

Public Health Week – April 5, 2018

From Policy to Practice: Increasing Health Care Access for Immigrant Communities in Oregon



Agenda

- Panel overview
- Introductions
- Senate Bill 558 – “Cover All Kids”
- House Bill 3391 – “Reproductive Health Equity Act”
- Q&A



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Panel overview

Policy making to advance health equity for immigrant communities

- Impact
- History

Program design and early implementation

- Lessons learned & best practices
- Challenges & opportunities



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Introductions

- Aldo Solano, Advocacy Director, Oregon Latino Health Coalition
- Amy Casso, BRAVE Program Director, Western States Center
- Josie Silverman-Méndez, SB 558 Implementation Lead, DHS Community Partner Outreach Program
- Lesli Uebel, Systems Development and Policy Specialist, OHA Public Health Division Reproductive Health Program



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Senate Bill 558 – “Cover All Kids”



The campaign

Impact

- 1) More children and teens younger than 19 are now eligible for full Oregon Health Plan (OHP) coverage, **regardless of immigration status***
- 2) Requires DHS/OHA to convene external stakeholder workgroup to advise on culturally and linguistically responsive outreach

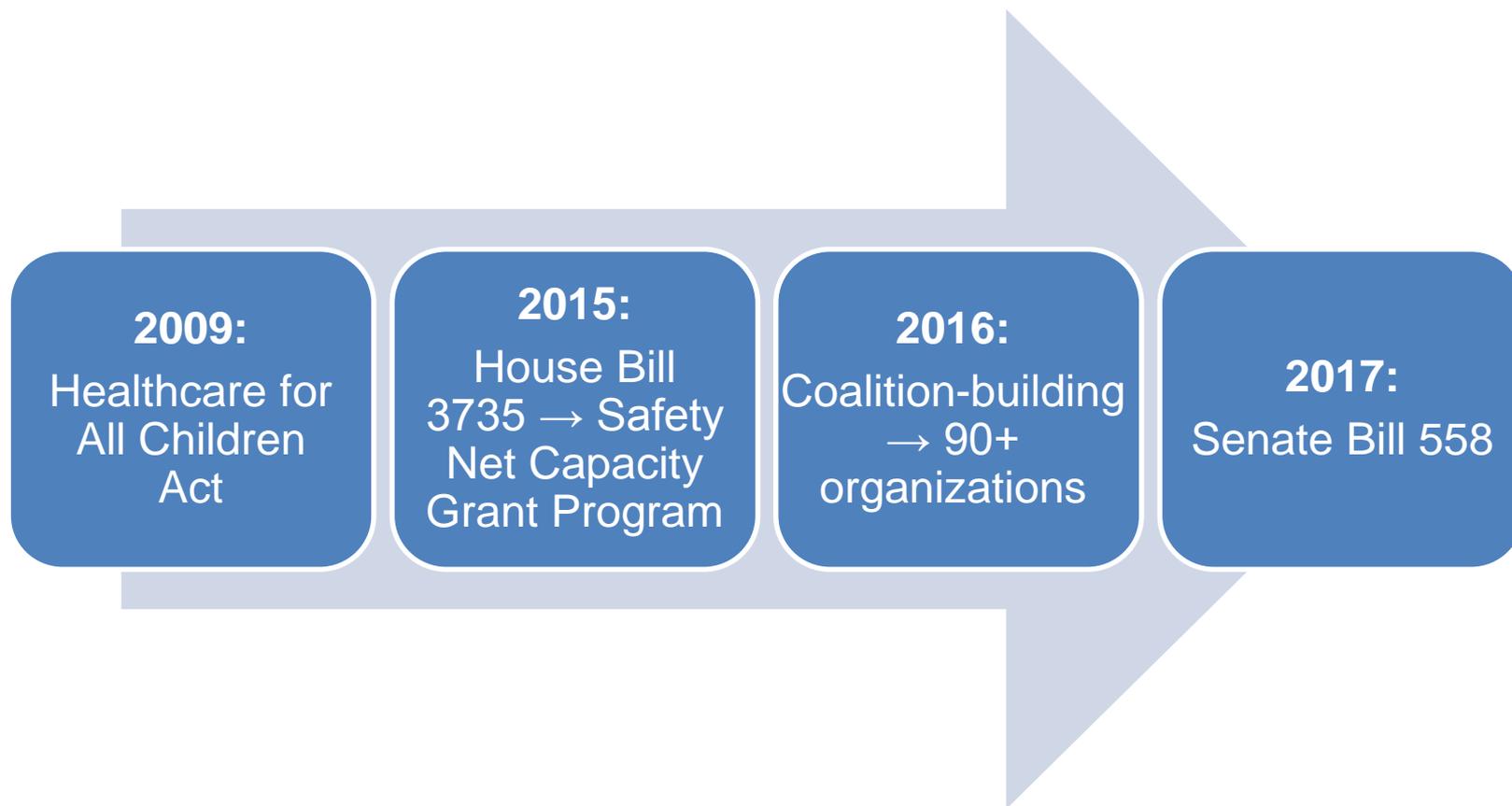
*Estimated **15,000** immigrant children and teens impacted

History

- Passed in 2017
- Effective January 1, 2018



Development



Strategy

- Involvement of immigrant, impacted communities

Message centered on and powered by community



Challenges & lessons learned

- Coalition building
- Community voice
- Key provisions emphasized outreach
 - SB 558 external stakeholder workgroup
 - DHS Community Partner Outreach Program
- *Yet, no funding for outreach...*

Program design & early implementation

Community Partner Outreach Program – history

- **2009-12:** Office of Healthy Kids
- **2013-14:** Navigator Program, Cover Oregon
- **2015-present:** Navigator Program, OHP/Oregon's Health Insurance Marketplace
 - **2017:** Administered Safety Net Capacity Grant Program

Community Partner Outreach Program

– what we do

- Train and certify community partners* to help Oregonians apply for/enroll in/renew their health coverage:
 - OHP: www.OHP.Oregon.gov
 - Qualified Health Plans: www.HealthCare.gov
- Bridge between community and state for eligibility and enrollment system improvement

*Include ~300 nonprofit, community-based and medical provider entities with more than 1,000 individual “assisters”

Safety Net Capacity Grant Program

I'm **healthy!** Soy **sano!**

- January 1-December 31, 2017
- Connected undocumented immigrant children and teens younger than 19 to free primary/preventive health care services
 - **Community-based organizations:** Outreach and referral
 - **Nonprofit health clinics (majority FQHCs):** Primary/preventive care

Lessons learned

- Fear of immigration enforcement
 - Heightened by “government-run” program
- Repetition
- “Too good to be true”
- Trusted relationships
 - Community gatekeepers
 - One-one-one
 - Word-of-mouth

Lessons learned...*continued*

- System navigation
 - It takes a lot of follow-up
- Older youth population
 - Use inclusive language
- Growing indigenous communities from Latin America
 - Deeply entrenched cultural and linguistic barriers

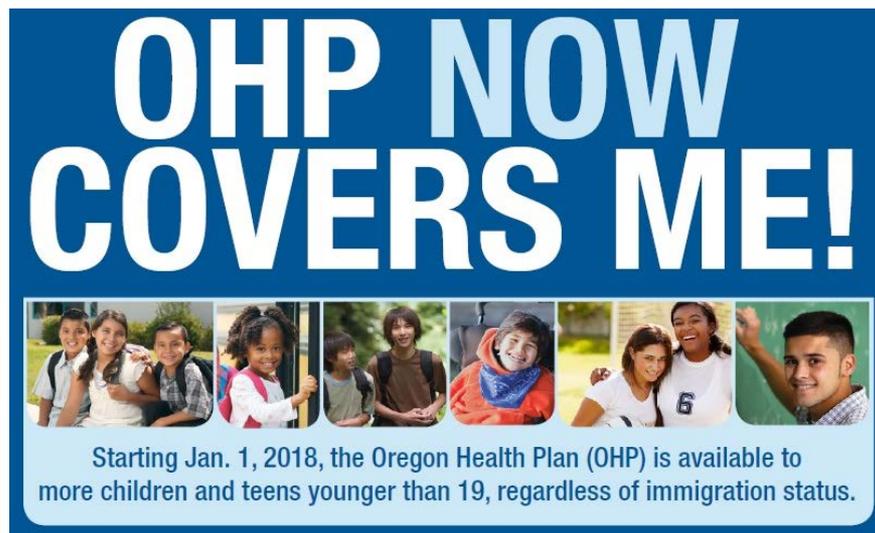
Transitioning to Senate Bill 558 implementation

- Leveraged community-based outreach infrastructure
 - Outreach and Enrollment Grant Program
 - Broader OHP-certified community partner network
- Prioritized stakeholder engagement
 - Partnership with OLHC
 - Convening of external stakeholder workgroup

Lessons learned & best practices

Lessons learned

- Campaign development
 - Plain language
 - Testing



Visit OHPnowCOVERSme.org!

Lessons learned...*continued*

- Community-based outreach
 - State role: Support our partners
 - “Build it and they will come” mentality
- Immigration and privacy concerns
 - Equipping partners and staff with fact-based information

Best practices

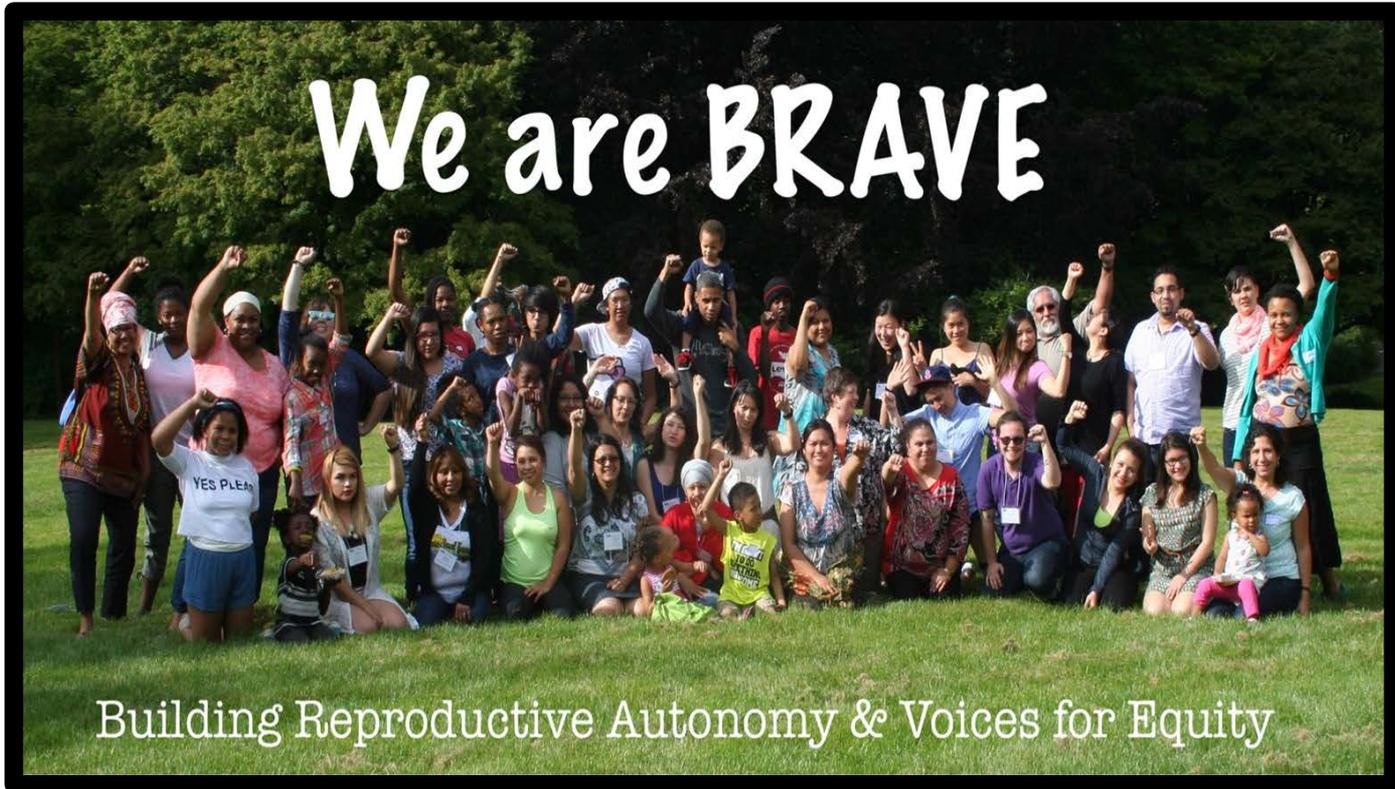
- Stakeholder engagement and partnership to advance the work
- Community investment
- Project management to address silos
- Leveraging lessons learned to improve OHP system-wide

Challenges & opportunities

- Immigration and privacy concerns
- Cultural and linguistic responsiveness of “the system”
 - Language access
 - Coverage, care, retention
- Resources and on-going investment
 - Advancing equity = 

House Bill 3391 – “Reproductive Health Equity Act”





We envision our movement achieving a just society where we all flourish in sustainable, caring and connected communities...

Reproductive Health Equity Act of 2017

Establishes coverage for the full range of reproductive health care, including family planning, abortion and postpartum care, regardless of income, citizenship status, gender identity or type of insurance

#ReproHealthEquityNow



Did You Know?

48,000

Women of reproductive age in Oregon are without coverage for reproductive health care due to citizenship status

»»»»»»»» The Reproductive Health Equity Act fills these gaps in reproductive health coverage

#ReproHealthEquityNow

Did You Know?

Reproductive health care includes birth control, abortion, prenatal care, childbirth, and postpartum care



Let's make sure all Oregonians have meaningful access to the care they need.

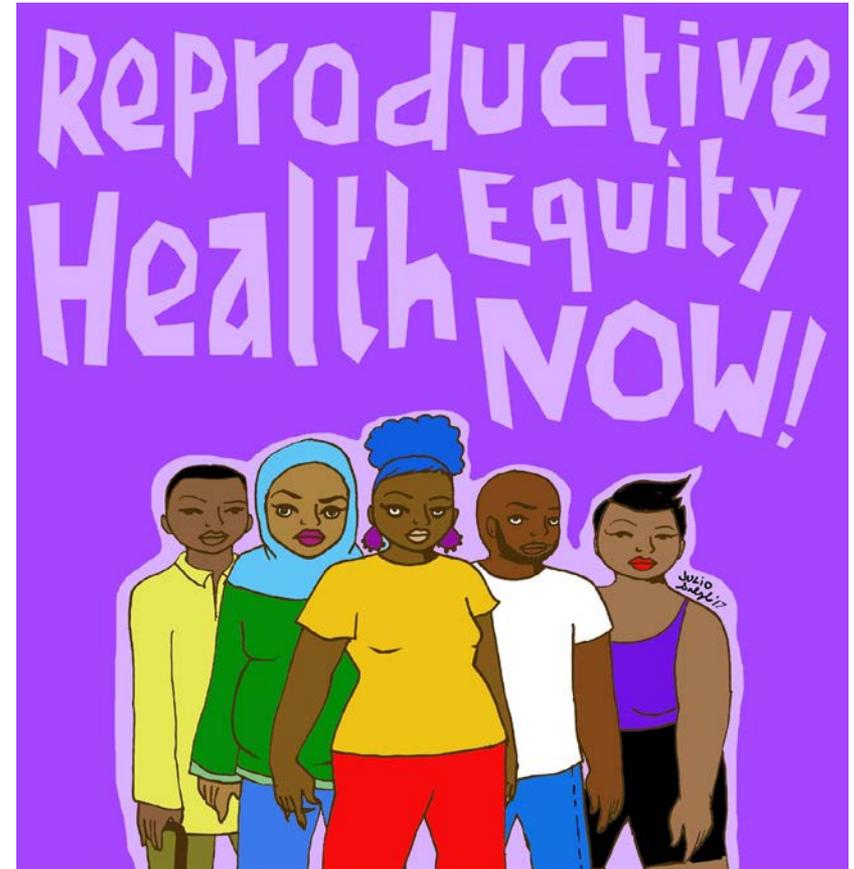
#ReproHealthEquityNow

Our victory!



The campaign

Reproductive Health Equity Now!



Reproductive Health Equity Act (RHEA) timeline

Mvmt Building = Community-Driven Solution

- Lived experience of most impacted
- Stories
- Data

Best Practices:

- Partnerships
- Authentic Community Engagement
- Community Ownership & Buy-in!

< 2014

BRAVE established
PCCO expands
CAARE Poll

2015

CWH (SB 894)
Introduced/ Died
12mo. RX passes

2016

Assess
Analyze
Develop

2017

RHEA
Campaign
launches

2018

RHEA
Implementation

Policy Matters!

- Values-based & Intersectional
- Comprehensive vs Piecemeal/ Incremental
- Shifts Resources and Opportunities
- Advancing Health Equity

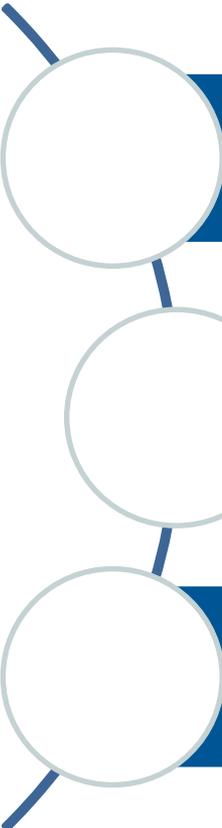
Best Practices:

- One and Not Done
- Be open to change and dialogue
- Mindful of History
- Process, Process, Process

Program design & early implementation



Reproductive Health (RH) Program introduction



The RH Program supports a diverse network of providers who help Oregonians achieve lifelong health and live productive lives.

RH Program contributes to the achievement of equitable health outcomes for all populations in our communities.

The RH Program ensures all Oregonians have access to high-quality, low-cost, client-centered, confidential RH services where, when and in the manner in which they are needed.

RH Program overview

By the numbers:

- 57,274 unduplicated clients served in 2017
- 53 local agencies with 149 clinic sites in 34 counties across the state
- \$34,289,371 million biennial budget (7/1/17 – 6/30/19)

Hallmarks:

- Easy client access: onsite enrollment, same-day access
- Focus on quality care: reliance on national standards of care, evidence based practices, non-coercive, culturally responsive services, client focused
- Utilization of data to understand need, trends and QA/QI processes
- Support providers through TA, training, resources, review processes



Reproductive Health Equity Act (HB 3391) timeline

Requirement	Implementation Date
Assurance of right to abortion	Effective upon passage
Non-discrimination	Effective upon passage
Private insurance preventive services coverage requirements	January 1, 2019
Coverage for abortion services for undocumented individuals*	January 1, 2018
Expansion of medical coverage 60-days post-partum for CAWEM Plus population*	April 1, 2018
Coverage for preventive reproductive health services for undocumented individuals*	April 1, 2018

*OHA responsible for implementation



Primary changes to RH Program

Funding to pay
for more
services for
more people

Expanded
provider
network

Claims
reimbursement
for all services
supported by
RH Program

No changes to
RH Program
hallmarks

Journey toward implementation

- Strong foundation over 40 years in the making
- Innovate systems level change
- Intensified stakeholder engagement
- Expand access, build local program capacity and sustainability
- Work across programs, division, agencies - breaking down silos



Lessons learned & best practices



Lesson learned: Community-driven solutions

- Engage & center those most impacted

#REPROHEALTHEQUITYNOW

“Mothers who give birth,
regardless of citizenship
status, deserve to have access
to reproductive health care.”

- Gloria

Take Action Now: apano.salsalabs.org/rhea2017

Lesson learned: Policy matters!

- Values-based & intersectional
- Comprehensive vs. piecemeal/incremental
- Shifts opportunities & resources
- Advances health equity

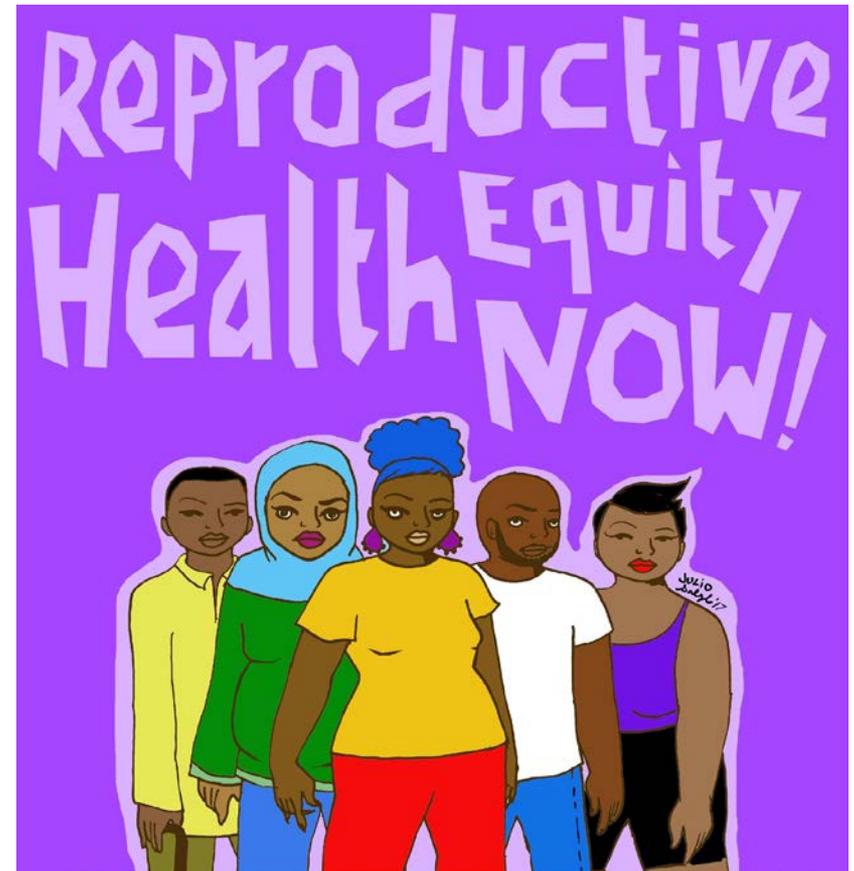
Best practice: Community partnerships

- Authentic engagement
- Optimizing partnerships
- Community ownership/buy-in



Best practice: Prioritize shifting culture

- One & not done!
- Open to change & dialogue
- Mindful of history
- Process, process, process



Best practices

- Comprehensive evaluation (formative, monitoring/tracking and impact/outcome)
- Community access to data and to participation in community health planning processes
- Listening and responding to community member experiences, concerns and needs

Challenges & opportunities

- New services (abortion, female sterilization, mammography)
- The far and wide reaching intent of the bill
- Heightened immigration & privacy concerns
- Ongoing capacity building around health equity and cultural and linguistic responsiveness (state and local program level)
- Resources and on-going investment

Community members share concerns: immigration status

“I think that whenever you have to go somewhere that you sign forms, you’re scared if you’re not legal. No matter what.”

“When you go to the clinic they always ask your information, name, where do you live [...] and I believe that the excess of information is something that intimidates people, for those without papers.”

Community members share concerns: language & interpretation

“Sometimes you understand a little because you know some English so you tell something to the interpreter and you realize that the interpreter is translating wrongly”

“I’ve been in a few situations where my mom comes home and I’m like, “How did it go?” She’s like, “There was a translator, and I don’t think she told me right,” or “I don’t think they understood me.””

Q&A



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Thank you!

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