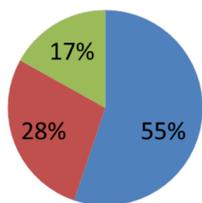


Health Share of Oregon

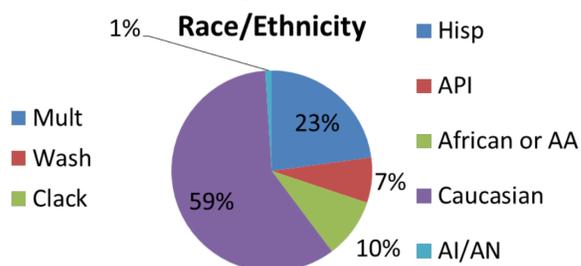
Introduction/Members

- Health Share of Oregon serves over 238,000 individuals in Multnomah, Clackamas, and Washington Counties.

County of Residence



Race/Ethnicity



- > 22% selected a preferred language other than English
- 79,519 new members due to ACA Medicaid expansion
- Most common diagnosis among members:

Adults	Children
High Blood Pressure	Obesity
Tobacco use	Asthma
Complex MH Disorder	ADD
Diabetes	PTSD
Obesity	Complex MH Disorder
Asthma	Depression

CHP Process Emphasized Community Engagement

CAC and Staff prioritized these principles in the CHP process:

- ✓ **Seek input from communities impacted by disparities** about what investments would be most impactful, and matching them to the community's stage of change;
- ✓ **Align investments with transformation activities** underway at Health Share and through Health Share partners;
- ✓ **Measure improvements in health outcomes** for members as a result of investments;
- ✓ **Use the Community Readiness Model**, a process that included interviewing over 40 Health Share members and community stakeholders for input and identification of level of community readiness to address both priority health needs;
- ✓ **Use findings from community-led self assessments** to identify needs and strategies in addition to our CHNA findings.

Community Health Improvement Plan Health Priorities

1. Behavioral Health: Mental Health and Substance Use Disorders

2. Chronic Disease related to physical activity and nutrition

Health Share's CHP resources culturally-specific Community Health Workers and Peer Mentors. Our CAC convened a Community Health Needs Assessment Committee, who worked with staff on our CHNA and CHP strategies. We developed a Request for Proposals to invite Community-Based Organizations with culturally-specific programs to apply for funds to support Year 1 Activities of our CHP.

From July-September 2014, Health Share conducted our RFP process that resulted in new partnerships with 4 community-based organizations and coalitions. In addition to working on specific projects within their organizations, our partners meet to collaborate together and exchange information as part of addressing health disparities in behavioral health and chronic diseases related to physical activity and nutrition.

Culturally-Specific Traditional Health Worker Strategies

Behavioral Health- Mental Health and Substance Use Disorder Objectives

- 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

➤ Northwest Family Services

Clackamas & Multnomah Counties. Hispanic/Latino. Northwest Family Services and the National Alliance on Mental Health Illness – 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 cultural specific and competent staff.

➤ Center for Intercultural Organizing

Washington County. Asian/Pacific Islander, Latino, Russian speaking, war torn regions of Africa & Middle East. 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.



Chronic Disease preventable through physical activity and nutrition Objectives

- 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.

➤ North by Northeast Community Health Services

Multnomah County. African-American. Ongoing inclusion of Community Health Workers (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.

➤ Familias en Acción

Clackamas, Washington & Multnomah Counties. Hispanic/Latino. Provide the Community Health Worker program, Senderos Hacia su Salud/Pathways to Your Health, for Hispanic members of Health Share by partnering with several clinics.