

health

share

Health Share of Oregon

Community Health Improvement Plan

Progress Report

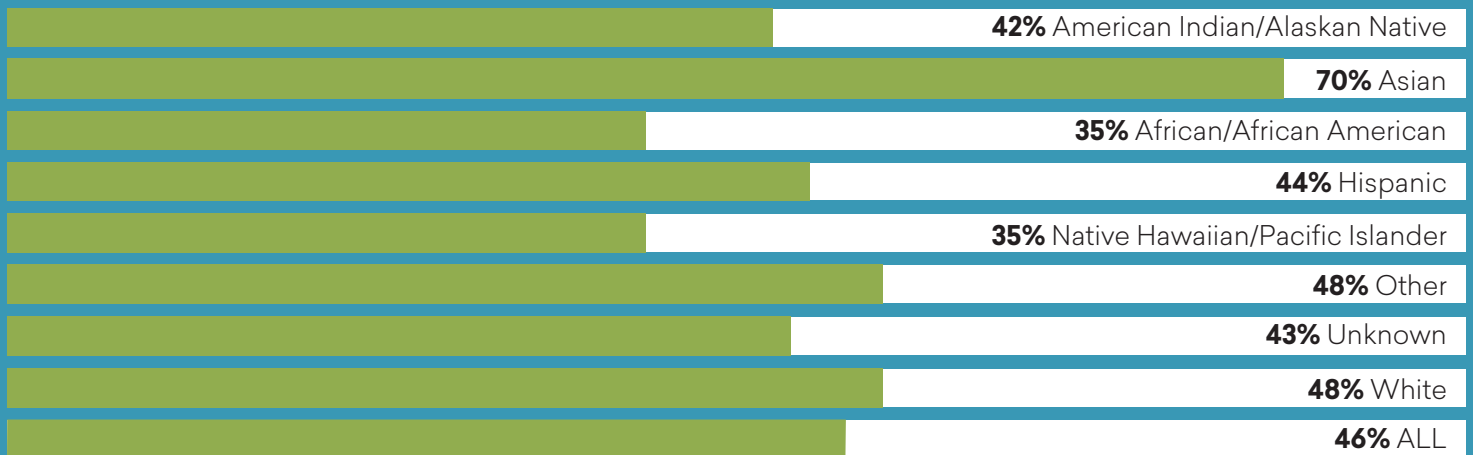
July 2020 to June 2021

Members 12+ who are vaccinated by Race/Ethnicity

Number of Members Ages 12+

Race/Ethnicity	Number of Members Ages 12+
American Indian/Alaskan Native	2,867
Asian	16,163
Black/African American	15,880
Hispanic	25,357
Native Hawaiian/Pacific Islander	1,706
Other	3,158
Unknown	127,139
White	105,527
ALL	297,797

Percent of Members Vaccinated*



* includes those who have received one or more dose

2020 Data

425 Traditional Health Workers were funded by Health Share partners

39% of Traditional Health Workers were funded by Health Share partners who are funded through a sustainable method

284 Traditional Health Workers have one or more Health Share claims

Background

Health Share of Oregon's Community Health Improvement Plan (CHP) moves our communities closer to health equity by focusing on community voice and engagement, increasing access to care under the clinical and system-level space, and improving supportive housing efforts as part of our social determinants of health initiative.

In 2020, Health Share funded and invested in areas specific to CHP investments and the pandemic. The COVID Impact Support Funds, totaling \$4.6 million was awarded to 58 community-based organizations serving communities of color and \$600,000 was awarded to our local public health authorities to support our alignment in CHP related activities including, perinatal continuum of care and tobacco cessation programs.

It's important to recognize accomplishments, along with progress and continued alignment with the LPHAs, hospital systems and community partners on implementing and addressing CHP health priorities:



Hospital(s)

- Adventist Medical Center
- Hillsboro Medical Center
- Kaiser Permanente
 - Sunnyside Medical Center
 - Westside Medical Center
- Legacy Health
 - Emanuel Medical Center
 - Good Samaritan
 - Meridian Park
 - Mount Hood
 - Salmon Creek
- OHSU
- Providence Health & Services
 - Milwaukie Hospital
 - Providence Portland Medical Center
 - St. Vincent Medical Center
 - Willamette Falls Medical Center



Local Public Health Associations

- Clackamas County
- Multnomah County
- Washington County



Other Partners

- All Ready Network
- Bridges to Change
- CareOregon
- Healthy Columbia Willamette Collaborative
- Help Me Grow
- Kimberly Porter, LLC – Doula Initiative
- Regional Peer Facilitation Center

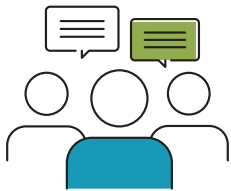
2020 Highlights

SUPPORTIVE HOUSING

- Invested in staff resources – 1.0 FTE Housing Program Manager dedicated to engage and lead cross-sector partnerships to shape a regional supportive housing strategy.
- Launched the Regional Supportive Housing Impact Strategy Steering Committee
- Developed broad supportive housing strategy that will lead to financial investments.
- Applied for a Vista Volunteer to support housing initiatives, which will begin in August 2021.
- Frequent Users Systems Engagement (FUSE) - Built relationships and established a data sharing process with Multnomah County Joint Office of Homeless Services and Sherriff's Office in support of cross-sector collaboration for system transformation

ACCESS TO CARE

Health Literacy and Member Engagement



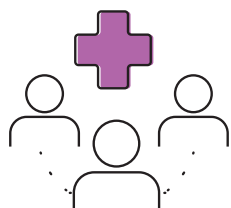
- Basic Health Plan Navigation is an outreach and education tool that is offered to community partners and community members. The focus is on CCO/health plan benefits, services, and navigation.
- Health Share invested in Connect Oregon with the intention to build partnership and connection between clinical care and Community Based Organizations (CBOs) that are addressing social determinants of health.

Culturally Specific Outreach

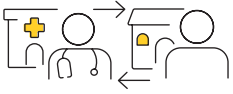


- Engaged with Tribal Advisory Council (TAC) representatives and has expressed interest in participating in TAC meetings (when schedule is released). Due to the COVID-19 pandemic engagement activities were limited, and in the development process.
- Efforts are being made to incorporate the alignment of CHP and CHA's from tribes
- Health Share, Trillium and other CCOs are currently working on developing a shared Basic Health Plan Navigation outreach and education tool for the newly eligible Compact of Free Association (COFA) community, with the support of OHA's Community Partner Outreach Program.
- Actively participating on "A Home For Everyone" equity committee to advocate for tribal support and representation.
- Working in partnership with our five health plan partners, county partners and CBO partners to coordinate culturally and linguistically specific COVID-19 vaccination clinics.

Traditional Health Worker Strategy



- Hired a Traditional Health Worker Liaison.
- Health Share funded a training cohort of over 40 Peers to complete Portland Community College's (PCC) Alcohol and Drug Counseling degree and certificate program to increase services and workforce diversity, specifically focusing on racial and LGBTQIA+ representation.
- With the goal of increasing access to doulas of color, Health Share funded doula cohort training for 20 individuals to increase racial diversity within the regional doula workforce.
- The workshop series included teaching the fundamentals for creating a sustainable doula business, guidance in enrolling for the State of Oregon THW registry, and overview of private and Medicaid billing.
- Established Help Me Grow as a regional centralized access point to a triaged menu of services and supports.



Language Access

- Member Navigation Brochure – Currently translated in eight (8) different languages (Arabic, Korean, Romanian, Russian, Somali, Spanish, Traditional Chinese, Vietnamese) and if members need a different language, translation is available.
- Distributed “Sign Up Early for Kindergarten” campaign materials region-wide in ten (10) languages.
- In partnership with CareOregon, we provide “Unpacking Equity Through a Language Access Lens” workshop for our staff, Community Advisory Council, provider network, community-based organization partners, language service vendors, and community stakeholders.
- Established CCO-wide language access workgroups.



Early Life Health

- Continued expansion of ALL:READY, the regional Kindergarten Readiness network, and their work on systems alignment and anti-racist, trauma-informed organizational change.
- Continued development of advanced primary care medical homes for children and youth in foster care.
- Expanded use of RAPID mental health assessment for children entering foster care.
- Continued efforts to connect with local/regional School Based Health Centers to align efforts regarding mental health needs of children and youth.

As a reflection, although amid a global pandemic, progress and enhancements are being made to lower everyday barriers to health care access for our members and communities. We are striving to uplift our vision: a healthy community for all.

CHANGES THAT OCCURRED IN COMMUNITY HEALTH

Many community health priorities shifted due to the pandemic. We focused on leveraging community voice and assisting with food access, housing, rental assistance via HRS, along with providing basic health plan navigation presentations to community and partners to help educate as to what is covered under the Oregon Health Plan.

Recognizing the importance of health literacy and the impact it has on allowing patients to feel like they have the power to make their own healthcare choices, communicate with confidence with their providers, and advocate overall for what they need.

Goals: The major goal that changed was around COVID relief and access to COVID education, care and vaccinations. Our goals have always been centered around access to care, housing, behavioral health, food access and chronic conditions from a social determinants of health lens.

Resources: Financial resources shifted to award \$4.8 million to 60 culturally and linguistically specific community-based organizations through the COVID Impact Support Fund. These funds were awarded to support communities of color who experience hardships during the pandemic. We also awarded our three LPHA's \$600,000 to invest in CHP activity alignment. Once COVID vaccines were available to all, we coordinated culturally and linguistically specific COVID vaccine clinics for our members and community at large by leveraging our health system partner's resources. **Assets:** We added a 1.0 FTE, a Director of Community Health to our staff. No other changes to business intellectual property.

CHALLENGES AND SUCCESSES

Here are a few successes and one challenge we faced during the pandemic when it came to CHP implementation.

Challenge: Due to COVID-19 no additional strategies and indicators have been added for the three additional focus areas.

Success: Health Share is an active member of the Oregon Health Equity Alliance which is our local Regional Health Equity Coalition.

Success: Health Share participates in various workgroups and committees that keep us centered and close to the populations experiencing health disparities included.

Success: A Home for Everyone (AHFE) – Health Share participates in the AHFE Coordinating and Equity Board as health equity advisors to the implementation plan to assess needs for housing and homeless services and recommend prioritization of gaps in services to be filled with existing resources and/or resource development.

Success: Health Share participates in the Traditional Health Worker Commission

Success: Health Share provides health literacy education and outreach to historically underserved communities to assist with navigating OHP benefits and services. The most recent is with our Compact of Free Association (COFA) community.

Success: Health Share, in partnership with CareOregon provided language access training and education to Clackamas County Behavioral Health and Oral Health, Linguava, and multiple community-based organizations to improve access for members who speak limited English/a language other than English. This education and training opportunity is an ongoing service that is provided to our health plan partners, community partners, and other interested parties.

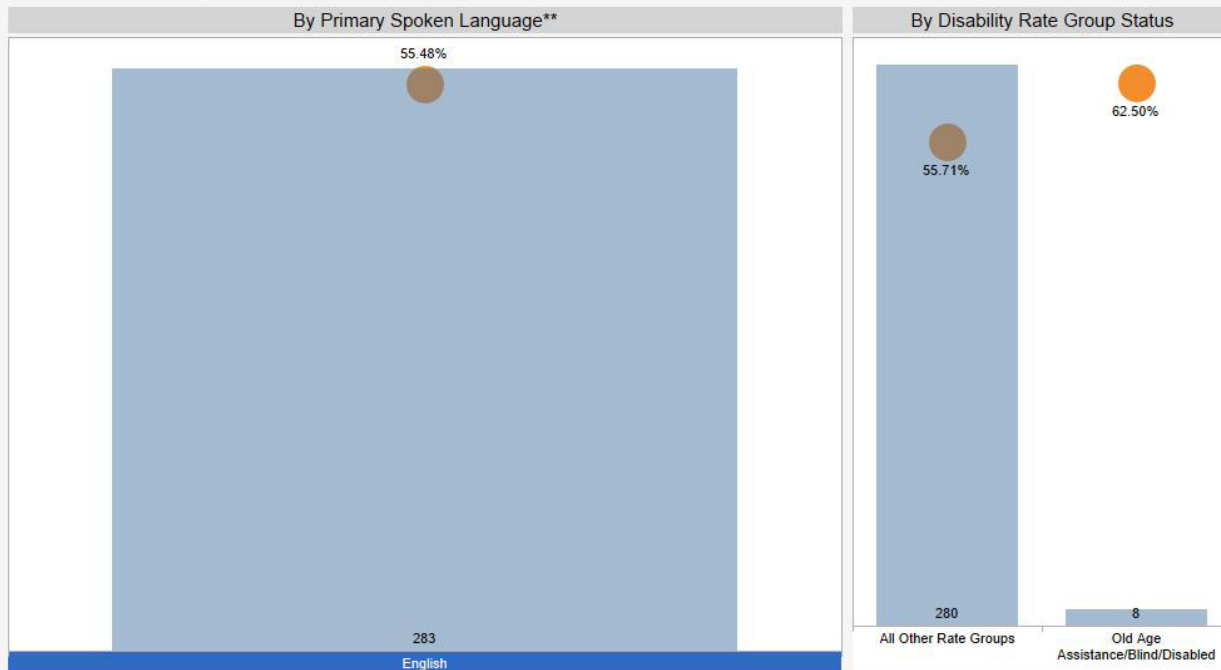
Primary Care Utilization

Note: This data is baseline data

Native Hawaiian

Access to Care*: 2020 Primary Care Utilization Community Profile Native Hawaiian

Count of Members: 283 % with one or more PCP visits: 55.48% Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



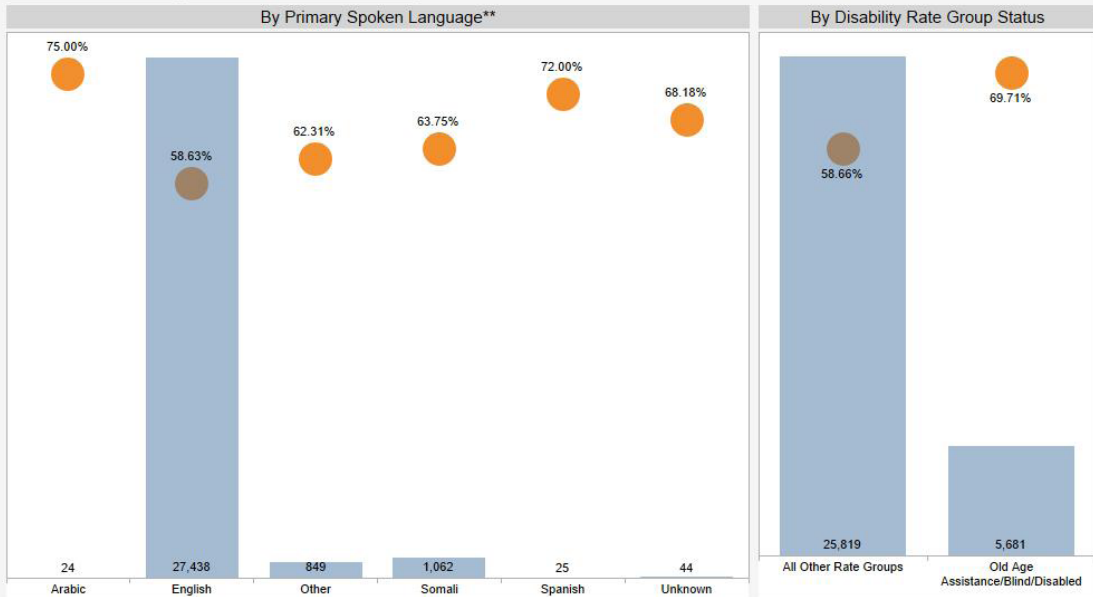
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

African/African American

Access to Care*: 2020 Primary Care Utilization Community Profile African/African American

Count of Members: 29,443 | % with one or more PCP visits: 58.96% | Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



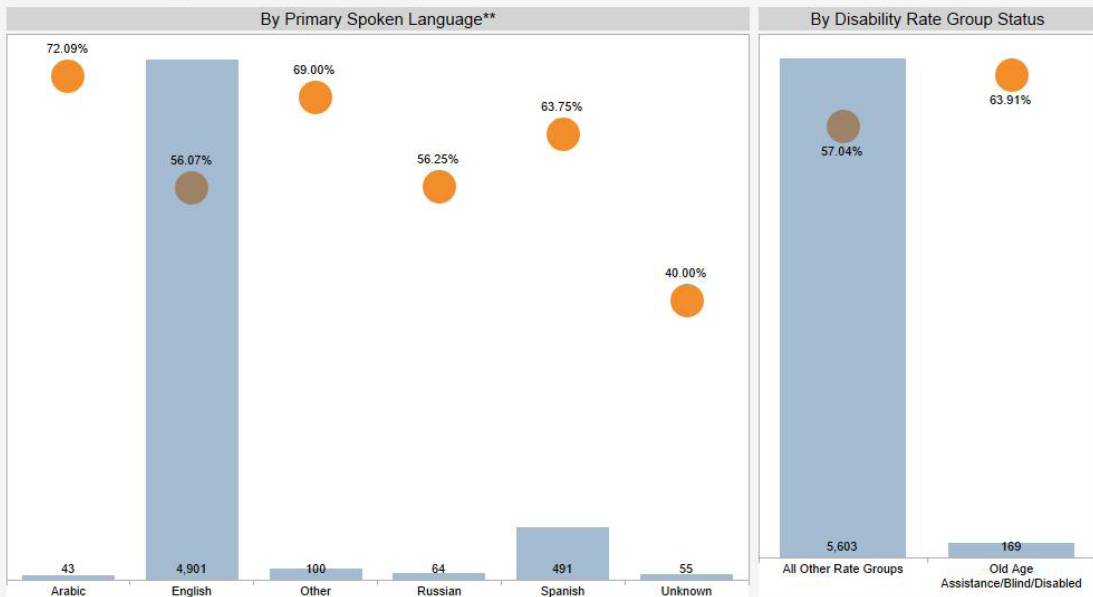
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Other Race or Ethnicity

Access to Care*: 2020 Primary Care Utilization Community Profile Other Race or Ethnicity

Count of Members: 5,694 | % with one or more PCP visits: 56.97% | Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



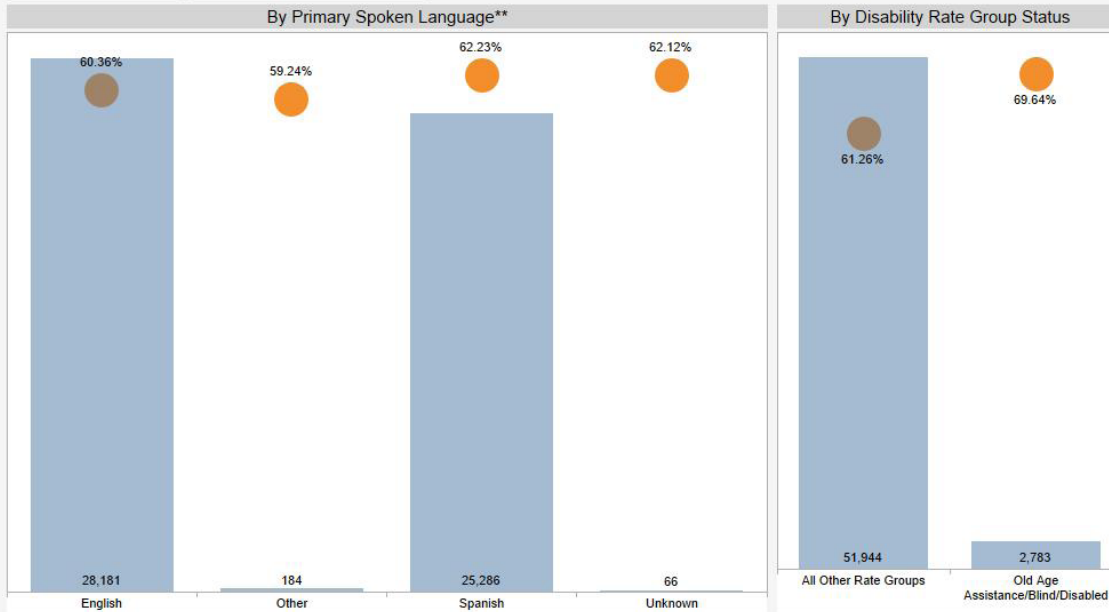
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Hispanic

Access to Care*: 2020 Primary Care Utilization Community Profile Hispanic

Count of Members: 53,756 | % with one or more PCP visits: 61.24% | Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



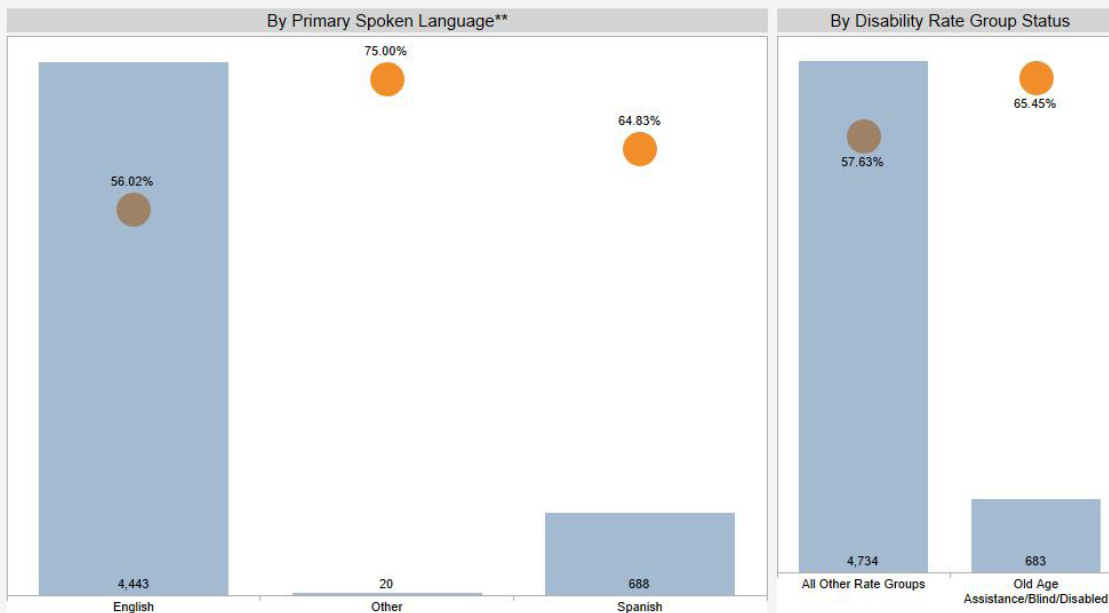
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

American Indian or Alaska Native

Access to Care*: 2020 Primary Care Utilization Community Profile American Indian or Alaska Native

Count of Members: 5,169 | % with one or more PCP visits: 57.26% | Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



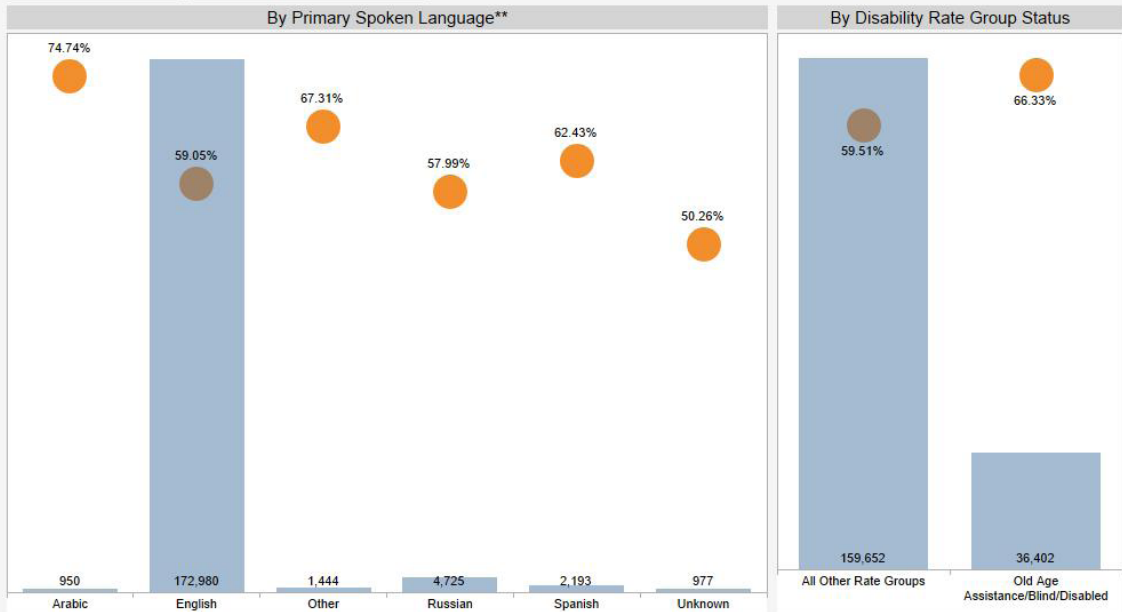
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Caucasian

Access to Care*: 2020 Primary Care Utilization Community Profile Caucasian

Count of Members: 183,290 | % with one or more PCP visits: 59.16% | Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



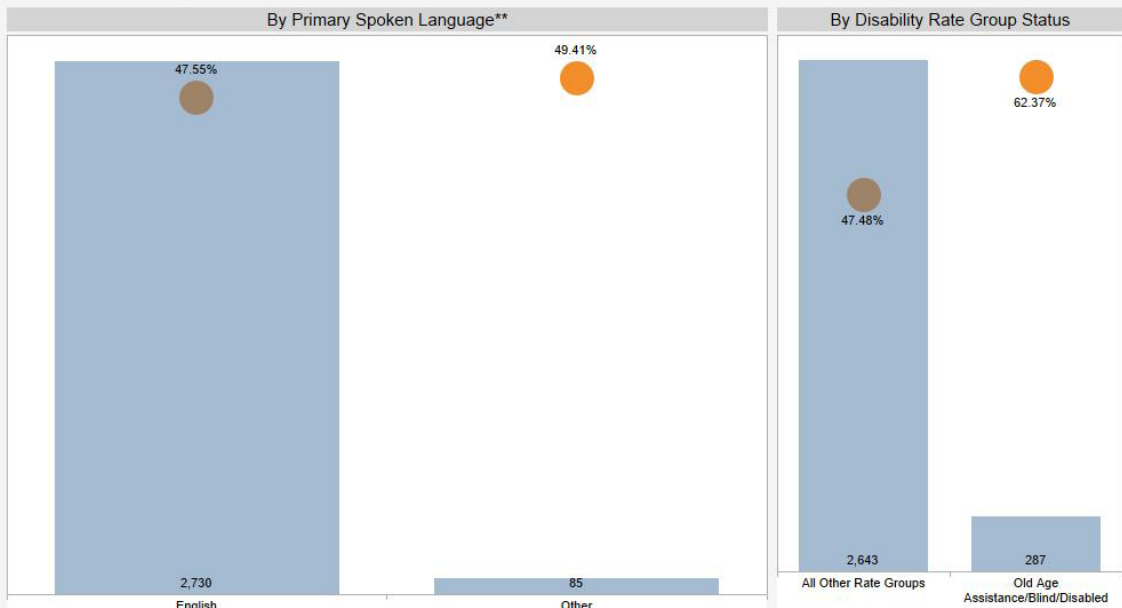
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Pacific Islander

Access to Care*: 2020 Primary Care Utilization Community Profile Pacific Islander

Count of Members: 2,831 | % with one or more PCP visits: 47.58% | Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



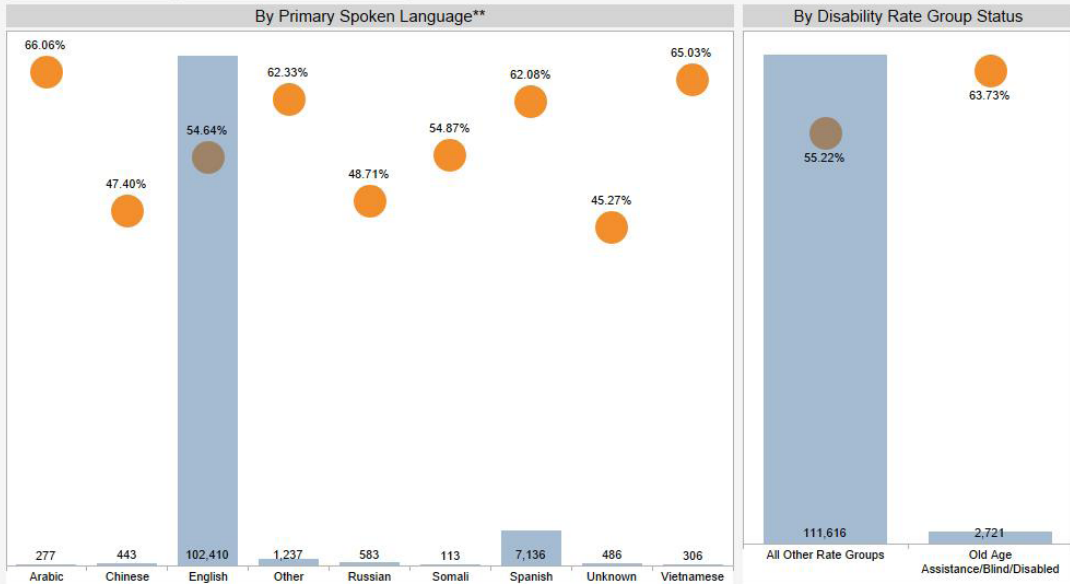
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Unknown

Access to Care*: 2020 Primary Care Utilization Community Profile Unknown

Count of Members: 112,991 | % with one or more PCP visits: 55.15%
 Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



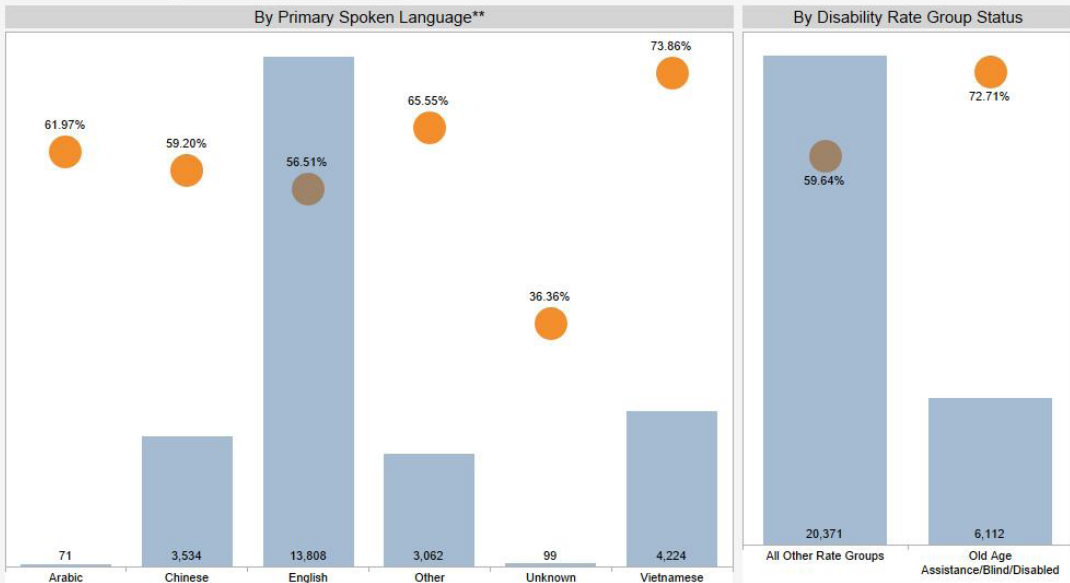
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Asian

Access to Care*: 2020 Primary Care Utilization Community Profile Asian

Count of Members: 24,831 | % with one or more PCP visits: 60.91%
 Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



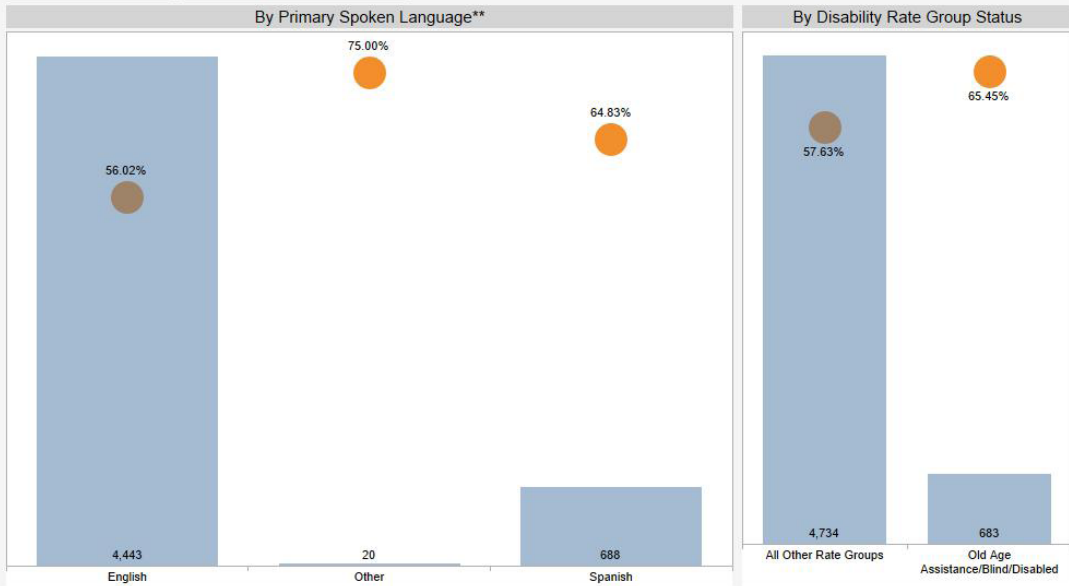
*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure; utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

American Indian/Alaska Native

Access to Care*: 2020 Primary Care Utilization Community Profile American Indian or Alaska Native

Count of Members: 5,169 % with one or more PCP visits: 57.26% Bars represent unique counts of members and circles represent % of members having one or more primary care visits in calendar year 2020



*Access to care integrates many factors difficult to measure at the system level, including service location, transportation, and comfort with providers. The numbers above reflect only one measure: utilization of primary care (PCP) services based on a white/western healthcare model. A member not using PCP services defined in this way may be engaged in preventive health through other means. Meaningful access occurs when the system's delivery of care reflects the specific needs of the community, including services involving providers and settings outside of the healthcare system.

**Members of this racial/ethnic group speak languages other than those represented above. In order to protect privacy, any languages designated as the primary spoken language for fewer than 20 members of this racial/ethnic group are not displayed. Inviting dialogue is one opportunity to learn more about the unique experiences of all language groups within this racial/ethnic community.

Traditional Health Worker Workforce

How many FTE were reported by Health Share plan partners in the 2020 Payment Grid?

- **425.3 FTE** were reported by Health Share plan partners
- **86%** of reported FTE was attributed to either Peer Support Specialists (57%) or Community Health Workers (29%)



How are they funded?

Payment types vary greatly by worker type. Overall, the most commonly used payment models are grants (primarily received by clinics) and direct employment by the health plan/county. The following graphs show funding models by worker types.



CHW (121): Grants (40%), APM (26%), Directly employed (13%)



Birth Doula (1): Fee for service (100% of 1 reported FTE)



PSS (245): Grants (26%), Directly employed (25%)



PWS (15): Grants (27%), Directly employed (27%)



PHN (43): Directly employed (86%), Grants (9%)



ALL (425): Grants (28%), Directly employed (28%)



Note: This data is baseline data

PAYMENT GRID THEMES

- There is a lack of allowable billable codes (noted across multiple worker types).
- Alternative payment methods and direct employment allow for flexibility, but conversely can mean that roles get pivoted by clinics into non-THW type duties.
- Per member per month (PMPM) arrangements can be more stable than year-to-year grant funding but they take a 'long runway' to implement.
- It is challenging to capture peer services through billing- services are varied and include engagement activities that take a long time. The current list of billable services is restrictive. Either the list of billable services needs to expand, or the rates need to increase to take into account non-billable services.
- Community-based organizations can largely not meet requirements to bill.
- APMs can be effective but they take a long time to implement

WORKER TYPES

Community Health Worker (CHW): frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

Birth Doula: birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience.

Peer Support Specialist (PSS): individual with lived experience of substance use and/or a mental health condition who provides supportive services to a current or former consumer of mental health or addiction treatment.

Peer Wellness Specialist (PWS): individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

Personal Health Navigator (PHN): individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions.