

# RAISE UP OREGON AT-A-GLANCE

## SYSTEM GOAL 1: CHILDREN ARRIVE READY FOR KINDERGARTEN

### ● OBJECTIVE 1: Families are supported and engaged as their child's first teachers.

**Strategy 1.1** Expand parenting education and family supports.

**Strategy 1.2** Scale culturally responsive home visiting.

### ● OBJECTIVE 2: Families have access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets their needs.

**Strategy 2.1** Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable infant-toddler early care and education that meets the needs of families.

**Strategy 2.2** Expand access to, and build the supply of, high-quality (culturally responsive, inclusive, developmentally appropriate) affordable preschool that meets the needs of families.

**Strategy 2.3** Strengthen child care assistance programs.

**Strategy 2.4** Build the state's capacity to ensure children are healthy and safe in child care.

**Strategy 2.5** Improve the essential infrastructure for high-quality early care and education.

### ● OBJECTIVE 3: The early care and education workforce is diverse, culturally responsive, high quality and well compensated.

**Strategy 3.1** Improve professional learning opportunities for the full diversity of the early care and education workforce.

**Strategy 3.2** Build pathways to credentials and degrees that recruit and retain a diverse early care and education workforce.

**Strategy 3.3** Compensate and recognize early childhood educators as professionals.

**Strategy 3.4** Improve state policy to ensure early care and education work environments guarantee professional supports.

### ● OBJECTIVE 4: Early childhood physical and social-emotional health promotion and prevention is increased.

**Strategy 4.1** Ensure prenatal-to-age-five health care services are comprehensive, accessible, high quality, and culturally and linguistically responsive.

**Strategy 4.2** Increase capacity to provide culturally responsive social-emotional supports for young children and their families.

**Strategy 4.3** Increase and improve equitable access to early childhood oral health.

**Strategy 4.4** Strengthen coordination among early care and education, health, and housing to promote health and safety for young children.

### ● OBJECTIVE 5: Young children with social-emotional, developmental, and health care needs are identified early and supported to reach their full potential.

**Strategy 5.1** Ensure adequate funding of and access to a range of regional and community-based services, including Early Intervention/Early Childhood Special Education services.

**Strategy 5.2** Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families.

**Strategy 5.3** Prevent expulsion and suspension by strengthening state policies and supports to early care and education programs.

### ● OBJECTIVE 6: Children and families experience supportive transitions and continuity of services across early care and education and K-12 settings.

**Strategy 6.1** Establish shared professional culture and practice among early care and education and K-3 that supports all domains, including social-emotional learning.

**Strategy 6.2** Improve the Oregon Kindergarten Assessment to better support decision-making between early learning and K-12 stakeholders.

## SYSTEM GOAL 2: CHILDREN ARE RAISED IN HEALTHY, STABLE, AND ATTACHED FAMILIES

- **OBJECTIVE 7: Parents and caregivers have equitable access to support for their physical and social-emotional health.**

**Strategy 7.1** Increase equitable access to reproductive, maternal, and prenatal health services.

**Strategy 7.2** Improve access to culturally and linguistically responsive, multi-generational approaches to physical and social-emotional health.

- **OBJECTIVE 8: All families with infants have opportunities for connection.**

**Strategy 8.1** Create a universal connection point for families with newborns.

**Strategy 8.2** Provide paid family leave.

- **OBJECTIVE 9: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.**

**Strategy 9.1** Expand and focus access to housing assistance and supports for families with young children.

**Strategy 9.2** Provide preventive parenting support services to reduce participation in the child welfare system.

**Strategy 9.3** Improve the nutritional security of pregnant women and young children, particularly infants and toddlers.

**Strategy 9.4** Link high-quality early care and education, self-sufficiency, and housing assistance programs.

## SYSTEM GOAL 3: THE EARLY LEARNING SYSTEM IS ALIGNED, COORDINATED, AND FAMILY CENTERED

- **OBJECTIVE 10: State-community connections and regional systems are strengthened.**

**Strategy 10.1** Ensure family voice in system design and implementation.

**Strategy 10.2** Ensure family-friendly referrals.

**Strategy 10.3** Further develop the local Early Learning Hub system.

- **OBJECTIVE 11: Investments are prioritized in support of equitable outcomes for children and families.**

**Strategy 11.1** Ensure resources are used to reduce disparities in access and outcomes.

**Strategy 11.2** Align and expand funding opportunities for culturally specific organizations.

- **OBJECTIVE 12: The alignment and capacity of the cross-sector early learning workforce is supported.**

**Strategy 12.1** Support consistent, high-quality practice among all professionals in the family- and child-serving early learning workforce.

**Strategy 12.2** Improve cross-sector recruitment, retention, and compensation.

- **OBJECTIVE 13: The business and philanthropic communities champion the early learning system.**

**Strategy 13.1** Educate business leaders on the economic value of early care and education to the Oregon economy.

**Strategy 13.2** Introduce business leaders to the science of early childhood development and the impact of public investment.

- **OBJECTIVE 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.**

**Strategy 14.1** Strengthen data-driven community planning.

**Strategy 14.2** Integrate early learning data into the Statewide Longitudinal Data System.

**Strategy 14.3** Develop and implement a population survey to track the well-being of children and families across Oregon.

**Strategy 14.4** Create and use an early learning system dashboard to create shared cross-sector accountability for outcomes for young children and their families.

Monday, May 13, 2019

### Parent Engagement Update:

Hello Health Care Integration Workgroup,

I am at a Summit in Bend and am not able to be physically present.

Based on the feedback and support from ongoing HCI workgroup meetings I decided to attend Boost Oregon's community workshop on vaccines. Details for the event are as follows:

**What:** Boost Oregon's community workshop- a community event where you can learn the science behind vaccines with a naturally-minded, board-certified pediatrician. The workshop has a very non-biased, neutral atmosphere where questions are valued and discussions are safe. It is not intended to scare people into or out of anything, or to tell you what to do. Our workshops simply help families feel more empowered and informed about their children's vaccines.

**Why:** Parents need more information and education around vaccines. This helps clear any misconceptions parents may have. The format is designed around answering common questions about vaccination, such as:

- How vaccines are made and what is in them?
- What is the best way to schedule vaccines?
- For families interested in natural health, what role do vaccines play and which vaccines are the most important?
- How does a family sort through all the various claims about vaccines that seem to be so contradictory at times?

**Where:** The workshop I attended was on Wednesday, April 17 at Oregon Pediatrics - Happy Valley. After a long day of getting up and making my way to Portland, being in an 8-hour TIC training, I drove to Happy Valley to attend the workshop from 6:30- 9 PM. It was a long day and when I arrived at the workshop, I was tired. The information was exciting, very engaging and I left feeling very inspired.

**My Feedback:** The workshop was led by pediatrician Ryan Hassan, M.D. The workshop was fun, interactive, relaxed, and a light dinner was served. There was a combination of parents, and some social/healthcare workers. I learned A LOT of new, relevant and eye-opening information that was appreciated! Some of my thoughts were, *wow, I wish I learned this information when I was expecting Karson (7+ years ago) and vaccines make total sense with this information!* I also felt very compelled to diligently work together with the HIC group in order to make these workshops happen in our area. Parents deserve access to this information and children deserve opportunities to be healthy. If you were to ask me if I recommend this workshop to anyone, I would say, YES.

**Upcoming Opportunity:** [From Nadine Gartner] This September 27-19, Boost Oregon will train medical providers from across the state to lead community workshops for parents in their areas. This is a logical progression from the medical provider seminar we held in Corvallis. Please see the attached flyer for details. The bulk of the training takes place on Saturday, September 28, so

that is the most important day for providers to attend. Can you please nominate and/or encourage providers (MDs, RNs, NDs) that you know are patient and compassionate and will follow through with the obligation to lead at least two local workshops?

We are still waiting for grant money to cover the travel and hotel expenses for Benton County providers. If that money does not come through, we would still love to train 1-2 providers if they are able to pay for their own transportation and hotel (we have a special rate at the downtown Marriott, which is much reduced from typical Portland hotel rates). We will provide the training on Saturday, as well as all needed materials and breakfast and lunch that day.

**Next Steps:** Pediatrician Ryan Hassan MD said he would be willing to come to Corvallis. As noted previously, there is also an opportunity for providers in Benton County to go to a training. If the group is in favor of hosting workshops in our region, the questions for discussion are-

- What partners should be involved in the workshop coordination?
- Would we have Dr. Ryan Hassan MD come down to present?
  - Could he co-facilitate?
  - Would we send two local medical providers to the upcoming training?
    - How would we nominate/select two local medical providers to the training?
- When would we have these workshops?
  - Frequency? Ex. Happy Valley Pediatrics has workshops once a month.
- Where would we have these workshops?

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This is a lot of information with very exciting possibilities! Please email me with any questions and I am happy to share out more at our HCI meeting in June! I hope it made sense.

Peace,

*Shirley Blake*

Parent Engagement Coordinator

