2013-15 Policy Option Package

Agency Name:	Oregon Health Authority
Program Area Name:	Director's Office
Program Name:	Office of Equity and Inclusion
Policy Option Package Initiative:	Health Equity
Policy Option Package Title:	Building Oregon's Health Equity Infrastructure
Policy Option Package Number:	405
Related Legislation:	HB 3650 and SB 1580
Program Funding Team:	Healthy People

Summary Statement:

Health inequities in Oregon are avoidable, expensive and unjust. Addressing and eliminating health inequities in Oregon promotes health and economic well-being for the state, and positions Oregon to be competitive in a global marketplace.

These strategies represent promising research-based practices and community informed strategies that build Oregon's infrastructure to promote health equity in urban, rural and frontier communities.

Oregon's Health System Transformation legislation and the resulting implementation of Coordinated Care Organizations presents opportunities to capitalize on the health promoting cultural wisdom and capacity of Oregon's increasingly diverse community in order to achieve the state's goal of health equity.

	General Fund	Other Funds	Federal Funds	Total Funds
Policy Option Package Pricing:	**$1,573,051**	**$35,272**	**$1,564,820**	**$3,173,143**

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This would provide funding and position authority for 5 health equity initiatives. These initiatives include:

a) The DELTA Program is a leadership training initiative designed to build and strengthen the capacity of Oregon's public health and health systems leaders to promote health equity. Identifying and eliminating health disparities is part of achieving health equity. To achieve better health, CCOs will work to eliminate health disparities. CCOs will be expected to address the avoidable (clinical/non-clinical) gaps in health care outcomes among OHP members by providing culturally and linguistically appropriate care to an increasingly diverse population.

Eliminating disparities in health care requires leadership, vision, teamwork, and an understanding of the issues and potential intervention strategies. The DELTA Program will enhance CCO leaders' capacity to become catalysts for advancing equity in the following key areas related to the requirements of HB 3650 and SB 1580 and develop a network of health care and community leaders focused on the same goals: (i) Sustainable leadership capacity to promote and advance health equity; (ii) Strategies and programs that eliminate health disparities; (iii) Policies that implement health equity within organizational structure; (iv) Increased cultural competency; (v) Effective collection, analysis and tracking of data related to race, ethnicity, primary language, and other variables; and, (vi) Stronger partnerships between communities, CCOs and the health system as a whole. Cohorts of approximately 20 individuals representing community leaders, policy makers, administrators and clinicians will be recruited from communities of

color, state and local public health, the Oregon Health Authority, hospitals and health systems and Coordinated Care Organizations (CCOs) will be recruited for participation in DELTA Program, which includes training, and coaching and mentorship to assure the application of skills.

b) The Office of Equity and Inclusion (OEI) seeks to expand financial assistance in the form of scholarships and other supportive services to enhance the certification and participation of bilingual/multilingual individuals as Qualified/Certified Health Care Interpreters (HCIs). As the primary agents of health systems transformation, the newly created Coordinated Care Organizations (CCOs) will be strongly encouraged to work together to develop best practices of culturally and linguistically appropriate care and service delivery to reduce health disparities and improve the health of Oregon Health Plan members. It has been well established that communicating in a patient's language through the use of well-trained interpreters is central to a culturally and linguistically appropriate service model, to deliver better health care and ensure better health outcomes. Therefore, pursuant to HB3650 and SB1580, the CCOs are required to make certain that they have access to sufficient number of health care interpreters needed to serve their members. As a result, there will be an increase in the demand for qualified and certified HCIs, requiring an increasing number of available qualified or certified interpreters.

   The total cost to become a qualified or certified interpreter is approximately $3,470. Based on the demographic profile of trainees in the past, this amount imposes financial hardships on more than half of all training participants. Through this initiative, the program seeks to: 1) Increase the availability of qualified and certified Health Care Interpreters by increasing the number of health care interpreters entering training; 2) Provide financial assistance in the form of scholarships to enroll in and successfully complete the training, and qualification/certification process; and 3) Provide supportive services to help candidates complete training and secure employment.

c) The Office of Equity and Inclusion (OEI) proposes a two-year capacity-building initiative to set up a statewide workforce development infrastructure to expand, sustain and advance the vital health equity workforce or Non-Traditional Health Care Workers (NTHW) consisting of Community Health Workers, Peer Wellness Specialists, Patient Navigators, Doulas and Health Care Interpreters.

CCOs are required to incorporate non-traditional health care workers as an integral part of their team in a variety of ways: support adherence to treatment and care plans, coordinate care and support system navigation and transitions, promote chronic disease self-management, and foster community-based prevention particularly for those experiencing health disparities. CCOs need to assure that their members have sufficient access to trained non-traditional health care workers as part of their health care teams. As a result, there will be an increased demand and utilization of these workers. A consistent and integrated workforce development system is needed to ensure an adequate workforce.

This proposed project will develop a statewide approach to increase Oregon's structural capacity for education and training of non-traditional health care workers. This program, in coordination with community and institutional partners, will develop an innovative, high performance, competency-based, and standardized education and training model with demonstrated skills and knowledge enhancement. Partners will also create a career pathway spanning from high school through two- and four-year colleges, advancing students along the pathway to other allied health care and public health careers. In order to ensure accessibility for rural and working students, this initiative will create a cost-effective training and continuing education delivery model available through a variety of modalities, including web-based and distance learning.

d) To achieve better health outcomes at the local level, the office seeks funding to implement a community-based Regional Equity Coalition (REC) model. This would prioritize racial and ethnic health disparities as a regional problem, would help to advance policies that promote health equity, and addresses social determinants of health. Both HB 3650 and SB 1580 emphasize the importance of diverse community engagement while conducting Community Health Assessments (CHA) and developing Community Health Improvement Plans (CHIP). The laws also require strong community representation on the CCO governing boards and Community Advisory Councils. These coalitions, with their expanded membership of socially and culturally diverse communities and across various sectors, as well as their knowledge of community, will be a critical resource to the CCOs in attaining these requirements.

OEI, along with OHA's Public Health Division and the Northwest Health Foundation, have collaborated to fund three regional equity coalition: HOPE Coalition (Metro Tri-County/Marion County); Let's Talk Diversity Coalition (Jefferson County and the Confederated Tribes of Warm Springs); and Benton-Linn Health Equity Alliance (Benton and Linn Counties). The office seeks to expand the number of coalitions around the state and would like to fund three additional Regional Equity Coalitions. These coalitions will receive funding, training and technical assistance to foster broad-based engagement and collaboration among community stakeholders, assess their community needs, engage in policy development, and conduct local and regional activities addressing racial and ethnic health disparities and equity.

Through the coalitions, CCOs will have a bridge to communities that have been historically under-represented in health program and policy development. They'll receive assistance in assuring representation of culturally and linguistically diverse communities on their governing board and community advisory councils; and help in ensuring that their Community Health Assessments and Community Health Improvement Plans are effectively addressing health disparities.

e) With more than 270,000 migrant and seasonal farm workers, , a vast majority of whom are Latino, and increasingly from indigenous communities in Central America, Oregon has one of the largest migrant and seasonal farm worker populations in the country. This population faces overwhelming and significant disparities across multiple levels, including health status and shorter life spans; as well as health care access, quality and availability of culturally appropriate health care services.

Coordinated Care Organizations (CCOs) will ensure improved access, better quality of care, culturally and linguistically appropriate care and service delivery to reduce health disparities and improve the health of all OHP members, including those OHP-eligible migrant and seasonal farm workers and their families. HB3 650 encourages CCOs to partner with county government and other publicly supported programs for coordination of screening services for early detection of health problems for migrant workers. However, providing health care services to these workers and their family members will be a significant challenge for CCOs, as this population experiences many barriers to health care access due to multiple cultural, economic and political factors. For example, mixed eligibility status within family

units where children have access to CCOs but parents do not can lead to untreated illness of parents, affecting the health and stability of the children.

The Office of Equity and Inclusion (OEI) proposes conducting foundational community-based participatory research to inform policy development for improving quality, achieving equity, and eliminating health disparities for these workers. The main activities would include: 1) Collecting data to understand the baseline of the health status of migrant and seasonal farm workers in Oregon, including access to health care, and the resources available to them; 2) through a community-based participatory process, organize at least five community consultations with migrant and seasonal farm workers for gathering inputs about their health care needs, experiences and concerns about existing services; 3) Conduct individual and group consultations and roundtable meetings held with clinic and health care administrators, practitioners and staff to address the obstacles and challenges in providing high quality care to migrant and seasonal farm workers.

As a result of this project, CCOs with a large number of migrant and season farmer workers within their service area will better understand the status of this population's health, their barriers to accessing services, and the support that is currently available to serve them.

2. WHY DOES OHA PROPOSE THIS POP?

This proposal would capitalize on the health promoting cultural wisdom and capacity of Oregon's increasingly diverse community in order to achieve the state's goal of health equity. The concepts in the POP emanate from extensive engagement with diverse communities who have historically been underutilized to address complex barriers to health equity.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The goals of health systems transformation include lowering costs, improving the quality of care, and improving health. Since forty percent of Oregon's Medicaid population identifies as people of color, immigrants, refugees, or American Indian/Alaskan Native, meeting these goals requires a focus on health equity strategies.

4. IS THIS POP TIED TO AN OHA PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL OHA MEASURE THE SUCCESS OF THIS POP?

Yes.

This POP is indirectly tied to KPM 1, 2, 3, 4, 5, 9, 10, 15, 16, 17, 18, 19, 23, 25, 26 – with the intent of closing avoidable gaps in outcomes, quality and access to OHA services.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Other funding sources are being pursued, but have not resulted in securing funds at this time.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Failure to close avoidable health gaps could result in Oregon not meeting its health systems transformation goals.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

None.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): July 1, 2013

End Date (if applicable): none

a. Will there be new responsibilities for OHA? Specify which Program Area(s) and describe their new responsibilities. None other than those outlined above which will be implemented by OEI.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).

no

c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

no

d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.

This creates position authority for positions that are currently double filled.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

f. What are the ongoing costs?

Ongoing funding of the positions that facilitate and support the use of health equity strategies by Oregon's Coordinated Care Organizations, Mental Health Authorities, community service providers, and other health promoting systems.

g. What are the potential savings?

Potential savings may be realized in terms of earlier access to care, increased access to prevention services, avoidance of medical errors, and improved compliance with treatment recommendations – benefits of health equity approaches that have been documented in research that includes assessment of the benefits of hiring of community health workers and certified health care interpreters.

h. Based on these answers, is there a fiscal impact?

TOTAL FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$439,133	$0	$435,991	$875,124	11	5.85
Services & Supplies	$249,220	$35,272	$248,306	$532,798		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$598,185	$0	$594,815	$1,193,000		
Other (Shared Svc&Suppl)	$286,513	$0	$285,708	$572,221		
Total	**$1,573,051**	**$35,272**	**$1,564,820**	**$3,173,143**	**11**	**5.85**

(Agency Name) - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	**$1,573,051**	**$0**	**$0**	**$0**	**$1,573,051**
Other Fund	**$35,272**	**$0**	**$0**	**$0**	**$35,272**
Federal Funds- Ltd	**$1,564,820**	**$0**	**$0**	**$0**	**$1,564,820**
Total Funds	**$3,173,143**	**$0**	**$0**	**$0**	**$3,173,143**
Positions	**11**	**0**	**0**	**0**	**11**
FTE	**5.85**	**0.00**	**0.00**	**0.00**	**5.85**