
Supporting Health for All through REinvestment (SHARE) Summary of 2023 Spending Plans

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Today's speakers

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Agenda

- Introduction to the SHARE Initiative
 - Definition and requirements
 - Timeline
- Summary of 2023 SHARE spending plans
 - SHARE commitments
 - Partners
 - Projects
 - Local priority alignment and community engagement
 - Populations served
- Spending trends and highlights
- Question and answer

Introduction to the SHARE Initiative

Introduction to SHARE

The **Supporting Health for All through REinvestment (SHARE) Initiative** comes from a legislative requirement (enrolled Oregon House Bill 4018) for coordinated care organizations (CCOs) to invest some of their profits back into their communities.

Primary goals of the SHARE Initiative:

- Protect public dollars by requiring CCOs to reinvest some of their profits in their communities; and
- Improve CCO member and community health by requiring that reinvestments go toward upstream, non-health care factors that impact health (for example, housing, food, transportation, education or civic engagement) called **social determinants of health and equity (SDOH-E)**.

Social determinants of health and equity definition

Social determinants of health and equity (SDOH-E) is defined by the Oregon Health Authority (OHA) by three interrelated terms:

- **Social determinants of health (SDOH):** The social, economic and environmental conditions in which people are born, grow, work, live and age, which are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.
- **Social determinants of equity (SDOE):** Systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels; institutional bias; discrimination; racism and other factors.
- **Health-related social needs (social needs):** An individual's social and economic barriers to health, such as housing instability or food insecurity.

SHARE requirements

SHARE Initiative spending must:

- Meet OHA's definition of social determinants of health and equity (SDOH-E) and fit into at least one of four **SDOH-E domains** and include spending toward a **statewide housing priority**;
- Align with community priorities from CCOs' **community health improvement plans (CHPs)**;
- Fund partnerships with community organizations or agencies called **SDOH-E partners**; and
- Include a role for their **community advisory councils (CACs)** related to SHARE Initiative spending decisions.

Economic
stability

Neighborhood
and built
environment

Education

Social and
community
health

SHARE timeline



- Based on a CCO's **annual net income and reserves**, a formula sets the required minimum amount a CCO must commit to reinvesting through SHARE.
- CCOs commit and report how much they will reinvest through SHARE, called **SHARE designations or commitments**.
- CCOs detail how they will spend their designation over the next three years in their **SHARE plans**.
- OHA reviews and approves activity through **CCO planning and reporting**.

Summary of 2023 CCO SHARE spending plans

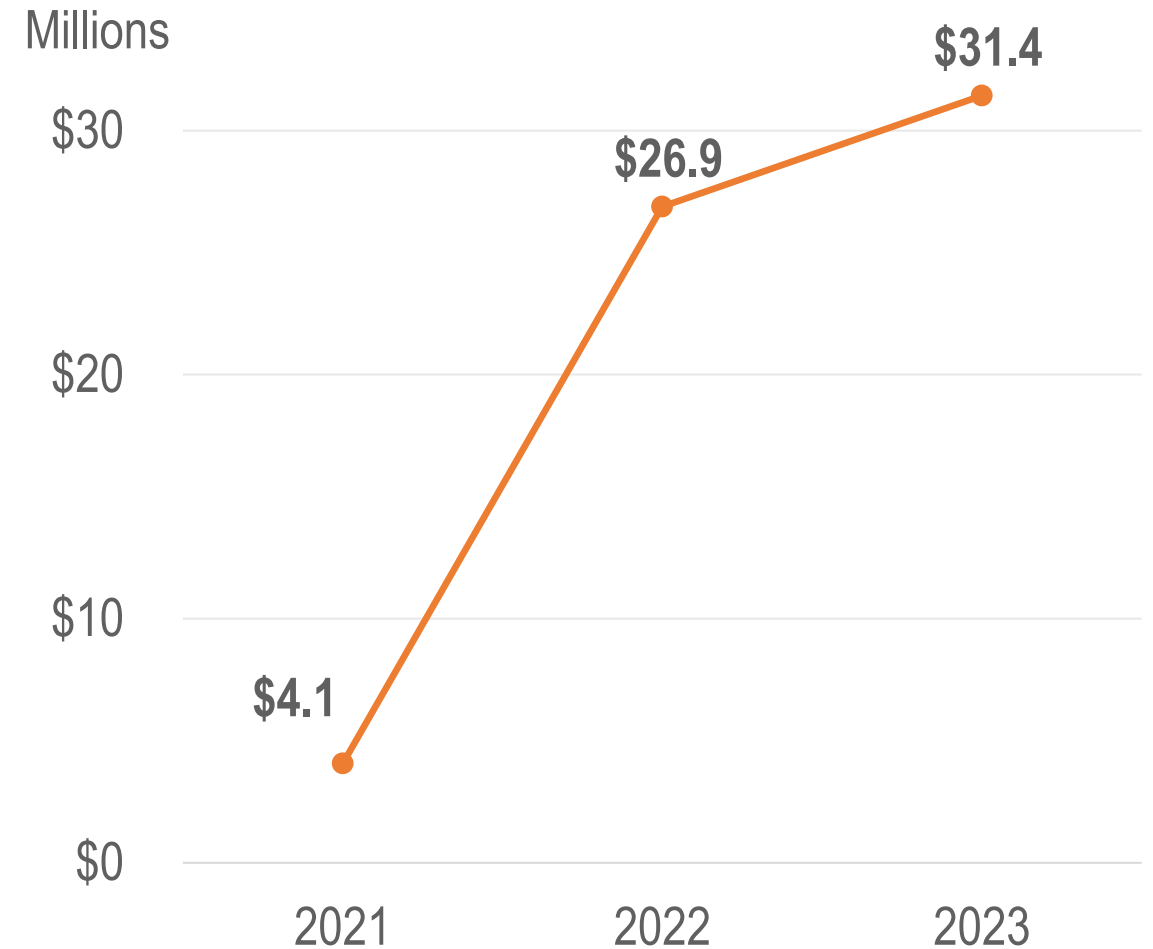
- The following slides summarize CCOs' 2023 SHARE spending plans, **complementary to the [published summary report](#)**.
- This summary is compiled from information reported in CCOs' 2023 SHARE spending plans and **may not reflect every aspect of CCOs' individual SHARE processes**.
- This summary **does not reflect all CCO spending on social determinants of health**, such as CCO spending through health-related services or other CCO programs.
- This summary **aims to increase transparency and awareness of CCO community spending** and provide CCOs with examples to support future SHARE Initiative spending.

2023 SHARE commitments

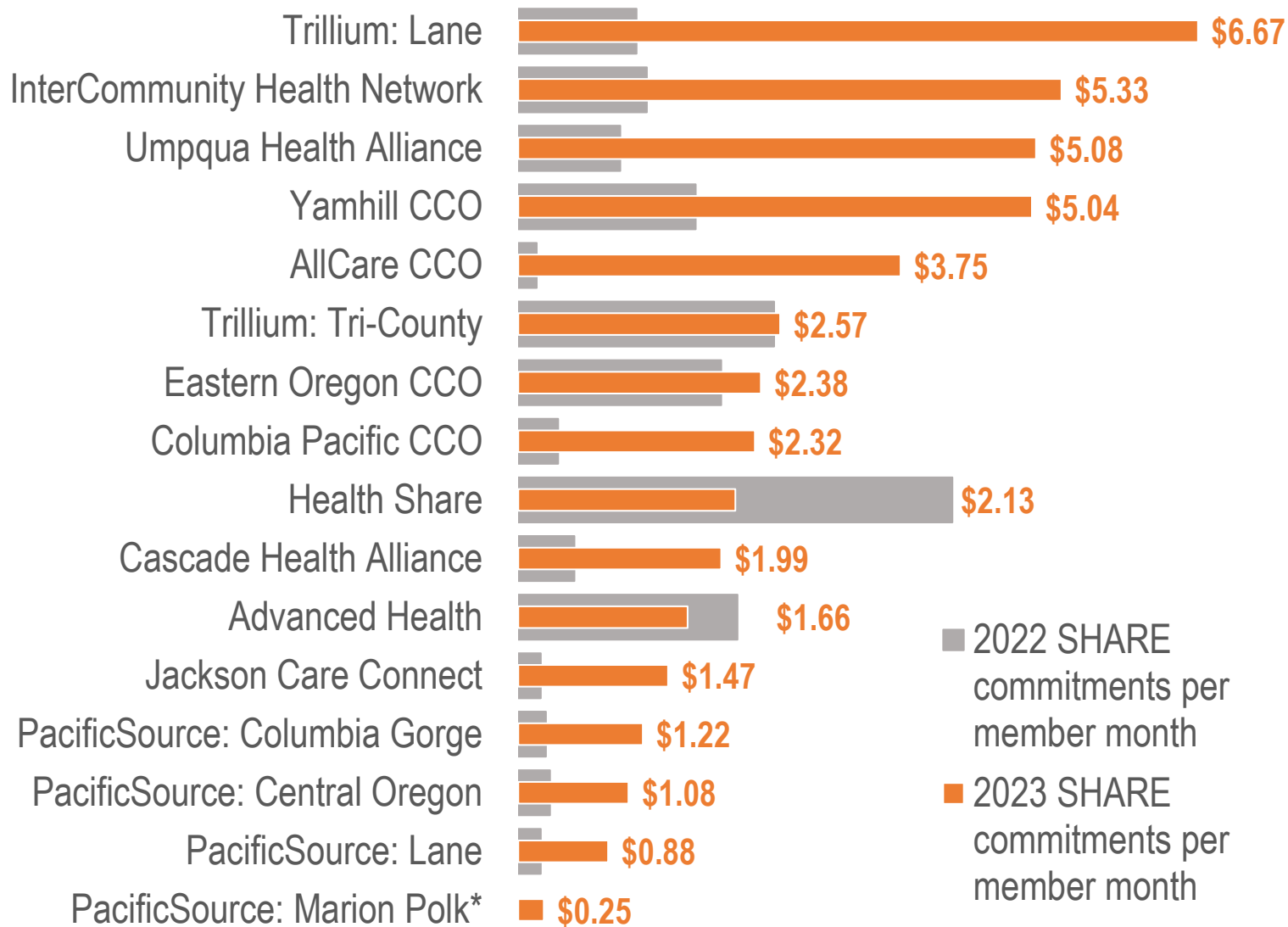
2023 SHARE commitments

- In 2023, CCOs committed a total of **\$31,435,943** to contribute to SHARE.
- All **16 CCOs** were required to participate.
- 2023 was the first year CCOs had a required minimum amount to contribute.
- Nine CCOs contributed more to SHARE than required, totaling \$694,735.

Total SHARE commitments by year



2022 and 2023 SHARE commitments per member month (PMM)



- 2023 SHARE commitments averaged **\$2.74 PMM**, an increase from \$1.21 PMM in 2022 and \$0.85 in 2021.
- Member month is the total number of months Oregon Health Plan members were enrolled in a CCO's Medicaid plan.
- SHARE commitments calculated PMM shows spending across CCOs in a consistent, comparable way.

¹² *PacificSource: Marion Polk was not required to participate in SHARE in 2022

Social determinants of health and equity (SDOH-E) partners

SDOH-E partners

CCOs must invest SHARE dollars directly into organizations called **SDOH-E partners** that are trusted in their communities to address SDOH-E and work for policy and systems change.

	2021	2022	2023
Total CCO SDOH-E partners	45	73	115
Smallest SDOH-E partner award	\$600	\$3,500	\$9,000
Largest SDOH-E partner award	\$435,192	\$7,600,000	\$3,729,05

- The number of SDOH-E partners **increased by 58 percent** from 2022.
- Most 2023 partners were new SHARE funding recipients; thirteen partners received continued funding from 2022.

Choosing SDOH-E partners

Across CCOs and within individual 2023 SHARE plans, **CCOs used a variety of approaches to choose SDOH-E partners:**

- **Six CCOs** used a formal request for proposals process as their sole approach
- **Five CCOs** chose all new SDOH-E partners outside of a formal proposal process
- **Four CCOs** used a mix of these approaches; one CCO's process was not clearly described

All CCOs considered alignment with community health improvement plans and other health equity efforts and involved community advisory councils, specialized CCO staff task forces or local community health partnerships to choose their SDOH-E partners.

Choosing SDOH-E partners

Several CCOs made efforts to improve awareness and access to SHARE funding opportunities across their regions, often in collaboration with their community advisory council.

Some CCO efforts included:

- **Promoting opportunities** through various local channels and partnerships
- Hosting **technical assistance sessions** for partners
- Offering **one universal grant application** for all potential CCO funding opportunities
- Requesting a letter of intent for **initial screening** of projects, before inviting a full proposal
- Keeping the **application window open year-round** for SHARE funding

2023 SHARE projects

2023 SHARE projects

- Across CCOs, 2023 SHARE spending plans included **118 projects**.
- Within individual CCO SHARE plans, the number of projects **ranged from one to 27 projects**.
 - **Note:** The number of SHARE projects is different than the number of SDOH-E partners. This is because some projects included more than one SDOH-E partner, and some SDOH-E partners were involved in multiple projects.
- CCOs attested which SDOH-E domain(s) their SHARE projects fit into.
- 2023 SHARE projects were further qualitatively analyzed to understand focus areas and specific activities or efforts funded.

SDOH-E domains

SHARE projects by domain addressed*

Social and community health	88 projects
Economic stability	84 projects
Neighborhood and built environment	71 projects
Education	34 projects

- SHARE spending must fit into at least one of the SDOH-E domains.
- **76 percent** of SHARE projects addressed more than one SDOH-E domain.
- Consistent with 2022 SHARE plans, **social and community health was the most common** SDOH-E domain addressed in 2023 SHARE spending plans, followed closely by economic stability.

¹⁹ *SHARE Initiative projects can fall within multiple domains.

Focus areas of SHARE projects

- 25 percent of 2023 SHARE projects addressed more than one focus area.
- **Housing was the most common focus area** of SHARE projects, with **over half (64)** of the 118 SHARE projects.



Focus area type (number of projects)	Description
Housing (64)	Projects including any aspect or type of housing focus.
Food (26)	Projects including a focus of food access, security and nutrition.
Community well-being (25)	Projects including a focus on community-wide well-being, including health, connection and/or wellness.
Family education and support (22)	Projects including a focus on education and resources for children and families.
Behavioral health (17)	Projects including a focus on supporting the behavioral health sector, excluding Medicaid covered services.
Other (4)	Other areas not described in categories above.

Housing-related SHARE projects



Housing type (number of projects)	Description
Services and supports (44)	Services and supports that help people find and maintain stable and safe housing, as defined by OHA.
Transitional housing (20)	Housing for individuals or families experiencing homelessness to provide interim stability and support to successfully move to and maintain permanent housing.
Affordable housing (17)	Housing that costs no more than 30 percent of tenants' gross household income for rent and utilities.
Emergency shelters (9)	Facilities that provide temporary shelter for people experiencing homelessness.
Permanent supportive housing (6)	Combination of lease-based, affordable housing with tenancy supports and other voluntary services.

- The 64 housing-related SHARE projects reflect an investment of **\$16,055,775***.
- Approximately **41 percent** (26) of housing-related projects addressed more than one housing type.
- **69 percent** (44) of housing-related projects **addressed the statewide priority of housing services and supports.**

²¹ *Projects can address more than one housing category and include aspects unrelated to housing.

Activities funded through SHARE projects

- **28 percent** of 2023 SHARE projects funded more than one activity.
- Projects **most commonly funded organizational capacity building**, followed by capital expenses.



Activity (number of projects)	Description
Organizational capacity building (74)	Sustain or build an organization's or project's ability to serve.
Capital expenses: new property (41)	All or a portion of costs to buy or construct new property.
Capital expenses: property improvement (28)	Improve the quality or functionality of property.
Workforce training and development (9)	Provide staff training or professional development to improve equity or connections to SDOH-E supports.
Data sharing and analysis (5)	Launch data sharing platforms or evaluate health and/or project data.

Populations served

Population	Number of projects
People with health-related social needs	88
Children and families	34
People with behavioral health conditions or experiencing behavioral health-related concerns	32
American Indian and Alaska Native persons or Tribal members	16
Older adults (ages > 55 years) or Elders	15
People with a disability, including those experiencing a disabling condition or physical challenges	15
Black, Indigenous, people of color, or communities of color**	11
People with a health condition, high medical needs or special health care needs	11
Hispanic or Latino, Latina or Latinx persons	7
Rural communities	7
People who have experienced or are experiencing domestic violence, sexual assault or child abuse	5

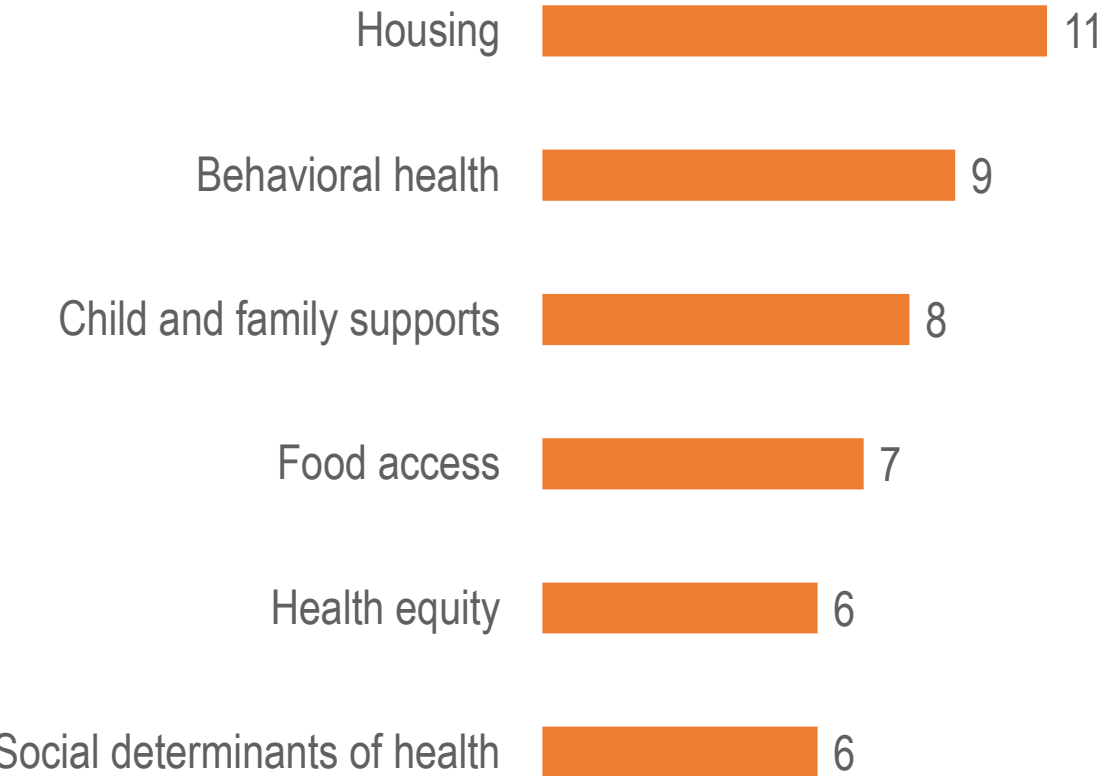
- CCOs reported on a variety of populations that will be served through 2023 SHARE projects, with **many projects serving multiple populations.**
- **The most reported population was people with health-related social needs,** including people who are housing or food insecure or who have lower incomes.

*SHARE projects can serve more than one population.

Local priority alignment and community engagement

Community health improvement plan (CHP) priorities supported through SHARE

Number of CCO SHARE plans supporting common CHP priorities



- CCOs are required to use SHARE to support priorities identified in community health improvement plans (CHPs).
- CHP priorities supported by SHARE plans were similar across CCOs but varied based on communities' unique needs.
- **The most common supported CHP priority was housing related**, followed by behavioral health and child and family supports.

Community advisory council (CAC) role in SHARE

CCOs must provide a role for their CAC in SHARE spending decisions; each CCO determines what that role includes.

CCOs used a **wide range of strategies** to engage their CACs in 2023 SHARE plans. Overall, CACs were given a larger role in directing SHARE funding decisions in 2023 than the prior year.

Most common approaches CCOs used to involve CACs:

- **88 percent** of CCOs asked their CAC for input, recommendations and/or approval of proposed SHARE projects.
- **63 percent** of CCOs' CACs planned to have a role in ongoing monitoring of SHARE projects.
- **50 percent** of CCOs' SHARE spending priorities were determined or informed by their CAC.

Highlights and trends

Spending trends and highlights

Year three of the SHARE Initiative...

- Continued an **upward trend of SDOH-E investments**: In total, CCOs committed \$31,435,943 in 2023, the highest overall and per member month designated spending through SHARE.
- Expanded SDOH-E **partner networks** across CCOs: The number of SDOH-E partners increased by 58 percent from 2022.
- Coordinated SHARE investments within **larger SDOH-E strategies**: Many CCOs used SHARE to align with other efforts to increase impact and longevity of spending.

Spending trends and highlights

Year three of the SHARE Initiative...

- **Continued to prioritize housing** within SHARE spending: Housing-related SHARE projects almost doubled from 2022 to 2023; half of all 2023 SHARE projects addressed housing.
- Spanned a **wide range of topics to address local needs**: CCOs continued to evolve processes to engage their local communities and tailor investments that best meet their needs.

Questions?



Resources

View the full 2023 SHARE spending plan summary:

- [2023 SHARE spending plan summary in English](#)
- [2023 SHARE spending plan summary in Spanish](#)

For reporting guidance and individual CCO spending plans, see the [OHA SHARE webpage](#).

Contacts

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OHA Transformation Center

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Upcoming technical assistance opportunities for CCOs

SHARE office hours

- July 11, September 12, November 14; all sessions 1:05–1:30 p.m. PT
 - [Join meeting](#)

Health-related services (HRS) office hours

Focused on CCO questions about initial OHA feedback on annual CCO HRS spending data.

- June 4, 9:05–9:30 a.m. PT
 - [Join meeting](#)
- June 17, 10:05–10:30 a.m. PT
 - [Join meeting](#)

In lieu of services (ILOS) office hours

- Thursday, May 30, 2024, 10–11 a.m. PT
 - [Register here](#)

Appendices

2023 spending plan summary highlights

- All 16 CCOs were required to participate in SHARE based on their 2022 profits or reserves. Nine CCOs committed more money more than required.
- CCOs committed a total of \$31,435,943, an increase of \$4,550,486 from 2022.
- CCOs funded 115 SDOH-E partners, compared with 73 SDOH-E partners in 2022 and 45 in 2021.
- Over half of the 118 SHARE projects focused on housing. The next most common topics of SHARE projects were food access and community well-being.
- The most common activities SHARE projects funded were building organizational capacity, buying property (land, buildings, vehicles, etc.) and improving property (renovations, accessibility features, repairs, etc.).

Terms and definitions

See Appendix A in the [2023 SHARE spending report](#) for a full list of terms and definitions.

Community advisory council (CAC): A CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of Oregon Health Plan (OHP) members and advises the CCO on how to improve health quality and services in their community.

Community health improvement plans (CHPs): Long-term, systematic efforts to address public health problems based on community health assessments. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate resources.

Coordinated care organization (CCO): A CCO is a network of health care providers who work in their local communities to serve OHP members. Oregon has 16 CCOs across the state.

Social determinants of health and equity (SDOH-E): SDOH-E, as defined by OHA in [OAR 410-141-3735](#), encompasses three interrelated terms:

- **Social determinants of health (SDOH):** The social, economic and environmental conditions in which people are born, grow, work, live and age, which are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.
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