SHIP SUBCOMITTEE MEETING: Access to equitable preventive health care

Monday, June 29th, 1:00 – 3:00PM

Zoom Meeting: https://zoom.us/j/393128009
Phone: +1 669 900 6833
Meeting ID: 393 128 009

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientation, socioeconomic status, nationalities and geographic locations.

Meeting Objectives:

- Incorporate community feedback and finalize strategies

1:00 – 1:15	**Welcome & agenda overview**
1:15 – 1:30	**Healthier Together Oregon & Implementation Framework**
1:30 – 2:00	**Review community feedback**
2:00 – 2:45	**Incorporate feedback and finalize strategies**
2:45 – 2:50	**Public comment**
2:50 – 3:00	**Wrap-up & Next Steps** • Finalizing activities & short term measures • Next meeting: July 27

Welcome & Introductions

- Share name, pronouns and agency

Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

Timeline for developing 2020-2024 SHIP

Aug – Sept. 2019	Sept. – Nov	Nov – April, 2020	May	June	July	Aug.
• Subcommittees begin meeting	• Identify goals and key indicators	• Identify policy, community and individual level strategies and process measures	• Community feedback on strategies • Short term measure development	• Incorporate community feedback & finalize strategies	• PartnerSHIP approves SHIP • Final SC meeting – recommendations and next steps for implementation	• SHIP is launched • Implementation begins

Healthier Together Oregon

CURRENT PARTNERS | POTENTIAL PARTNERS | INDIVIDUALS & FAMILIES | DATA

Individuals & Families

Many communities in our state experience more health issues than others. We know that things like quality education, affordable places to live, safe neighborhoods, living wage jobs and access to health care impact your health.



EXPLORE THE PLAN

- Healthy Communities
- **Healthy Families**
- Healthy Students
- Housing and Food
- Behavioral Health
- Equity and Justice
- Workforce Development
- Technology and Innovation

Healthier Together Oregon

Oregon Health Authority

Implementation Framework

- Acknowledge intersectionality of priority areas
- Remove redundancy in some strategies
- Consolidate strategies to make plan more actionable and achievable
- Communicates work across broader audience

Impacts on AEPHC strategies

- Food related strategy merged with Economic Drivers strategy

Community Feedback Process

Oregon Health Authority

Who we heard from…mini-grantees

Mini-grantees – surveys and virtual listening sessions

- Self-Enhancement Inc. - AA/Black community; Portland
- Next Door – Latinx, AI/AN community; Hood River
- Eastern Oregon Center for Independent Living - Disability community; Eastern Oregon
- So-Health-E - POC, immigrant, low-income; Southern Oregon
- Q Center - LGBTQ+ community; Portland
- Micronesian Islander Community – Pacific Islander community; Willamette Valley
- Northwest Portland Area Indian Health Board – Tribal communities; statewide

Who we heard from…mini-grantees

Organization	Number of people engaged	Methods
SEI	73	Survey
Next Door	100	Survey
EOCIL	93	Survey
So Health-E	120	Survey
Q Center	24	Survey & focus groups
MIC	10	Focus groups
NPAIHB	65	Survey & focus groups

Who we heard from…OHA led efforts

State agencies & other partners – surveys and meetings

- ODOT
- ODE
- OHA
- DHS
- DOC
- OYA
- Dept. of Agriculture
- DEQ
- Dept of Forestry
- DCBS
- OHCS
- DLCD

- Local public health authorities
- CCOs and CACs
- LGBTQ+ Aging Coalition
- Oregon Sherriff's Association
- Regional Health Equity Coalitions
- Hospitals and FQHCs
- Care Oregon
- Oregon Center for Children and Youth with Special Health Needs

Who we heard from…OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

English - 1038 responders (42% response rate)

https://www.surveymonkey.com/stories/SM-SV9RQLVD/

Representation – Member of the public (33%), CBOs (14%), Other (13%) Hospitals and health care providers (12%), OHA (8%)

Geographic representation – Multnomah (23%), Lane (13%), Washington (8%), Deschutes (6%), Clackamas (5%); all counties (except for Malheur, Sherman and Wheeler) had at least 1 response

Primarily white (88%), straight (76%), college-educated (98%), cis-gendered (88%), aged 30-64 (80%), and female (80%)

Who we heard from…OHA led efforts

OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter

Spanish - 21 responders (76% response rate)

Representation – Member of the public (66%), CBOs (33%)

Geographic representation – Multnomah (33%), Wasco (33%), Washington (33%)

Primarily Latinx (83%), straight (100%), cis-gendered (88%), 30-64 (66%), and female (83%)

What we heard…*Overall themes*

- Overall, community is **very supportive** of drafted strategies
- Need for **increased messaging about Collective Impact**
- Interest in **supporting activities** to better understand implementation
- Interest in **measurement and transparency in accountability**
- **Concern for feasibility**, especially given resource constraints and ongoing COVID response
- Tension/misunderstanding between **equity vs. equality**
- Call to **center priority populations** in planning and implementation
- Strengthen strategies for **incarcerated, LGBTQ+, disabled, homeless, or immigrant/refugee, and older** individuals
- Strategies are "**Portland metro centric**" – rural needs don't feel reflected
- Strengthen attention to **language related needs** – "linguistically appropriate"
- **"White savior"** complex

What we heard…mini-grantees

Overall, communities are **very** supportive of identified strategies, and want priority populations centered in implementation.

Organization	Feedback
SEI	Improve rural medical care
Next Door	Concerns about equitable access to telehealth and insurance gaps for undocumented, need for mobile outreach in rural areas
EOCIL	Make Medicare coverage more acceptable in more areas, especially in smaller communities.
So Health-E	How to reach home-schooled children? Expand dental services to pre-school, expand Medicare coverage to age 60, Concern for misuse of EHRs among priority populations
Q Center	Use of schools as community resource centers, standardize SOGI information in EHRs, Privacy/confidentiality concerns for EHR coordination (e.g. HIV+)
MIC	Interpretation/translation concerns, “I do not know the purpose of visiting the doctor”, food & nutrition insecurity, desire for health education
NPAIHB	Incorporate tribal practices for prenatal care, expand access to dental services outside of schools, Increase access to services covered by IHS Purchased and Referred Care

What we heard…OHA led efforts

- No strategies address barriers related to insurance coverage/cost
- Worry about putting health literacy training requirement on providers
- Privacy and confidentiality concerns related to EHRs and data sharing
- Telehealth – supportive, but worry about access to internet and it being used for all services, repayment, etc.

Finalize strategies

- Recommend final strategy language
- Clarify priority populations with equity lens – who is MOST impacted?
- Incorporate community feedback
- Consider current environment (COVID-19 impacts & anti-racism actions)

Finalize strategies

Strategy	Considerations
Increase patient health literacy by training healthcare providers	Puts onus on healthcare providers,
Increase access to dental care that is offered in schools, such as dental sealants and fluoride varnish.	Controversy related to fluoride, expand dental services outside of school setting and across the lifespan
Improve electronic health record coordination and data sharing among providers	Concerns related to privacy and confidentiality
Expand use of tele-medicine in rural areas.	Don't limit focus of strategy to rural areas.
	Strategy related to gaps in insurance coverage (for older populations, IHS, undocumented, incarcerated, OHP expansion, etc.)
	Strategy related to pain policies and increasing options for medication management.

Healthier Together Oregon

IMPLEMENTATION PLAN (Draft)

Access to Equitable Preventive Healthcare

Key Indicators

1. Childhood immunizations (ALERT IIS)
2. Colorectal cancer screening (Behavioral Risk Factor Surveillance System/BRFSS)
3. Adults with a dental visit in the previous year (BRFSS)

Goal 1: Increase equitable access to and uptake of community-based preventive services.

HTO Plan	Strategies & priority populations	Example activities:	Short term measure ideas
WD	Increase patient health literacy by training healthcare providers.	• Health literacy trainings available online, both live and recorded, tailored for different audiences, and for different position levels and with cultural considerations.	
HF	Expand reach of preventive services through evidence based and promising practices.	• Pharmacy partnerships to increase access to naloxone. • Vaccination programs - community-based and health system interventions • Syringe exchange programs • Promotion of Long Acting Reversible Contraception (LARCs) • Diabetes Prevention Program	% of CCOs meeting X incentive metric benchmark in (OHA)
HC	Co-l~~l~~ocate support services for low income people and families at or near health clinics.	• Onsite childcare • Co-located housing assistance and food banks • Accessible by active transportation	

Commented [HCJ1]: CAC: In rural communities, the social service agencies are more equitable placed than health clinics.

	Low income		
H&F	~~Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.~~	• ~~Address food deserts and food swamps~~	
	~~**POC and low income**~~		
HS	Expand recommended preventive health related screenings in schools.	• Expand currently offered screenings (Blood pressure hearing, vision, dental, height, weight and, posture) to include mental health, social determinants and other chronic medical conditions.	% of school districts that have school nursing service (ODE)
	Youth		
HF	Support Medicare enrollment for older adults through expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program.	• Promote Medicare and Medicare advantage plans • Address transportation barriers	
	Older adults		

Commented [HCJ2]: Redundant with EDoH strategy

Goal 2: Increase equitable access to and uptake of clinical preventive services.

	Strategies & priority populations	**Example activities:**	**Short term measures**
T&I	Support alternative healthcare delivery models in rural areas.	• Leveraging pharmacists, community health workers, mid-level dental providers, and other advanced practice providers to address provider shortages in rural areas. • Creation of health care teams that include primary care providers, advanced practice providers, dietitians, traditional health workers, school nurses, and dentists.	
	Rural		

		• Utilizing dental providers to offer blood pressure, A1c, and cholesterol checks.	
HS	Increase access to dental care that is offered in schools, such as dental sealants and fluoride varnish.	• Promotion of Alaska model utilizing mid-level dental provider. Current pilots in tribal communities and Willamette Dental. • Expand dental sealant and fluoride varnish programs in schools	% of eligible schools offering dental sealants (OHA)
	Youth		
HF	Increase access to pre and postnatal care for low-income and undocumented women.	• Promote awareness of pre-natal care available for undocumented women through CAWEM + • Expand Perinatal Care Continuum (PCC) model • Strengthen access to doulas, especially doulas of color.	% of CAWEM+ clients receiving prenatal care trimester (OHA)
	Low income and undocumented		
HF	Improve access to sexual and reproductive health services.	• Improve wrap-around services • Expand funding models for sexual health, including insurance coverage of pharmacist-delivered PrEP and PEP and Medicaid coverage for EPT • HIV pre and post exposure prophylaxis (PrEP and PEP). • Partner services for HIV/STI. • Expedited partner therapy. • Long-active reversible contraception and abortion.	% of adults ever tested for HIV (BRFSS)
WD	Increase the cultural and linguistic responsiveness of health care through use of traditional health workers and trainings.	• Improve payment mechanisms for traditional health workers. • Provide sexual orientation and gender identity trainings to different levels of clinic staff. • Expand cultural competency and culturally responsive trainings.	# of Traditional Health V employed by CCOs (OH
	POC, LGBTQ+, disabilities		

Commented [HCJ3]: Survey: Lots of feedback related to postnatal care as well.

Commented [HCJ4]: Suggestion to change to families or people (trans inclusive)

Commented [HCJ5]: Lots of survey feedback related to linguistic responsiveness, intertreptation services, etc.

Goal 3: Implement systemic and cross-collaborative changes to clinical and community-based health related service delivery to improve quality, equity, efficiency and effectiveness of services and intervention.

	Strategies & priority populations	Example activities	Short term measures
T&I	Expand use of telehealth~~medicine~~ in rural areas.	• Expand Project Echo. • Improve payment mechanisms for telehealth. • Use of telehealth for health promotion programs	
	Rural		
T&I	Improve electronic health record coordination and data sharing among providers.	• Between primary, specialty and hospital care • Between tribal health care and other health care systems • Between correctional and community-based settings	
T&I	Use healthcare payment reforms to support the social needs of patients.	• Use health care payment reforms such as CCO health related services and hospital community benefit spending • Use regulatory levers such as health insurance and health system regulation, health care organization, and workforce licensure. • Create incentives and encourage flexibility to support access to food, housing and transportation.	CCO health related services spending (OHA)
T&I	Use electronic health records to promote delivery of preventive services.	• Expand use of EHR alerts for preventive services, like immunizations, cancer screenings and social needs	

Commented [HCJ6]: Feedback from a variety of sources to use term telehealth for broader interpretation and use

T&I	Create a statewide community information exchange to facilitate referrals between health care and social services.		

T&I – Technology & Innovation

WD – Workforce Development

HC – Healthy Communities

HF – Healthy Families

HS – Healthy Students

H&F – Housing & Food

Public Comment

Next Steps & Final Thoughts

- Finalizing activities & short term measures

- Final meeting is July 27th – How would you like to celebrate?