care. Oregon provides [incentive payments to CCOs](#) to:

- Improve health outcomes,
- Eliminate health inequities, and
- Address social factors that affect personal, family, and community health.

## **Mobilizing community partners to improve health outside the doctor's office:**

Through [Healthier Together Oregon](#), state health officials convened more than 60 private and public partners. Their work addresses the conditions that undermine health and fuel health inequities in communities across the state – such as lack of housing, income instability, educational inequalities, and mental health stressors.

## **Protecting and expanding health coverage, especially for communities that disproportionately lack access to coverage:**

Oregon established continuous Medicaid coverage for children up to age 6. It also allows all adults and kids over age 6 to maintain their coverage for at least two years, even if their eligibility changes during that time. These changes reduce disruptions in care.

Through the [Healthier Oregon](#) program, Oregon became the first state in the nation to provide health care benefits for eligible residents regardless of immigration status. This closed coverage gaps for communities with the largest health coverage disparities.

## Investing in trusted community nonprofits to help people in local communities:

During the COVID-19 pandemic, [state health officials invested](#) more than \$100 million in local nonprofits to support vulnerable people in communities across the state. These investments closed gaps in vaccinations and treatment.

## Improving data collection for all identities:

Oregon [passed a law requiring providers to collect data](#) about patients' race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI). This data helps identify health inequities based on these factors.

## Mobilizing local coalitions to address health inequity:

[9 Regional Health Equity Coalitions \(RHECs\)](#) represent 20 counties in the state. RHECs identify the most pressing health equity issues in their regions. They work to find solutions that reduce harm to people in their local communities. They focus on issues facing priority populations such as of communities of color, Tribal communities, other American Indian and Alaska Native people, immigrants, refugees, migrants and seasonal workers, individuals and families with lower incomes, people with disabilities, and LGBTQ+ communities.

# How we'll make progress



## Goal pillar 1. Transforming behavioral health.

### Vision:

Guided by people with lived experience, OHA will:

- Build a health system that works for every child, teen, adult, and family who's experiencing a mental health or substance use issue.
- Expand integrated, coordinated, culturally responsive behavioral health services when and where people need them.

Below is some of the work we'll be doing to achieve this goal. Review the [strategies, actions, and measures of success](#) for this goal.



- Build the behavioral health workforce to serve all people, particularly those who experience health inequities.
- Expand access to community-based services, peer respite houses, online support groups, drop-in centers, supports for children and youth in schools, and other innovative approaches.
- Expand the availability and funding for preventive behavioral health services, especially for youth and in early childhood.
- Increase naloxone access across Oregon, especially in communities with the greatest need.
- Enhance services like 988 and mobile crisis teams so that people in mental health crisis can get help the same day.



- Reduce administrative burden for providers serving Medicaid patients to improve job quality and retention.
- Decrease wait times in emergency departments for people experiencing a behavioral health crisis.
- Reduce both stigma and confusion about the system that prevent people from seeking services.

### **When we've met our goal ...**

Everyone in Oregon will be able to easily get the treatment and other services they need. Our state will have enough counselors and other providers to deliver care. People experiencing mental health crises will also have wraparound support, such as housing. We know this support is essential to entering and maintaining recovery.

## 2

## Goal pillar 2. Strengthening access to affordable care for all.

### Vision:

Ensuring 100 percent of people in Oregon have easy access to affordable health care while prioritizing access for communities that are disproportionately blocked from this care by racism, discrimination, and other forms of oppression.

Below is some of the work we'll be doing to achieve this goal. Review the [strategies, actions, and measures of success](#) for this goal.



- Connect all people to affordable health coverage.
- Increase the accessibility of community partners and Marketplace assisters to help people find coverage that works for their lives and budget.
- Make it easier for people to make appointments with in-network providers throughout the state.
- Grow the number and breadth of culturally and linguistically appropriate care providers and Traditional Health Workers.
- Expand access to vaccines, nutrition services, health screenings, and lead testing.
- Make accessing health care more convenient — through more providers, more physical locations throughout the state, and more telehealth offerings.



- Reduce the number of people delaying or going without care because it's too expensive.
- Decrease the number of people who can't access care because it's too far away, inconvenient, or not available in the right language.
- Reduce the number of people struggling with medical debt.

## When we've met our goal ...

Everyone in Oregon who wants health coverage will have it. No one will delay or skip necessary care because they can't afford it. More people will find it easier to access health care when they need it. People across the state will lead healthier lives.



## Goal pillar 3. Fostering healthy families and environments.

### Vision:

Health isn't just about being able to see a doctor when we're sick. It also requires giving infants, children and families a healthy start in life. It requires fostering environments that equitably promote health and well-being, especially among communities most impacted by health inequities. We can do this by expanding access to:

1. Safe and accessible housing;
2. Healthy food and nutrition;
3. Climate resilience; and
4. Preventive health services.

Below is some of the work we'll be doing to achieve this goal. Review the [strategies, actions, and measures of success](#) for this goal.



- Ensure a higher percentage of pregnancies are safe and healthy.
- Increase equitable access to quality housing, climate adaptation resources, nutrition supports, and preventive services.
- Expand access to translated information on preventive health services and public health emergency preparedness. This way, people who speak a variety of languages can get this critical information.
- Increase the number of community-based organizations who can provide air conditioners, air filters, nutrition services and housing support through the new federal Medicaid benefits.



- Reduce hospital visits and deaths related to wildfire smoke
- Lower the rates of syphilis, severe maternal morbidity, and childhood lead poisoning.
- Decrease immunization disparities.

### When we've met our goal ...

More people in Oregon will have access to nutritious food, wraparound social supports and supports for new parents to:

- Keep families healthy;
- Be prepared for climate change and emergencies; and
- Be able to easily access preventive health services.



## Goal pillar 4. Achieving healthy Tribal communities.

### Vision:

OHA commits to support the ultimate goal of achieving healthy Tribal communities. This empowers Tribal individuals, families, and communities across Oregon to achieve their best health and wellness through a fully funded continuum of health rooted in traditional and culturally specific practices.

OHA now has formal consultations with Tribal officials and Tribal health representatives. These consultations will continue through 2024. This work will help develop outcomes, measures, strategies, and plans for action, resource, monitoring and evaluation.

Review [Tribal consultation and next steps](#) for implementation of the Tribal goal.

### When we've met our goal ...

Tribal communities will live healthier lives, achieved through a meaningful and respectful approach that honors the government-to-government relationship.

# 5

## Goal pillar 5. Building OHA's capacity and commitment to eliminate health inequities.

### Vision:

Build OHA's internal capacity and commitment to eliminate health inequities. Do this by providing our staff with the training, support, and tools to:

- Partner with communities and
- Recognize, rectify, and reconcile the racism and other forms of discrimination and oppression that undermine the health, well-being, and opportunities of people across Oregon.

Below is some of the work we'll be doing to achieve this goal. Review the [strategies, actions, and measures of success](#) for this goal.



- Standardize OHA's community engagement framework. This will help us maximize collaboration and authentically involve community in policy and program decisions.
- Grow the diversity of OHA's staff so our workforce more closely mirrors the communities we serve.
- Increase staff awareness of and training on health equity, anti-racism, and inclusion principles and practices.
- Strengthen equitable hiring practices and professional development opportunities for our staff.
- Improve agency responsiveness to the communities and partners we serve.

### When we've met our goal ...

OHA's workforce will:

- Understand, reflect, and consistently respond to priorities and needs of the people they serve.
- Root all its work in equity, anti-racism, and inclusion.



# Call to action

We know we cannot achieve this goal by ourselves. Government agencies alone, in part or in whole, cannot eliminate inequities rooted in generations of systemic oppression. To make lasting change, we all need to work together. We must reach across sectors, build new partnerships, and share ideas with each other.

This is why OHA will call on our partners statewide to join us in taking bold action to achieve this goal:

- State and local government,
- Health care payers and providers,
- Partners in academia, philanthropy, business and more.

The people and communities we serve are our greatest resource. They will help us identify and drive new commitments toward our 2030 goal. We are confident that as an agency and as a state, we will deliver a future that mirrors our values and ensures health and opportunity for all.

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](mailto:Performance.SysInfo@odhsoha.oregon.gov) or 503-302-9364. We accept all relay calls.



200-683051 (08/2024)