Bridging Health Care and Early Education Policy to Achieve Kindergarten Readiness: How Oregon Has Leveraged Opportunities to Support a Fundamental Shift In How Health Care and Early Learning Systems Align

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Overview

- Oregon context: How are our children doing?
- The case for a systems approach
- Opportunities and challenges
How our are children in Oregon doing?

- There are 45,000 children born in Oregon each year. Medicaid pays for half of those births.

- There are approximately 230,000 children under the age of five in Oregon.

- At least one in four children under 5 are exposed to a well known set of risk factors - poverty, abuse, neglect, unstable housing.
Changing Demographics

[Bar chart showing changing demographics across various counties in Oregon, with counties listed on the x-axis and percentage of a certain demographic on the y-axis.]
Disparities in school readiness at school entry

Letter Names average scores range from 10 (Hispanic) to 30 (Asian)
Disparities in grade level literacy at third grade
Disparities in our four year cohort graduation rate

- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Black/African American
- Hispanic/Latino
- White
- Multi-Ethnic
Disparities in who is represented in the criminal justice system

**Adult Population**
- Asian: 3.50%
- Black/African American: 0.40%
- Hispanic/Latino: 4.10%
- American Indian/Alaska Native: 12.30%
- White: 77.50%
- Multi-Racial: 2%

**Prison Population**
- Asian: 0%
- Black: 1%
- Hispanic: 12%
- American Indian: 9%
- White: 75%
- Multi-Racial: 3%
- Unknown: 0.40%
- Native Hawaiian/Pacific Islander: 3.50%
Inadequate Prenatal Care - 2014
Less than five prenatal visits or care began in third trimester

Source: Oregon Vital Statistics 2014 Annual Report, Table 2-18
Low Birth Weight
Less than 2500 grams (5 lbs 8 oz)

Source: Oregon Vital Statistics, 2013 Annual Report Table 1-5
National Vital Statistics Report, Volume 64, Number 1, Table 24
Developmental Screening

In 2007, nationally, less than 20 percent of children received developmental screening while at a primary care visit. Oregon continues to make improvements in children on the Oregon Health Plan receiving screening.

Well-baby/Well-child Visits

Measure is the percentage of children who had six visits with health care provider prior to 15 months of age.

Statewide performance on this measure declined. The decline can likely be attributed to the small denominator in 2013 and may also be due to new members not receiving all six visits in 15 months.

- 71.6% received four visits.
- 63.8% received five visits.

Postpartum Depression

Self reported experiences and feelings of depression since new baby was born.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
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<tbody>
<tr>
<td>2009</td>
<td>9.5%</td>
</tr>
<tr>
<td>2010</td>
<td>8.5%</td>
</tr>
<tr>
<td>2011</td>
<td>12.5%</td>
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</tbody>
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Source: Oregon PRAMS Survey – 2009-11
The importance of brain-building

![Graph showing normal brain malleability influenced by experiences and physiological effort required to enhance neural connections over age from birth to 70.](image)
Context

- We spent a lot of money on services.
- These services were too disorganized and disconnected from one another.
- Trying to solve the complex problems facing children and families from Salem hadn’t worked.
- Problem solving power is in the hands of communities.
Oregon’s historic early learning “system”
Building Systems

Programs

Innovation
Health System Transformation in Oregon

• The Oregon Health Authority was created by the 2009 Oregon Legislature to be the state’s single point of accountability for health service delivery and sustainable health care costs.

• In 2011, the Oregon Legislature created Coordinated Care Organizations: local networks of all types of health care providers working together to deliver care of Oregon Health Plan clients.
Coordinated Care Organizations

• Community-based, strong consumer involvement in governance that bring together various providers of services.

• Responsible for full integration of physical, behavioral and oral health.

• Accountability through measures of health outcomes.
  – Health Care System can not meet health outcomes with out leveraging Early Learning System.
  – Early Learning and Public School System will not meet educational outcomes without leveraging Health Care System.

• Must engage Early Learning Hub in development of Community Health Plan.
What we are most trying to prevent:

- Future generations of “high utilizers”
- Cascading adverse life events that derail a healthy life.

**Health Share of Oregon – Collective Prevention Strategy**
Our Goal:
A healthy, productive next generation of Oregonians

- **Pregnancy**
  - Wanted Pregnancy
  - Healthy Mom / Child
- **Birth**
- **3 yo**
  - Strong Attachments
- **5 yo**
  - Ready for kindergarten
- **6-12 yo**
  - Academic Success
- **12-21 yo**
  - Positive Relationships
- **21 yo +**
  - Healthy Lifestyle
  - Healthy, productive adult

Health Share of Oregon – Collective Prevention Strategy
Early Learning Goals

- Building an early learning system that is coordinated, aligned and family centered.

- Ensuring that all children arrive at kindergarten with the skills and supports they need to succeed.

- Ensuring that children are raised in healthy, stable and attached families.
New Early Learning Structure

Early Learning Council

OREGON DEPT. OF EDUCATION
Early Learning Division

OHA
DHS ERDC
1. Identify the populations of children most at risk of arriving in kindergarten, unprepared for school.

2. Identify the needs of these children and their families.

3. Work across sectors to connect children and families to services and supports that meet their needs.

4. Account for Outcomes collectively across the system.
Achieving Shared Goals

Early Learning System  |  Health System

Healthy Children = Ready Children

2. Stable/attached families  |  2. Better care
3. Coordinated systems  |  3. Lower costs
Policy and Metric Connections

Oregon Health Policy Board — Early Learning Council and Oregon Health Policy Board Joint Subcommittee — Early Learning Council
Coordinated Care Organizations
Outcome Metrics Related to Early Learning

**CCO Incentive Metrics**
- Developmental Screening in first 36 months of life
- Early Elective Delivery
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- New for 2015: Effective Contraceptive Use

**State Performance Metrics**
- Childhood and Adolescent Access to Primary Care Providers
- Prenatal and postpartum care: Postpartum Care
- Well-child visits in first 15 months of life
Cross systems coordination: Marion & Polk counties

Reach Out and Read

- Doctors discuss the importance of reading with families at well child visits and each child is offered a new age-appropriate book to take home with them
- 10 clinics active and 8 medical clinics that are in training

Transformation Grant Projects

- Enhance the communication and effectiveness around the coordinated care plans between education and health for children with developmental delay
Data sharing across systems

Family CORE: Yamhill Early Learning Hub

- Collaboration of nine agencies that serve young children and their families
- Any agency can send a referral form to a central agent through which a family is connected with the appropriate services
Learnings

- You can’t solve complex problems in a silo
- The state can’t solve it all
- Re-purpose existing dollars
- Give yourself time
Questions?