# CCO Community Health Improvement Plan Progress Report Guidance

## PrimaryHealth CCO – 2016 report

## Key Players

1. **Which of the following key players are involved in implementing your CHP? (select all that apply)**
   - ☐ Early Learning Council;
   - ☒ Early Learning Hubs; **(Southern Oregon Early Learning Services – SOELS)**
   - ☒ Youth Development Council; and **(Local Youth Development group – Southern Oregon Success - SORS)**
   - ☒ School health providers in the region. **(FQHC who provides SBHC in County)**

2. **Describe how these key players in the CCO's service area are involved in implementing your CHP.**
   PHJC staff participates in the SOELS committees and leadership roles, and provide learning and engagement opportunities throughout the system of early learning. This level of engagement has helped to identify new areas of opportunity for the CCO to focus on as related to the CHIP work. This level of participation and understanding across sectors helps to continue to define strategies and help with overall prioritization activities.

   Staff are involved in local Youth Development work through SORS, a collaboration of early learning, k-12, healthcare, and workforce development groups who are focused on cradle to career opportunities for youth within Jackson and Josephine Counties.

   The CEO of the local FQHC sits on the PHJC board of Directors and is co-chair of the CAC, and FQHC staff sit on the Clinical Advisory Panel (CAP) and represent the work at several local School Based Health Centers throughout the county. Conversations related to metrics management and support, including dental sealants, adolescent well visits and effective contraceptive use occur related to the SBHCs. Additional conversations occur in a variety of meetings where PHJC staff are present, and provide input on the expansion of SBHC's and the expansion of specific services at SBHCs.

3. **If applicable, identify where the gaps are in making connections.**

PHJC is very engaged with the identified groups, though the amount of meetings required to remain engaged are sometimes difficult. In addition, "regional" meetings often occur in Jackson County and require extra hours of travel for in person engagement. However, early learning work and engagement with youth focused organizations is a priority for PHJC.

## Health Priorities and Activities

4. **For CHP priorities related to children or adolescents (prenatal to age 24), describe how and whether the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community.**
   Coordination of effective and efficient delivery for children and adolescents are led by the SOELS and SORS groups in Jackson and Josephine counties. PHJC intentionally noted these areas of focus in their CHIP to

ensure ongoing collaboration and engagement in the work with SOELS and SORS. As previously noted, several PHJC staff and the Innovator Agent engage at various levels of work with these two groups

5. **What activities are you doing for this age population?**
   As noted above, under the leadership and coordination of SOELS and SORS, PHJC engages in work with the local Perinatal Task force, engages in work with local schools and the newly formed Josephine County Community Network, participates in community-based activities to support children's health, like the Annual Frog O Fair, and has engaged in ongoing conversations with organizations who serve homeless youth in Josephine County.

6. **Identify ways CCO and/or CAC(s) have worked with school and adolescent providers on prioritized health focus areas.**
   The FQHC CEO and staff, who coordinate the local SBHCs, are engaged at the PHJC Board, CAC and CAP level, and also engage in community collaboratives with PHJC like: Perinatal Task Force, SOELS, SORS, Southern Oregon Oral Health Coalition and the newly formed (Josephine County) Regional Health Equity Coalition. PHJC is working closely with the local FQHC to support and supply books for their early learning reading programs.

## Health Disparities

7. **For each chosen CHP priority, describe how the CCO and/or CAC(s) have worked with OHA's Office of Equity and Inclusion (OEI) to obtain updated data for different populations within the community, including socio-economic, race/ethnicity, health status and health outcomes data.**
   PHJC's Innovator Agent has participated in a past DELTA cohort with OEI, and PHJC staff and Innovator Agent currently sit on the Regional Health Equity Coalition (RHEC) as funded by OEI. The RHEC has been instrumental at providing disparities data to the community at large to help focus work and engagement.

8. **Explain whether updated data was obtained by working with other state or local agencies/organization(s) and what data sources were utilized.**
   As noted above, the RHEC is a local organization focused on addressing health disparities, and they utilize data sources from Oregon's Public Health Division, Local school districts, CCOs and the related Federal healthy start program that is under the same organizational structure as the RHEC.
   In addition, PHJC is participating in the next iteration of the Community Health Assessment with a variety of organizations who are committed to bringing their unique data to the table, as well as, committed to capturing data as a group. Organizations at the table include: Jackson Care Connect CCO, Jefferson Regional Health Alliance (a local non-profit collaborative), Jackson and Josephine County Health and Mental Health agencies, OSU Extension services, Providence Medical Systems, Asante Health Systems, AllCare Health, OnTrack, Addictions Recovery Center, La Clinica and Rogue Community Health FQHCs, and the local Innovator Agents.

9. **Explain CCO attempts to compare local population data to CCO member data or state data. If data is not available, the CCO may choose to access qualitative data from special populations via focus groups, interviews, etc.**
   The CCO has been actively monitoring local homeless and youth homelessness data through their participation with the Homeless taskforce. The CCO is currently involved in a collaborative with Jackson

Care Connect and AllCare with Youth Move Oregon and will be collecting local data through surveys and focus groups to assess the needs of at Risk Youth in Josephine and Jackson Counties.

10. **What challenges has the CCO encountered in accessing health disparities data?**
    One of the largest historical challenges with accessing health disparities data has been related to the number of members with missing race and ethnicity data. This represents an estimated 15% of members for PrimaryHealth. This creates gaps in our ability to recognize potential disparities that are occurring within our system. PHJC has improved our ability to systematically review data to determine if there are disparities, particularly those related to race and ethnicity. PrimaryHealth is now able to sort data (such as quality measures) by age, race, ethnicity, and disability status within our Analytics program.

11. **What successes or challenges have you had in engaging populations experiencing health disparities?**
    PHJC participates in the local RHEC, sits on the Josephine County Community Network group, works with populations serving the homeless, has engaged in and supported Trauma Informed Care and ACEs training and works with organizations involved in rural health disparities issues, like Siskiyou Community health Center. This work, though time consuming and not always "medically focused" aka billable, is valuable and necessary to address the social determinants that affect the health of the community.

12. **What successes or challenges have you had in recruiting CAC members from populations experiencing health disparities?**

Recruitment is a big focus of the CAC at this time, with a priority to recruit from diverse populations. PHJC's CAC staff coordinator recently participated in a daylong meeting hosted by the transformation center specifically focusing on CAC recruitment. Recruitment efforts expected to begin in July.

## Alignment, Quality Improvement, Integration

13. **Describe how local mental health services are provided in a comprehensive manner. Note: this may not be in the CHP, but may be available via another document, such as the Local Mental Health Authority's (LMHA) Biennial Improvement Plan (BIP). You do not need to submit the full LMHA BIP.**
    This work is not strictly noted in the CHIP for PHJC, but is better described in PHJC's Transformation Plan. The LMHA BIP aligns with the work of the 2013 CHA.

14. **If applicable, describe how the CHP work aligns with work through the Transformation Plan, Quality Improvement Plans and/or Performance Improvement Projects?**
    The CHIP certainly addresses areas 6, 7 and 8 of the Transformation Plan related to health equity and training for providers, as relates to engagement with the local RHEC. In addition, Oral Health work, transportation, contraceptive planning and tobacco cessation work align with integration efforts and metrics efforts as noted in the Transformation Plan.

15. **If applicable, describe how the CCO has leveraged resources to improve population health.**
    PHJC has been active supporting of housing initiative currently taking place in Josephine County. Most recently has become active in supporting Hearts with a Mission in their opening of a shelter for homeless teens. PHCJ continues to look for opportunities for ongoing support for this initiative. PHJC has been working closely with their NEMT provider to identify creative solutions to break down transportation barriers for their plan members.

**16. How else has the CHP work addressed integration of services?**

Ongoing support of dental services in Josephine County remains a focus for PHJC. Discussions continue with DCO partners through bi-monthly workgroups looking for ways to integrate dental services in various locations throughout Josephine County.