

OHF Call to Action: Commitment Examples

Goal Pillar 1: 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.

- **Full-tuition Forgiveness Programs:** Health systems and academic partners could establish full-tuition forgiveness programs or substantial loan repayment plans specifically for graduates who commit to practicing in underserved Oregon communities for a set number of years.
- **Funding Comprehensive Mental Health Infrastructure:** Philanthropic and private sector partners could fund the establishment of regional mental health hubs, equipped with telehealth services and staffed by professionals trained in culturally responsive care, to ensure access in even the most remote areas.
- **Investing in Digital Health Transformation:** Partners could provide grants for purchasing and integrating essential technology, such as computers, Electronic Health Record software, and telehealth equipment to local health providers to streamline coordination and improve accessibility.
- **Supporting Workforce Pipeline Programs:** Healthcare partners could launch programs to recruit, train, and mentor behavioral health professionals from underserved communities, ensuring a workforce reflective of Oregon's diverse population. A good example is Kaiser's Mental Health Scholars Academy.
- **Investing in Culturally Informed Care:** Partners could invest in culturally informed care, including supporting research into cultural health needs, developing culturally specific health metrics, and conferring with cultural organizations and leaders to ensure that health programs are relevant and effective for all Oregonians.
- **Training to Reduce Stigma around Mental Health:** Partners, including those in the media, could commit to internal trainings to reduce stigma around mental and behavioral health, including suicide prevention trainings and mental health awareness campaigns, prioritizing the voices of those with lived experience.

- **Embedding Behavioral Health in the Workplace:** Large employers could lead the way by embedding mental health services directly within their workplaces, providing free access to therapists and wellness coaches for employees and their families – and/or training their workforce on a trauma-informed approach across all services.
- **Promoting Recovery-ready Workplaces:** Partners could commit either to establish a recovery-ready workplace of their own, and/or lead multi-employer efforts that provide training, technical assistance, and consultation to employers to establish such a workplace.
- **Predicting Long-term Behavioral Health Needs:** Partners could conduct or support forward-looking research to predict long-term behavioral health workforce needs in Oregon.
- **Investing in Quality Translation or Interpretation Services:** Partners could commit to investing in quality translation or interpretation services in patient-facing health spaces.
- **Support for Financial Management:** Partners could offer workshops and consulting services on budgeting, financial planning, and cash flow management to Oregon-based healthcare providers.
- **Support for Recovery Housing:** Partners could support the development of recovery housing in the state, through earmarked grants or specialized loans, or through direct collaboration with real estate partners to identify properties for new housing developments.
- **Expanding Insurance Benefits:** Large Employers could ensure equity in available employee insurance benefits to ensure access to mental and behavioral health care for employees.

Goal Pillar 2: Strengthening Access to Care

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

- **Addressing Structural Racism in Clinical Practice:** Health systems could commit to eliminating harmful race-based clinical algorithms in clinical practice.
- **Statewide Telehealth Access:** Partners could commit to expanding telehealth infrastructure, especially in rural and low-income communities, by subsidizing internet



access and providing telehealth kiosks in community hubs like libraries and community centers.

- **“Care Where You Are” Mobile Health Units:** Health and philanthropic partners could fund mobile clinics that travel to underserved areas, offering a range of services from vaccinations and screenings to primary care and behavioral health support, ensuring services reach people where they live and work.
- **Remote Patient Monitoring Programs:** Partners could sponsor technology and training for remote monitoring of chronic conditions, allowing patients to receive real-time feedback and support from providers without frequent in-person visits.
- **Care Navigators for Seamless Access:** Partners could hire care navigators in community centers and hospitals to guide patients through the health care system, helping them access necessary services, understand insurance coverage, and schedule appointments.
- **Bilingual/Multilingual Healthcare Staff Expansion:** Partners could launch and/or fund training programs and scholarships specifically for bilingual/multilingual health care providers to improve language access for patients across the state.
- **Pipeline Programs for Future Providers:** Partners could invest in career and technical health programs in local school districts (i.e. teachers, equipment, curriculum for health occupation programs), offering mentorship, internships, and training to youth in rural and underserved communities who aspire to health care careers.
- **Paid Shadowing and Internships for Pre-Med and Nursing Students:** Partners could offer paid shadowing opportunities within primary care, giving pre-med and nursing students early exposure to primary care work, incentivizing them to choose this specialty.
- **Burnout Reduction Programs:** Health systems and private sector partners could fund initiatives that address burnout, such as wellness programs, mental health support, flexible schedules, and improved administrative support, to retain primary care providers in the field.
- **Cross-Training Programs for Mid-Level Practitioners:** Partners could fund cross-training for nurse practitioners and physician assistants to provide a wider range of primary care services, particularly in underserved areas, where full-time physicians may be scarce.



- **Subsidized Prescription Drug Programs:** Partners could provide funding for or match contributions to prescription drug discount programs, offering medications at reduced or no cost for patients who struggle with affordability.
- **Financial Navigation Support for Patients:** Private and health sector partners could fund trained financial navigators who help patients understand bills, negotiate payments, and access available financial aid or government programs, alleviating financial stress and barriers to care.
- **Partnerships with Pharmacy Programs for Free or Reduced-Cost Preventive Medications:** Partners could collaborate with pharmacies to reduce the costs of preventive medications, such as blood pressure, diabetes, and cholesterol drugs, for low-income and underinsured patients.
- **Telehealth Parity Commitments:** Insurers and providers could commit to permanent telehealth coverage parity, ensuring telehealth visits are reimbursed at the same rate as in-person visits, making it financially feasible for providers to offer virtual care to a broader population.
- **"No Balance Billing" Pledge:** Commercial insurers could adopt a "No Balance Billing" policy to protect patients from surprise out-of-network bills, covering any out-of-pocket differences for services received in emergencies or when no in-network options are available.
- **Expanding Provider Choices for Medicaid and CHIP Beneficiaries:** Partners could create incentives for primary care and specialty providers to accept Medicaid and CHIP, such as streamlined credentialing processes, and higher reimbursements, ensuring those populations have broader access.
- **Flexible Reimbursement Models for Providers in Rural and High-Need Areas:** Partners could support alternative reimbursement models, such as capitation or bundled payments, to reduce the financial burden on providers serving high-need populations, improving sustainability.
- **Affordable, On-Demand Mental Health Services:** Private sector and health partners could fund an expansion of affordable, on-demand mental health services to ensure mental health care is accessible for those in underinsured or network-inadequate areas.
- **Supporting Oregon Health Plan Enrollment:** Partners could support the hiring of more Oregon Health Plan assisters to boost Oregon residents' access to and ease of enrolling.

- **Investing in Workforce Supports for Rural Providers:** Partners could invest resources into housing and transportation services designed to incentivize health practitioners to work in underrepresented areas in Oregon.

Goal Pillar 3: 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.

- **Universal Early Developmental Screening:** Partners could fund a program to offer free, universal early developmental screenings in both medical and community settings (e.g., daycare centers, libraries) to identify and address developmental delays as early as possible.
- **Subsidizing Vaccines for Rural Providers:** Health sector partners could subsidize vaccines to increase supply in rural facilities.
- **Combating Misinformation:** Media organizations could commit to hiring journalists and on-air staff who are public health experts and provide training on combating misinformation.
- **Youth Physical & Mental Health Programs:** Athletic companies and local organizations could commit to year-round youth health initiatives, including free sports leagues, mental health workshops, and physical fitness events, targeting areas with limited recreational facilities.
- **Boosting Preventive Care Accessibility:** Health sector and private partners could fund mobile health units equipped to provide vaccines, screenings, and preventive services, particularly in rural and tribal communities.
- **Investing in Climate-Resilient Health Infrastructure:** Partners could commit to "greening" health facilities and services – reducing environmental impact and greenhouse gas emissions by X% — and preparing facilities to withstand extreme weather, with dedicated funding for sustainable technologies.
- **Preparing for Climate and Health Emergencies:** Partners could fund emergency preparedness resources for communities and provide grants for developing community-based climate adaptation projects, like cooling centers and safe shelters.

- **Community-Led Health Markets and Food Programs:** Partners could fund community-based farmers' markets and health fairs in underserved neighborhoods, with subsidized, culturally relevant food options and preventive health services offered on-site.
- **Piloting a Basic Income Pilot for New Mothers:** Philanthropic partners could fund or subsidize a basic income pilot – akin to Flint, Michigan's Rx Kids – for low-income new mothers in rural Oregon for the final 6 months of their pregnancy and their first postpartum year, to support their ability to address their basic needs.
- **Expanding Access to Doula and Midwifery Care:** Health systems and insurers could commit to permitting and covering doula and midwifery services, reducing disparities in maternal mortality and birth outcomes.
- **Community-Based Maternal Health Hubs:** Partners could pilot the establishment of comprehensive perinatal care clinics, where pregnant individuals can access integrated services including prenatal care, mental health support, nutritional counseling, and lactation consultation, as well as early childhood pediatric services.
- **Home Visiting Programs for Vulnerable Families:** Self-insured employers, health systems and philanthropic partners could expand funding for home visiting programs that provide prenatal and postnatal support to vulnerable families, offering guidance on parenting, nutrition, and infant care directly in the home.
- **Building Safe, Family-Friendly Communities:** Philanthropic and private sector partners, along with local government partners, could support the development of safe parks, child-friendly libraries, and playgrounds in underserved neighborhoods, providing enriching spaces that encourage safe play, bonding, and community building.
- **Workplace Flexibility for Parents of Young Children:** Employers of all sizes could implement policies offering flexible work hours, parental leave, and childcare stipends, helping new parents maintain income and stability while caring for young children.
- **Expansion of Parenting Education Programs:** Health and education partners could fund and support statewide parenting education programs, focusing on early childhood development, positive discipline, and family health practices, available both online and in community centers.
- **Transportation & Lodging Support for Rural Patients:** Private sector partners could fund programs that cover transportation and lodging for rural pregnant individuals



needing specialized care, ensuring that location doesn't limit access to essential maternal health services.

- **Free or Subsidized Mental Health Support for New Mothers:** Partners could cover or subsidize perinatal mental health services, such as therapy and peer support groups, helping address the heightened risk of postpartum depression and anxiety.
- **Improving Data for Better Outcomes:** Academic and healthcare partners could collaborate on a comprehensive data initiative to collect, analyze, and share insights on maternal and infant health outcomes, ensuring care improvements are data-driven and targeted.

Goal Pillar 5: 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.

Any organization that makes a commitment as part of the Call to Action is encouraged to consider, if it has not already, the following internal goals:

- Conduct a health equity impact assessment of policies, programs, or decision-making structures.
- Develop a plan to address gaps, barriers, and opportunities identified through assessment.
- Consider process and outcome measures to promote the advancement or growth in an understanding of equity by employees or equitable engagement and responsiveness to external community and partners.
- Consider trainings and learning forums to promote cultural humility, Diversity, Equity, Inclusion and Belonging (DEIB), and anti-racism.
- Develop equitable hiring strategies, policies, and metrics or equitable employee advancement and professional development programs.
- Establish tools and resources that facilitate practice sharing on equity and engagement activities.

