

Health Share of Oregon

Community Health Improvement Plan

CCO Summit 2014

Sandra Clark & Kyna Harris



Community Health Needs Assessment Using A Community Readiness Model

Community Readiness Model: inclusive process that included interviewing over 40 Health Share members and community stakeholders for input and identification of community readiness to address our priority health needs.

Community-led self assessments: aligning with community and addressing needs that have been prioritized by communities of color and others experiencing disparities.

Community Advisory Council's role in developing the CHP

CHNA Committee: Met 3 hours every other week for almost two years – a tremendous investment of time and energy by volunteer CAC members!

Feedback on process: Initially we only interviewed 20 community stakeholders and Health Share members. Our CAC requested that we go back to engage with more consumers, particularly individuals from Clackamas and Washington counties and people experiencing physical disabilities; we interviewed 20 more over the summer.

CAC Recommendations

Through the Community Advisory Council's research and work in the community, the Council recommended to the Health Share of Oregon's Board of Directors to approve two Community Health Needs to be prioritized and addressed through our Community Health Improvement Plan:

1. Behavioral Health
2. Chronic Disease



CHP Objectives

Behavioral Health - Mental Health and Substance Use Disorders

- Increase the availability of culturally-specific Peer Support Workers to Health Share members who identify as people of color, who speak a preferred language other than English, who identify as LGBTQI, who have a disability or who are young or elderly, or who have been diagnosed with a severe persistent mental illness
- CBOs train primary care provider teams on peer resources, and referral to Peer Support Workers
- Culturally-Specific CBOs employ Peer Support Workers to provide education and outreach to communities and individuals about mental health and addictions generally, as well as specific programs and services available to Health Share Members
- Culturally-Specific CBOs host community discussions about mental health and addictions issues, in order to engage community members in a preventive manner

CHP Objectives

Chronic Disease - Preventable Through Physical Activity and Nutrition

- Increase the availability of culturally-specific Community Health Workers to Health Share members who identify as people of color, who speak a preferred language other than English, who identify as LGBTQI, who have a disability or who are young
- Culturally Specific Community Health Workers share information about and lead healthy eating and physical activity groups in their communities
- CBOs train Community Health Workers on chronic disease outcomes and clinical services related to the CCO's Quality Improvement Plan
- CBOs train providers on culturally and linguistically appropriate care and Chronic Disease prevention and management in the primary care setting, including how to integrate the use of Community Health Workers into their practice
- Decreased chronic disease outcomes disparities based on Health Share's disparities-Sensitive Analysis of member data attached to this RFP.

Why Culturally-Specific Traditional Health Workers?

Community perspectives about Peer Support:

- Shared understanding of common culture, community, language, values, and/or history.
- Shared or common experiences; lived experiences.
- Honest, open, non-judgmental support.
- Meeting the person where they are – both physically (e.g. going to court) and in their readiness for treatment or recovery.
- More availability (e.g. non-business hours) than other types of services.
- Ability to help navigate multiple, complex systems that often have emotionally fraught implications (e.g. DHS Child Protective Services)
- Bringing awareness, “starting the conversation.”

Why Culturally-Specific Traditional Health Workers?

Community perspectives about Community Health Workers:

- High level of awareness of concept and very high support in general
- Not enough culturally and linguistically specific community health workers.
- Not enough outreach, notice of activities is not widespread or timely or in languages other than English.
- Specific communities have specific needs that the larger health system can't address on its own.
- Provide culturally specific education, e.g. cooking classes that feature recipes the community already cooks.

Request For Proposal from Community Based Organizations

- State of Oregon's Transformation Funds
- Tri-County (Clackamas, Washington, Multnomah)
- 10-month Non-Capacity Building Grant
- Must Employ Traditional Health Workers
- Must Address One or Both Health Objectives
- Collaboration among organizations encouraged but not required

RFP Compressed Timeline

- Letter of Interest Issued June 3
- Letter of Interest Due 5:00 pm June 13
- Required informational session June 25
- RFP released July 2
- Questions received from bidders July 2-9
- Answers to bidder's questions emailed July 15
- **Evaluation Team Training** **Week of July 28**
- Proposals due 12:00 noon August 1
- Preliminary review of proposals August 1 -5
- **Evaluation team receives proposals & scoring sheets** **August 6-10**
- **Evaluation team emails scoring sheets** **August 11**
- References checked August 6-12
- Combine score sheets and comments August 11-12
- **Evaluation team assembles and makes final recommendations** **August 14**
- CBO Selections August 14
- Notice of Intent to award sent to selected CBO's August 15
- Contracts Awarded September 2

Awarded CBO Project Summary

Northwest Family Services

NWFS and NAMI-Clackamas County will work to provide education and outreach in the Latino and LGBTQI communities through peer resources, peer support workers, and host group culturally specific discussions on mental health and addiction issues with culturally specific and competent staff. Hold a 12-week class series De Familia a Familia to the Latino communities within Clackamas and Multnomah Counties. Host 5 Compartiendo Esperanza presentations. Hold one 8-hour Mental Health First Aid certification training will be offered in Spanish.

Awarded CBO Project Summary

Center for Intercultural Organizing (CIO)

Washington County. A/PI, Latino, Russian speaking, war torn regions of Africa & Middle East. Behavioral Health Objectives.

The Margins to Mainstream project is a collaboration that centers around developing and employing a trained base of immigrant and refugee “wellness life guides,” or traditional health workers/organizers—assisted and supported by a team of social service agencies, community based organizations, and health care providers—that aid newcomers in acquiring the facilitative and communicative skills necessary to interact, understand, and cope with their needs in relation to their adopted environment, and work collaboratively toward institutional change. Wellness life guides will address the psychosocial health needs of immigrants and refugees on an individual level through mentorship and support and through referrals to culturally appropriate services, while providing breakthrough learning on a community level through group processes that connect individual issues to community and systemic issues.

Awarded CBO Project Summary

Familias en Acción

Clackamas, Washington & Multnomah Counties. Hispanic/Latino. Chronic Disease Objectives.

Provide the Community Health Worker program, Senderos Hacia su Salud/Pathways to Your Health, for Hispanic members of Health Share. Familias will utilize the 2-hour community based, palliative care educational program, Empoderat /Empower Yourself for Health, to familiarize Hispanic patients and community members about the Senderos program. Provide an in person and online training for healthcare personnel in how to provide culturally competent palliative care to Latinos that will be utilized for this program. Continuing Education Units are available for healthcare professionals through the California State University Institute for Palliative Care.

Awarded CBO Project Summary

North by Northeast Community Health Services (NxNE)

Multnomah County. African-American. Chronic Disease Objectives.

Ongoing inclusion of CHWs in efforts to improve the health of African-American patients and eliminate health disparities. CHW helps patients identify barriers to health improvement, set goals, understand medication regimens and adhere to follow-up plans. Focus on African-American patients with hypertension including African American patients with other conditions such as obesity and diabetes, complex care coordination needs and/or multiple specialty referrals. Further develop the “Cuts and Checks” program of providing blood pressure checks, information about our services and referrals into NxNE’s primary care in barber shops and beauty salons. Offer the “Clinical Topics for CHWs” training twice during the 10-month grant period. Build on an already-established partnership with OHSU School of Medicine’s Cultural Competency track, through which medical students meet with NxNE staff and patients to learn about culturally responsive care and the role of CHWs in care coordination.

North by Northeast Community Health Center



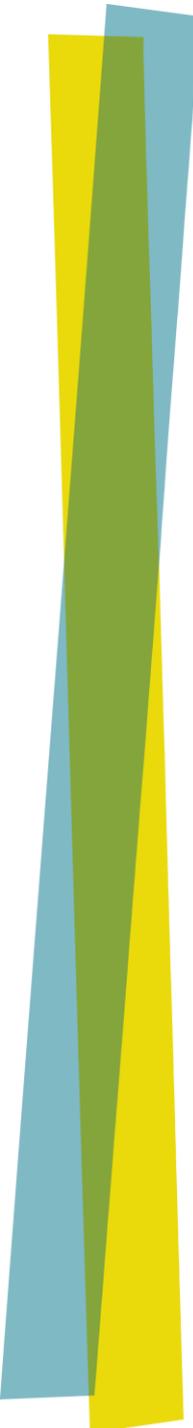
NxNE Cuts & Checks Program



NxNE "Clinical Topics for CHWs" Class



CHWs receiving additional training from NxNE



What Did We Learn From The CHIP Process?

- Staff and Community Advisory Council became familiar with Community Based Organizations (CBOs) and the work they are doing around health within the communities they serve.
- The RFP process highlighted additional CBOs we could work with in the future.
- We have a lot to learn from our members and from our community leaders – working together is key.