Evaluation Report for the Healthier Oregon Outreach and Healthcare System Navigation Grant Program

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Executive Summary

This report describes an evaluation of the *Healthier Oregon Outreach and Healthcare System Navigation Grant Program*. The evaluation was completed by a team from Oregon State University (OSU) in partnership with the Oregon Health Authority (OHA) Healthier Oregon team, the Community Partner Outreach Program (CPOP) and community partners. The purpose of the evaluation was to describe how navigation grants helped new Oregon Health Plan (OHP) members to access healthcare.

We gathered information for the evaluation in two ways:

1. The evaluation team interviewed community partner organizations (grantees).
2. Community partners surveyed new Oregon Health Plan (OHP) members about their experiences.

The OSU evaluation team completed 21 interviews. Community partners asked members to complete the survey. Often, these members were already using navigation services and were available to complete the survey. Because of this, the 364 OHP members who participated in the survey are considered a "convenience sample" and may not represent the experience of all Healthier Oregon beneficiaries.

Through the evaluation we learned that:

- OHP members' knowledge of how to navigate the health care system increased.
- New members rate their current access to care higher since receiving full OHP benefits.
- Survey participants report using more health care services.
- Interpreting services, transportation, and navigation support help members to use their OHP benefits.
- Few survey participants reported issues in enrolling in or using coverage.
- Language barriers and discrimination, public charge, limited appointment availability, and some individual factors (e.g., work schedules) prevent members from using their benefits.
- Satisfaction with both coverage and navigation services was almost universal.
- Results indicate that navigation services provided by community partners support new OHP members with enrolling in and using benefits.

Based on the results of the evaluation, we recommend that the OHA Healthier Oregon team continue to advocate for:

- Improvements in language access
- Improvements for transportation support
- Greater appointment availability.

The OHA team should also continue communication about eligibility to reduce confusion or fear about public charge. Finally, more financial support of community partners to provide outreach, enrollment assistance, and navigation will be needed to reach all individuals who are eligible for the Healthier Oregon Program.

Evaluation Purpose and Objectives

In November of 2022, OHA contracted with the OSU Center for Health Innovation (OCHI) to design and carry out a mixed-method evaluation of the Healthier Oregon Outreach and Healthcare System Navigation Grant Program drawing from multiple perspectives (e.g., from OHP members, grantee organizations/agencies, and OHA staff and partners). Language, historical discrimination and marginalization, and other cultural and socioeconomic factors required data collection methods consistent with a community engaged approach.

The evaluation goal, as established in the original agreement with OHA, was to describe the effectiveness of navigation services in helping new members access care through their OHP benefits. In particular, the evaluation intended to address how the program increased access, utilization, and successful navigation of healthcare services for Healthier Oregon members in the OHP within the first year of implementation (July 1, 2022 - June 30, 2023). The evaluation was designed to address the following process and outcome objectives:

Process Objectives

- P.1 Describe barriers and facilitators experienced by newly transitioned OHP Plus members.
- P.2 Assess participant satisfaction with coverage and with navigation services.
- P.3 Assess fidelity of the implementation plan (To what extent did enrollment and navigation activities occur as planned or expected?).

Outcome Objectives

- O.1 Describe changes in members' understanding of how to navigate the healthcare system.
- O.2 Describe any change in access to health care via end user surveys.
- O.3 Describe any change in use of health care services, including use of preventative services and emergency room visits.
- O.4 Describe any change in delayed/foregone care (unmet healthcare need) via end user surveys.
- O.5 Attempt to describe the social determinants of health and other regional contextual factors for Healthier Oregon members. (*Note: During data analysis, the evaluation team experienced considerable overlap in addressing P.1 and O.5; it was jointly decided that the evaluation will address contextual factors with P.1 above.)

The evaluation results should be shared with the following intended target audiences.

Primary audiences:

- OHA program staff and leadership
- Community partners, including community partner grantees in the Healthier Oregon Outreach and Healthcare System Navigation Grant Program

Secondary audiences:

- Coordinated Care Organizations and providers
- The Oregon State Legislature
- General public

Program Description and Logic Model

The *Healthier Oregon Outreach and Healthcare System Navigation Grant Program* awarded funding to community-based organizations to support implementation of the Healthier Oregon program. Grants were intended to support organizational activities specific to outreach, application assistance, and healthcare system navigation locally. The Healthier Oregon Program aims to increase equitable access to health care among communities that have been historically marginalized from coverage, including immigrant communities and communities of color.[1]

The Community Partner Outreach Program (CPOP) has been working to increase access to healthcare among Oregon's most vulnerable and hard-to-reach populations since 2009. CPOP's mission is to "engage communities across Oregon to advance an equitable, responsive health system, envisioning a strong and healthy Oregon"[2] through building and maintaining a network of community partner organizations throughout the state.

The Healthier Oregon Outreach and Healthcare System Navigation Grant Program was rooted in the fundamental logic that 1. Enrollment and navigation supports are essential to achieve outcomes and program success; and 2. Community partners were essential to achieving the desired outcomes, as the best providers of those supports. The Healthier Oregon Outreach and Healthcare System Navigation Grant program emphasizes the importance of partnership between the OHA/Healthier Oregon Team and community partners, each providing valuable and unique forms of support (see Table 1).

Table 1. Inputs from OHA and Community Partners

Oregon Health Authority	Community Partners
• Funding	• Community trust and expertise
• Insurance coverage	• Language competency
• System expertise	• Cultural competency
• Power and influence	• Linguistic competency
	• Local ties and existing relationships
	• Person-power to reach eligible population

OHA provided guidance and collaboration for various activities within the Healthier Oregon Outreach and Healthcare System Navigation Grant Program. These activities included contracting; funding to community partners; multiple trainings to partners, navigators, assisters, and community health workers; the creation of multi-modal materials to be used by community partners; administration of support services (e.g., community partner phone line); application

[1] Oregon Health Authority (2023). Healthier Oregon: Better Care for More People; HB 3352 Healthier Oregon Implementation Report. https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-110196.pdf.
[2] Oregon Health Authority Community Partner Outreach Program (2024). About Us. https://oregoncpop.org/about-cpop/

and data management; and Regional Outreach Coordinators (ROCs) and Engagement Strategists[3] who advocate, and problem solve at the system level.

Community Partners ensured that eligible community members were aware of the Healthier Oregon Program, enrolled, and navigated to services. Community partners provided the local work of outreach, education, enrollment, and navigation for Healthier Oregon members. Community partners were also strategic in identifying workplan activities that were culturally relevant and community specific.

There are many factors external to the program (beyond the program's control) that influence how the program operates – part of the evaluation is to identify what those are, and from the outset, the capacity and structure of the existing healthcare system are beyond the program's control and will affect what members are able to access and use, and that it takes time for program activities to be implemented and to achieve desired outcomes.

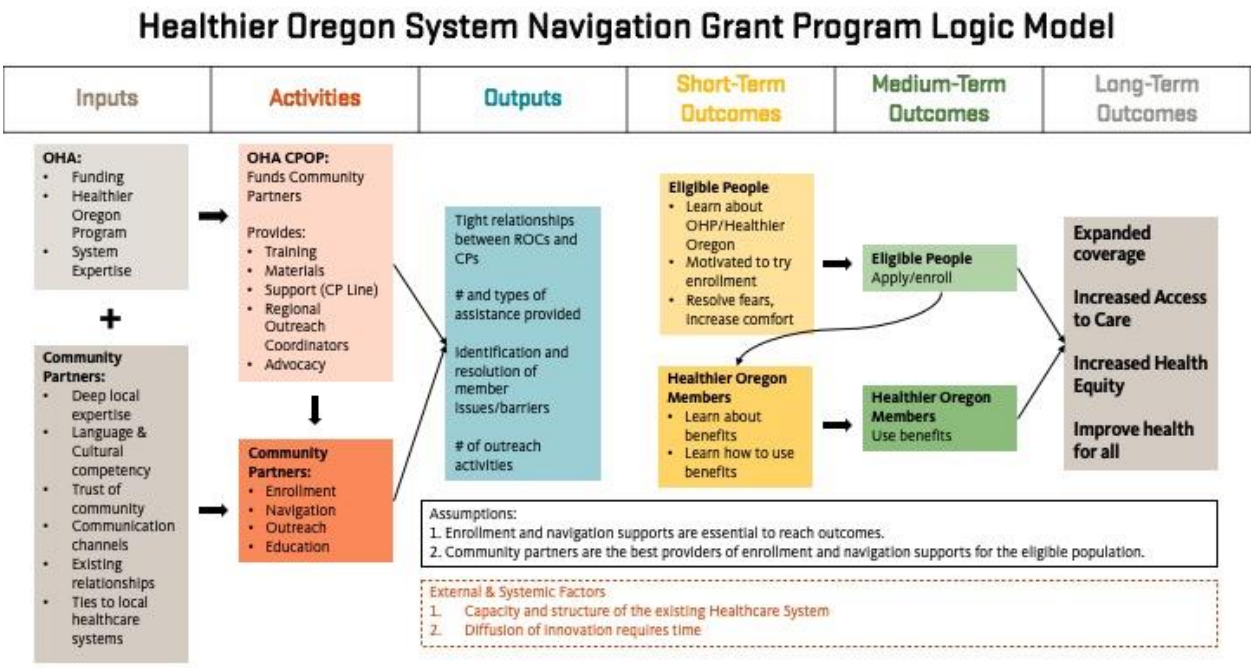


Figure 1. Healthier Oregon Logic Model

[3] Engagement strategists added to the report at OHA's request.

Evaluation Methods and Limitations

Navigator Interviews

Procedure and Participants.

The OSU evaluation team drafted a semi-structured interview guide based on evaluation objectives that was then reviewed and refined with the Community Partner Evaluation Committee (CPEC) and the OHA team. The interview questions were written to assess implementation challenges and barriers experienced by members and navigators, identify program successes and supports, and to provide a more holistic view of member experiences in accessing the healthcare system and using services with OHP coverage. The semi-structured interview guide is included as Appendix A.

Consistent with a Community Engaged Approach, the project created the **Community Partner Evaluation Committee (CPEC)**.

Representatives from grantee organizations met at least monthly to provide guidance, advice, input, and direction for the design and implementation of the evaluation. Specifically, CPEC guided the:

- *Development of instruments (i.e., interview guide, member survey)*
- *Recruitment plans (i.e., how to best engage with OHP members)*
- *Discussion of results*
- *How to best share evaluation findings with the community*

The following individuals and organizations comprised the CPEC at the conclusion of the evaluation:

- *Ricardo Contreras/Alma Torres, Casa Latinos Unidos*
- *Angelica Godinez Garcia, Nehalem Bay Health/Rineheart Clinic*
- *Erica Chavez, Catholic Community Services of the Mid-Willamette Valley and Central Coast*
- *Dolores Martinez, Euvalcree*
- *Maria Park, Asian Health and Service Center*
- *German Mondragon, ONE Community Health*

We used the list of grantee partners to recruit participants that included assisters, navigators, administrators, and managers. Community partners were invited to make a one-hour commitment for a recorded Zoom interview in Spanish or English. We limited interviews to 4-5 participants per organization with a recommendation that at least one coordinator or administrator attend, along with up to 3 assisters, navigators, or community health workers. Recruitment efforts consisted of two or three e-mail invitations (an initial email and one or two reminders) and one phone call. If partners agreed to participate, we sent a calendar invitation as confirmation that included a Zoom link, information about the interview, and a condensed interview guide. All information and documents were provided in English or Spanish based on attendee preference. We also sent a reminder e-mail one day before the interview. All

interviews had at least two evaluation team members from OSU (1 conducting the interview, 1 taking notes and attending to technical issues).

On the day of the interviews, all participants were asked to consent to continue with recording and participation in the interview. The semi-structured interviews were recorded on Zoom and saved in a secure cloud-based storage software (Box). A total of 21 interviews were conducted in January and February 2023. At least 4 interviews were planned to be conducted in Spanish, and interviewers experienced spontaneous jumping between English and Spanish during multiple interviews.

Navigator interviews were then transcribed. Transcription of Navigator interviews entailed listening to each Zoom recording of interviews and typing word-for-word, what was heard from the Zoom recording. Transcribing of the Zoom recordings was completed in English, Spanish or a combination of both languages depending on the language used in the interviews. The use of "interviewer and "participant" was used to indicate who was speaking. When encountering inaudible audio, the term "inaudible" was used. After each transcript was completed, it was verified by another member of the OSU evaluation team.

Analysis. The evaluation team used both deductive and inductive approaches to analyzing interview data. First, the team used the evaluation objectives to sort data into categories (also called "parent codes," deductive). Then, the team created and applied codes inductively based on what emerged from data within those categories (also called "child codes," inductive). This process led to the identification of themes, patterns, and meaning which addressed the evaluation objectives. Parent codes were categorized into child codes specific to members understanding, healthcare use, members barriers and facilitators, suggestions for improvements and contextual factors, and program fidelity. Interviews were coded by multiple evaluation team members using Dedoose and Excel. The evaluation team acknowledges that group identities and personal positions in society, especially those that relate to the project and this evaluation, can influence data analysis and interpretation. Because of this, positionality statements have been included by those that coded interview data (see Appendix C).

A ***deductive approach*** to qualitative analysis involves applying predetermined codes to the data. In this case, the OSU team used the evaluation objectives to create a set of codes.

An ***inductive approach*** allows codes to "emerge" from the data; after sorting the data into categories deductively, the evaluation team allowed the data to lead us to prevalent codes and themes.

Limitations. One of the primary limitations of our interviews was the time constraint placed on each interview; because we did not want to burden community partners, we tried to limit interviews to one hour. Thus, we could not investigate specific details of each organization's workplan comprehensively. Although the interviews provided significant information about the program's overall operation, the lack of detailed workplan exploration

limited the information we received regarding the extent to each organization's adherence to its planned activities and goals. Another significant limitation was the technical difficulties of remote interviews; we encountered various technological issues, including disruptions caused by internet connection problems. In some instances, these disruptions led to discussions stalling or deviating off-topic, which may have affected the quality of the discussions and the data collected. In terms of participants, a challenge we encountered during some interviews was the presence of participants with different organizational hierarchy positions. This diversity may have influenced the dynamics of the interviews and, in some cases, may have discouraged individuals from openly sharing their perspectives and experiences. Also, some interview participants may have felt hesitant to express their opinions due to concerns about potential consequences for their organizations or even themselves, or from a desire to not publicly criticize the program. In some instances, interview participants hesitated to discuss obstacles and difficulties associated with program implementation or their experiences when attempting to collaborate with Coordinated Care Organizations (CCOs). In such instances, interviewers reassured participants that their individual organizations were not under direct evaluation, and that all types of feedback were valued.

Member Survey

Questionnaire Development.

The development of our survey instrument began with an extensive literature review of existing surveys used by similar evaluations and research studies; specifically, the team located measures previously used in assessing barriers and facilitators, access to healthcare, preventive healthcare utilization, participant satisfaction, social determinants of health, and patient navigation. Previous research and evaluations conducted in other states, especially the ones with racially/ethnically diverse immigrant populations, were carefully analyzed for insights. After selecting measures most closely aligned with our evaluation objectives, the team modified questions as needed. After discussion with the OHA Team and the OHA Division of Equity and Inclusion, we [jointly] decided to use previously collected Race, Ethnicity, and Language Data (REALD) data rather than include demographic questions in the survey.

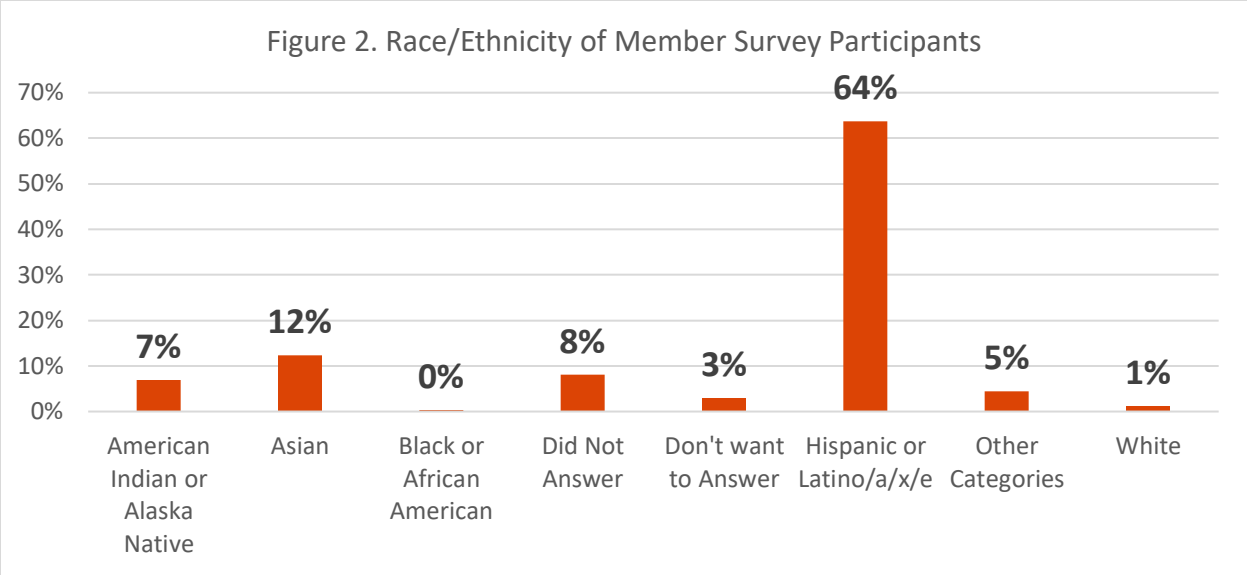
The initial survey was developed in English, and subsequently, bilingual members of the evaluation team meticulously translated the survey to Spanish. Surveys were then modified and revised based on Community Partner feedback and input. We also conducted brief cognitive interviews with bilingual Community Health Workers to further refine the survey. To ensure the linguistic accessibility for the diverse community, the OHA team sent the survey to Linguava, a professional translation service, to accurately translate the survey into 24 languages. These languages include Traditional Chinese, Simplified Chinese, Korean, Vietnamese, Mam, Thai, Laotian, Zomi, Burmese, Russian, Arabic, Tigrinya, Tagalog, Korean, Oromo, Amharic, Romanian/Moldovan, Mandarin, Swahili, Algerian Arabic, Farsi/Persian, Panjabi, Ukrainian, Urdu, and Japanese. English and Spanish survey instruments are included as Appendix B.

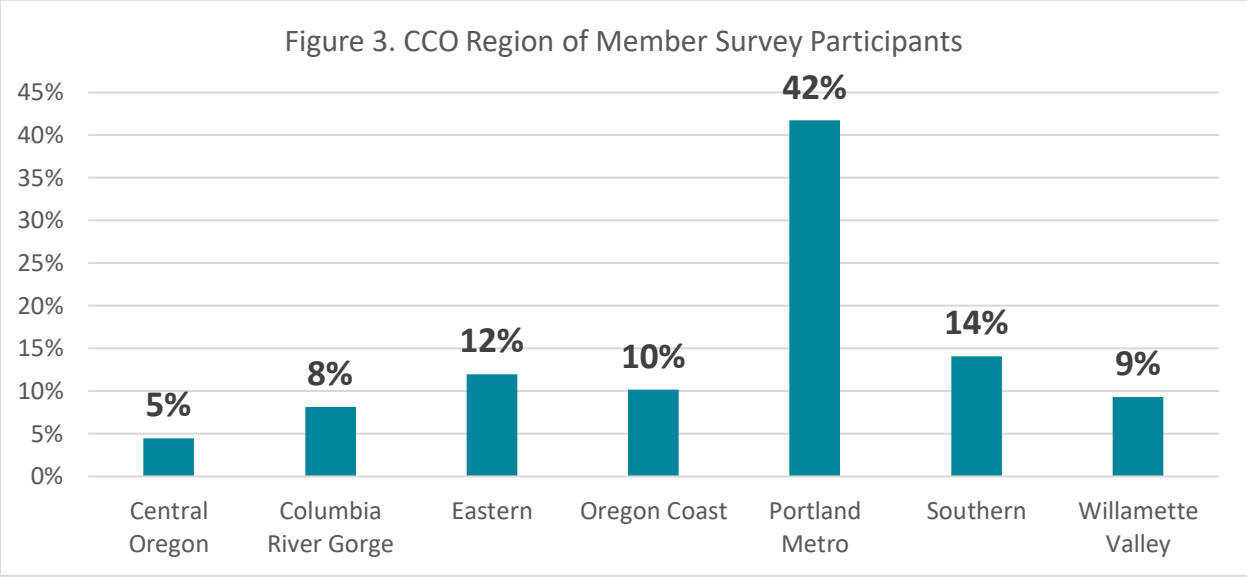
Recruitment and Data Collection. Prior to data collection, all navigators and community health workers were required to attend a 2-day training which focused on evaluation and data collection methods. In total, we trained 59 community health workers from 21 community-based organizations. Each organization and trained community health worker was provided with a survey log and a gift card log to track the progress of survey administration and gift card distribution. A predetermined number of surveys was established by the OHA team, considering organizational capabilities, regional location, and input. Members were identified and contacted by Community Health Workers, Navigators, and Assisters according to eligibility criteria. Surveys were conducted in various ways, either in person, over the phone, or by providing guidance to members for completing the survey at their convenience, if required. As an incentive, members received a $25 gift card for successfully completing a survey. OHA hosted data collection via Qualtrics. After matching survey data to existing REALD data of members, OHA securely shared the matched, de-identified (containing no personally identifiable information), dataset with the OSU evaluation team for analysis.

Sample. We define the ***population*** as Healthier Oregon Program members, ages 19+, who used services at any point from July 1, 2022, through April 30, 2023. This group constitutes N=18,070 people. We received n=364 completed surveys which are considered the ***sample*** and are included in the following analysis. Of these, 333 could be matched using a unique *prime number* to a Healthier Oregon Program member in the OHA database and thus are linked to demographic information. An additional 31 completed surveys could not be linked but are included in the analysis based on follow up conversations with OHA and grantee organizations. Among surveys that were excluded from analysis, 20 were excluded because they could not be matched to a Healthier Oregon member; 5 were excluded because the participant did not consent; and 9 were excluded because all answers on the survey were blank.

This sample should be considered a ***convenience sample***, meaning that it was not selected using a probability-based mechanism and thus the conclusions should apply just to those n=364 participants, not the broader population of Healthier Oregon members. This is because, rather than randomly selecting among members, grantee organizations purposefully selected those more likely to respond to the survey in many cases. Because this group of individuals may differ from the full population (for example, they may be more likely to use navigation services), we should not draw conclusions about the whole eligible population for the Healthier Oregon Program from the n=364 survey respondents.

Using the n=333 completed and matched surveys, we can compare the demographic profiles of survey participants with the full population. Sixty-eight percent (±5%) of survey participants identified as female, while 32% (±5%) of participants identified as male. In terms of age, most (67%, ±5%) of participants were 55 years and older, while 32% were 19-26 years old. In terms of racial or ethnic background, most survey participants identified as Hispanic/Latino/a/x/e (see Figure 2). Lastly, 42% of Healthier Oregon members were from the Portland/Metro area while 14% were from the Southern CCO region (See Figure 3). Full counts and percentages for key demographic variables are provided in Appendix D.





The primary spoken (81%, ± 3%) and written language (80%, ± 4%) for those that completed a member survey was Spanish.

Findings

Summary

The following section addresses the evaluation findings by objective. We begin with the Outcome Evaluation Objectives and then address the Process Evaluation Objectives. In general, the evaluation indicates that:

- Survey participants' understanding of how to navigate the healthcare system improved.
- Survey participants' access to healthcare improved and the number of services used increased since receiving coverage.
- Frequently identified barriers to accessing care/using benefits included: language access, discrimination, public charge concerns, appointment availability, lack of transportation, and some individual factors (e.g., work schedules).
- Navigation assistance, interpreting services, and transportation benefits helped members to use their benefits.
- Survey participants' satisfaction with both benefits and navigation services were high.
- Survey participants reported learning from navigators about the health care system; navigators demonstrated rapport and advocacy. Both provide support for the program logic.
- Navigators valued training, resources, regional outreach coordinators, and other supports provided by the OHA team. Identified areas for improvement include the Community Partner Line, reporting guidance, and enrollment procedures.

Outcome Evaluation Objectives

O.1: Describe changes in members' understanding of how to navigate the healthcare system.

Survey participants' average ratings of their knowledge increased from 5.1 (±0.3) to 8.1 (±0.2). Survey participants rated their knowledge of how to use the health care system, on a scale of 1 to 10 (with 1 being no knowledge and 10 being perfect knowledge) currently and before receiving OHP benefits through Healthier Oregon.

Navigator interviews revealed a shift in members' knowledge and understanding of their health benefits since enrolling in Healthier Oregon. Specifically, navigators reported changes in members' understanding of navigating the healthcare system in the areas of establishing care, understanding benefits, and managing referrals. Navigators observed an increase in members' abilities to advocate for themselves when faced with challenges in accessing care within the healthcare system.

During interviews, navigators emphasized that members experienced a sense of relief and assurance when **learning how to establish care**. This process brought a feeling of improvement and reduced concerns about accessing medical services. Several navigators recognized

differences in members' navigation of healthcare systems in their home countries and in the United States, acknowledging that establishing care is a time-consuming process domestically. Navigators also facilitated care for individuals who had not seen a doctor in several years, despite challenges related to the availability of CCO services, provider availability, and maintaining up-to-date contact information of members. Moreover, while members learned about referrals for specialty care, navigators observed that members could more easily establish care and develop comfort with primary care providers but faced obstacles when referred to external services.

> *"Es triste escuchar que-que tienen esta enfermedad, pero ahora ya pueden, verdad um ser vistos tener su tratamientos tener su control médico, entonces creo que esto es lo lo magnífico de esto. Um, que muchos ahora pueden obtener Medical y lo pueden usar el dental que nunca han tenido Medical nunca en su vida y ahora pueden tener beneficios."*
> Translation: *"It's sad to hear that-that they have this condition, but now they can, right um be seen to have their treatments have their medical management, so I think that's what's so great about this. Um, that many can now get [Medicaid] and they can use the dental that they've never had Medicaid ever in their life and now they can have benefits."*

> *"I think in general they get pretty comfortable with their primary care office but then once they get referred out to like a hospital or somewhere else for like additional imaging or to see a specialist or something like that then that's when they struggle because they're not really familiar with the space physically, but they also don't always know who to go to for help or how to schedule an appointment."*

Navigators dedicated a considerable amount of time **explaining benefits** to new Healthier Oregon members. Often, navigators found themselves having to provide detailed information on the available benefits that members could use. Accessing specialty care as a benefit was challenging for both members and navigators. Nevertheless, navigators found that persistence when calling new members, especially when discussing the full scope of benefits was helpful. The transportation benefit was especially important and impactful for Healthier Oregon members who were 55 years and older.

> *"the first time they called there was really no desire to get help or to really dig into what the benefits were and after they called a second or third time later down like a month later to ask if they've used their benefits then is at that point questions started coming after people got like a little bit of time to sit with I have these new benefits um and now wanting to figure out how to use them."*

Members also learned **self-advocacy** when navigating the healthcare system. When members encountered difficulties accessing specialty care, they adapted by switching to different healthcare providers or clinics. Navigators also identified misinformation as a significant obstacle when members sought to make these necessary provider or clinic changes.

> *"That's what I try to tell clients who aren't satisfied after they see one of the providers. We can tell them it's okay, you don't have to stay with that provider, you can go to another one. And there's just a lot of misinformation that you have to follow what one doctor has to say, but you can advocate for yourself, you can say no."*

O.2: Describe any change in access to health care via end user surveys.

Survey participants' average ratings of their access increased from 5.7 (±0.3) to 8.7 (±0.2). Survey participants rated their access to health care, on a scale of 1 to 10 (with 1 being no access and 10 being perfect access) currently and before receiving OHP benefits. When asked about having a medical home (having a particular place to go if sick or needing medical attention), the percentage of survey participants who answered "yes" increased from 63.8% (±5.0) (before) to 92.7% (±2.7) (after).

O.3: Describe use of health care services, including use of preventative services, primary care, behavioral health care, emergency room visits, and services to address social needs, and any change in use.

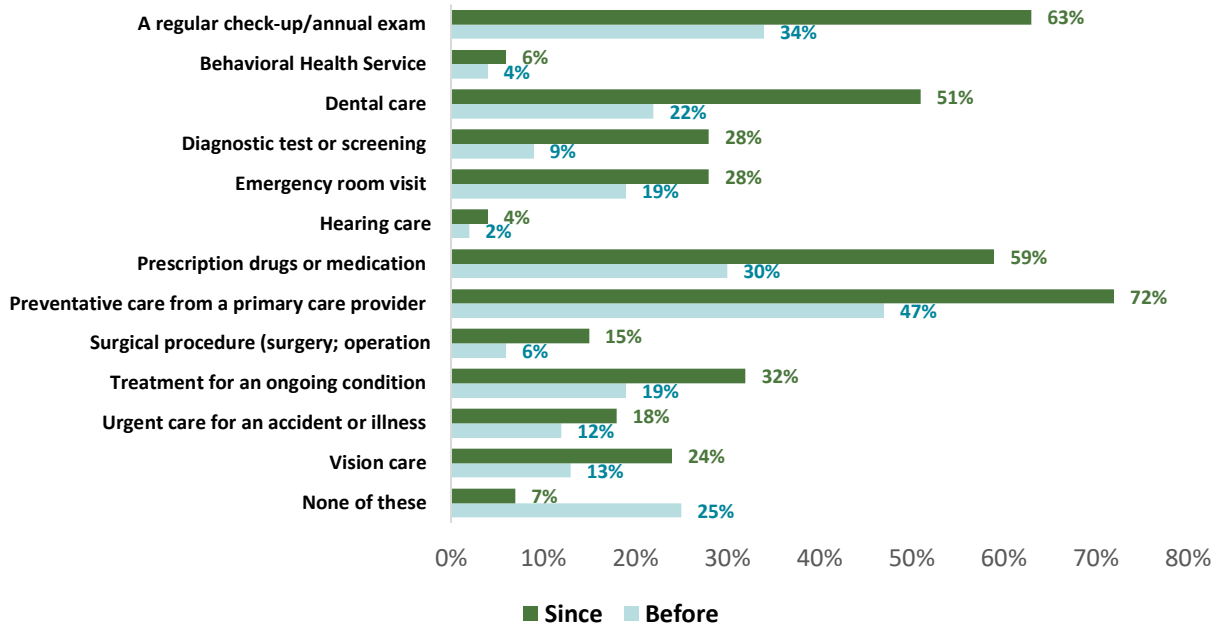
The total number of services used, on average, increased from 2.2 (± 0.2) to 4.0 (±0.2). The survey prompted participants to identify reasons for seeing a health care provider in the year before, and since, receiving OHP+ benefits through Healthier Oregon.

Table 2. Use of Specific Health Care Services Before and After Receiving OHP

	Used in the Year Before Count (%, MoE)	Used Since Receiving OHP Count (%, MoE)
A regular check-up/annual exam	124 (34.1%, ± 4.8%)	229 (62.9%, ±4.9%)
Behavioral Health Service	15 (4.1%, ± 2.0%)	22 (6.0%, ± 2.4%)
Dental care	80 (22.0%, ± 4.2%)	185 (50.8%, ±5.1%)
Diagnostic test or screening	34 (9.3%, ± 3.0%)	103 (28.3%, ± 4.6%)
Emergency room visit	68 (18.7%, ± 4.0%)	100 (27.5%, ±4.5%)
Hearing care	8 (2.2%, ± 1.5%)	14 (3.8%, ±2.0%)
Prescription drugs or medication	109 (29.9%, ±4.7%)	213 (58.5%, ± 5.0%)
Preventative care from a primary care provider	170 (46.7%, ± 5.1%)	262 (72.0%, ± 4.6%)
Surgical procedure (surgery; operation	23 (6.3%, ± 2.5%)	54 (14.8%, ± 3.6%)
Treatment for an ongoing condition	70 (19.2%, ± 4.0%)	115 (31.6%, ± 4.7%)
Urgent care for an accident or illness	43 (11.8%, ± 3.3%)	67 (18.4%, ±3.9%)
Vision care	49 (13.2%, ±3.5%)	87 (23.9%, ± 4.3%)
None of these	92 (25.3%, ± 4.4%)	26 (7.1%, ± 2.6%)

NOTE: MoE = margin of error.

Figure 4. Reported Use of Healthcare Services Before and Since Recieving OHP Benefits through Healthier Oregon



During interviews, navigators expressed that Healthier Oregon has played a fundamental role in facilitating many individuals to **establish care** often for the first time in several years. This new access has made members more proactive in their healthcare by prioritizing preventive measures such as annual check-ups. Navigators pointed out that one of the reasons behind the increased attendance of medical appointments is the members' enhanced confidence and sense of security by knowing they won't have to bear the financial burden of healthcare expenses.

> *"Ahora, más sin embargo, como lo dice Mari, ya son más constantes en sus chequeos generales, ya se animan más a hacer una cita con el dentista, son más partícipes de las clases gratuitas que tenemos en nuestra clínica, como lo que es para las personas que tienen diabetes, de salud, ejercicios, por el mismo motivo de que se sienten más con la confianza de asistir y de que no vayan a pagar".*
> *Translation: "Now, as Mari says, they're more consistent in their general checkups, they're more encouraged to make an appointment with the dentist, they're more involved in the free classes that we have in our clinic, like what it is for people who have diabetes, health, exercise, for the same reason that they feel more confident to attend and that they're not going to pay."*

Navigators noted that since the COVID-19 pandemic and the surge in telehealth services, members are now opting for telehealth due to convenience (especially for those in rural areas) of attending appointments via phone, which minimizes the need for in-person clinic visits and challenges associated with transportation.

> *"Uh, algo bueno que trajo la pandemia fue de tener estas visitas o las um citas por teléfono para muchos pacientes fue, uh eh se les hizo más fácil uh acu-acudir a sus citas sin tener que venir a la clínica".*

Translation: "Uh, one good thing that the pandemic brought was to have these visits or the um appointments by phone for many patients was, uh uh uh it made it easier uh attend their appointments without having to come to the clinic."

Regarding **screenings**, members have expressed high satisfaction with essential procedures, such as x-rays, ultrasounds, mammograms, and lab studies, within the Healthier Oregon coverage. Many members expressed their gratitude, emphasizing that before receiving the Healthier Oregon benefits, accessing these vital services had been a challenge.

"One of the biggest responses I've gotten is that patients, many of them have told me that they've been able to now get studies scans and x-rays and different things that they weren't able to get before. And providers have been happy because oh now you have healthier Oregon, you mean I can send this, yes {audible laugh} can send them so yeah there's lots of things, labs, things that just some of us might take for granted that they haven't been able to get or go into debt trying to do".

When discussing medication, members have expressed gratitude for the accessibility of their medications and treatments with reduced or no out-of-pocket costs. However, navigators have highlighted a significant barrier to this process. There appears to be a lack of awareness or understanding from pharmacies about Healthier Oregon benefits. As a result, members often encounter challenges when filling their prescriptions, primarily related to out-of-pocket costs or billing issues at the pharmacy counter.

"A mí me tocaron los pacientes, los pocos que he hecho, pues están bien entusiasmados porque estaban pagando un costo algo alto para sus medicamentos, tanto como otros servicios"
Translation: "I have had patients, the few that I have done, and they are very enthusiastic because they were paying a high cost for their medications, as well as for other services."

"For example the individual that I had to help [had] the wrong pharmacy code [and they] did end up paying like sixty dollars, and then she was going to use that money for rent but she needed that medication so I mean like you know you're going to have to choose what you're going to have to choose right but she was like I was under the impression, it was her first time dealing with OHP because she was new to Healthier Oregon, and she was like I was under the impression that I don't have to pay for this and now you're saying that I do but that disconnect also sometimes affects individuals and even though it got resolved maybe in the future she might have that notion like oh am I going to have to pay you know, so."

With respect to **dental and vision care**, navigators have highlighted a significant challenge concerning the availability of services. Dental care is one of the benefits with the highest demand, yet the scarcity of providers has resulted in extended wait times and a lack of immediate appointment availability for members needing dental services. Members appreciate the inclusion of dental care as a benefit within Healthier Oregon. However, the limited availability of providers has presented considerable difficulties. Regarding vision care, navigators observed fewer inquiries from members regarding this particular benefit. Despite this, navigators are proactive in ensuring that members, particularly those with diabetes, are informed about the available vision check-ups covered by the program. Navigators aim to encourage members to utilize vision check-ups as a preventive measure by raising awareness about this benefit. Navigators described that members might not seek vision check-ups unless

they experience specific vision-related issues, highlighting a potential gap in preventive care for vision health.

> "Dental is a big one too, I've had some people complain about the dental wait times and just in regards to limited options they may have, they might not have a certain like I remember this one individual trying to access dental services and didn't have a good experience with that dental service but they were like one of the only main ones that were under the OHP umbrella so certain clients may be limited to what kind of options they can use in regards to accessibility, that can be one as well, dental's a really big one in general because dental is really limited and it can be confusing even for myself I still have to look up what services are covered by OHP and it's just really specific so the dental accessibility is a big one as well."

Regarding **mental/behavioral health**, members typically sought counseling services tailored to their language needs and/or services in Spanish. However, most members encountered difficulties in locating mental health service providers. Navigators observed that families had relatively better access to behavioral health services through the educational system.

> *"I think um, I would say for families who have kids with OHP um behavior care has been more accessed now since a lot of behavioral health services are being provided in the school um especially if the student is covered with OHP. Um so that has been a benefit of having OHP um and then from that usually the whole family can be referred to behavioral health services. Um of course in Spanish speaking it's a little bit more difficult, but having that first, at least one member in the family with OHP and then having that connection within the school of behavioral health then the whole families usually able to get into behavioral health um services quicker or referred quicker."*

O.4: Describe any change in delayed/foregone care (unmet healthcare need) via end user surveys.

Twenty-two percent (81, ±4.2) of survey participants responded that they went without care in the year before; 13.2% (48, ±3.4%) went without care since receiving full OHP benefits. Survey participants were asked if there was any time in the year before, and since, receiving full OHP benefits when they needed to see a doctor or other health care professional but did not get the care they needed. Navigator interviews indicated that some members were experiencing long wait times for some services, especially dental, vision, and specialty care.

O.5a (revised): Describe use of non-medical services

Survey participants reported using 1.5 (±0.2) non-medical services with help from a provider or community partner; the most frequently reported services were language interpretation, nutrition assistance, and transportation assistance.

Table 3. Survey Participants' Use of Non-Medical Services				
	Count	% (MOE)	Count	% (MOE)

Childcare	6	1.7% (1.3%)	**Language Interpretation Services**	140	38.7% (5%)
Education	41	11.3% (3.2%)	**Legal Assistance**	16	4.4% (2.1%)
Nutrition Assistance	94	26% (4.5%)	**Social Support**	41	11.3% (3.2%)
Housing/Utility Assistance	67	18.5% (4%)	**Transportation Assistance**	80	22.1% (4.2%)
Immigration Services	17	4.7% (2.2%)			

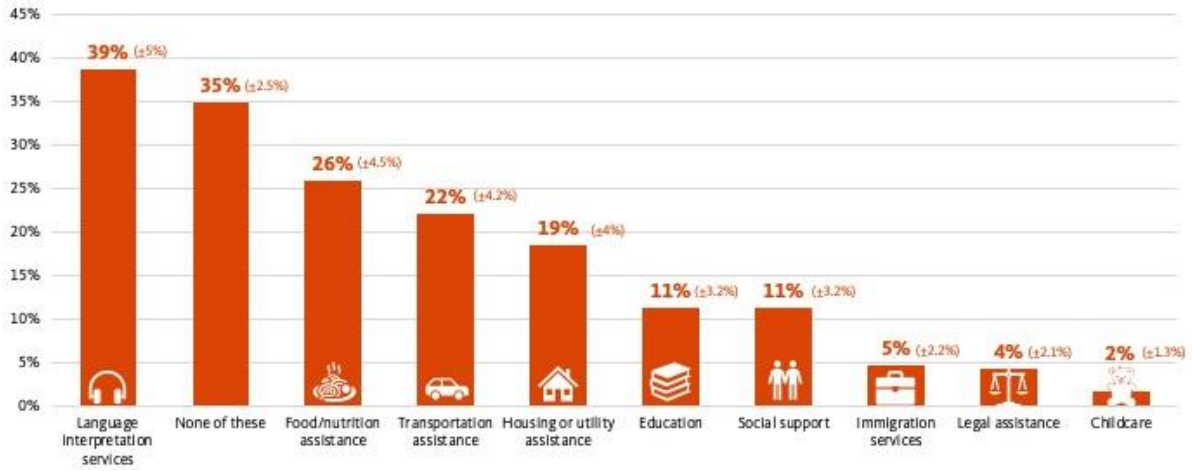


Figure 5. Reported Use of Non-Medical Services by Member Survey Participants

O.5b (revised): Describe any regional/social determinants of health factors

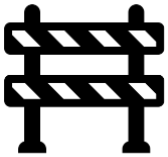
The evaluation team can offer that when examining changes in member knowledge and member access, the Portland Metro CCO region appears to have the largest change. The evaluation is not able to systematically describe regional factors; although survey results can be stratified by CCO region, the resulting counts are so small that the evaluation team does not recommend using them for insights. (We also did not feel comfortable estimating margins of error due to the small counts.)

Table 4. Member Changes in Knowledge of and Access to the Health Care System by CCO Region

CCO Region	Member Rated Knowledge of the Health Care System			Member Rated Access to the Health Care System		
	Before	After	Change	Before	After	Change
Central Oregon	7.7	8.3	0.6	9.1	9.5	0.4
Columbia River Gorge	7.1	9.3	2.2	8.1	9.4	1.3
Eastern	5.8	8.7	2.9	6.1	9.0	2.9
Oregon Coast	4.5	7.2	2.7	5.2	8.6	3.4

Portland Metro	4.7	8.2	3.5	5.0	8.6	3.6
Southern	4.4	7.3	2.9	5.3	8.5	3.2
Willamette Valley	5.1	8.3	3.2	6.0	9.0	3.0
N/A	4.8	7.8	3.0	5.1	7.7	2.6

Process Evaluation Objectives



P.1: Describe barriers and facilitators (i.e., things that helped) experienced by newly transitioned OHP Plus members enrolled in Healthier Oregon in using benefits.

Three quarters of survey participants (74.5%, ±4.5%) reported that a navigator or assister helped them use benefits. The percentage of survey participants who reported having a problem enrolling in Healthier Oregon/OHP+ coverage was 4.4% (±2.1%); 7.4% (± 2.7) reported having a problem using coverage.

Table 5. What Helped Survey Participants to Use Benefits

	Count	Percent	MoE
Navigator or assister	269	74.5	4.5
Translation/interpreting assistance	138	38.2	5.0
Transportation assistance	57	15.8	3.7
Financial support service	46	12.7	3.4
Other	25	6.9	2.6

According to navigator interviews, members experienced barriers and facilitators for enrolling and navigating benefits at multiple levels of the socioecological model. In analyzing the data, we encountered a high degree of overlap in text coded as barriers/facilitators and contextual factors, thus, in the results, we have combined these two evaluation objectives.

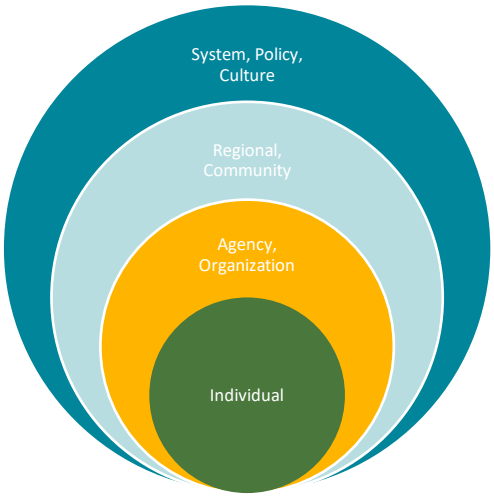


Figure 6. Socioecological Model Levels

At the systems/policy/cultural level

Age restriction of eligibility for Healthier Oregon serviced as an enrollment barrier. According to navigators, members of the eligible population expressed confusion or discomfort about the **age restriction** of eligibility for Healthier Oregon. More specifically, these individuals saw the age groups perhaps as arbitrary, and for some it presented a values-based conflict – how could they apply for coverage knowing that

other family members or loved ones were not eligible. Community members and navigators alike had concerns about the large number of individuals in the population outside of covered age ranges who also need care. Navigators saw the 19-26 age group as perhaps a bit tougher to reach because they are in general healthier/need less care and will eventually age out. Once enrolled age-related barriers to using benefits were less frequently surfaced; navigators occasionally spoke of complications navigating coverage options when members became eligible for Medicare at age 65.

> *"Lo único malo son los que quedaron afuera ¿verdad? Y ojalá que eso vaya a cambiar porque, así como se enferman los de 0 a 26 y de 55 pa arriba también los de 26 a 55, hemos visto muchas personas que las diagnostican con-con enfermedades jóvenes entonces que también necesitan cobertura médica."*
> *Translation: "The only bad thing is the ones who are left out, right? And hopefully that is going to change because, just as those from 0 to 26 and from 55 and up also those from 26 to 55 get sick, we have seen many people who are diagnosed with diseases young so they also need medical coverage".*

> *"I think the hardest part was when it first came out and people weren't aware of the age requirements just trying to explain to them that they couldn't qualify if they were in that gap why they couldn't qualify, like we don't know who picked those ages or why they were set up that way."*

Another barrier to enrollment was historical immigration experiences and conflicting information around **public charge.** Although this was not universal across interviews, most community partners received questions about public charge and observed fear, hesitation, and concern among eligible individuals. This impacted their decision about whether or not to apply for coverage. Interestingly, some navigators relayed that questions about a public charge had not come up recently or that it has not been an issue during outreach. In general, navigators felt prepared to answer questions and provide support. Interviews suggest that concerns about public charge will continue to affect outreach, and that clear communication is still needed.

> *"the other challenge is they are concerned about there is a public charge that might affect their immigration status in the future, what if they are a green card holder and they want to apply for citizenship in the future, they are worried it might affect their status . . . is it possible they can promote it won't be a public charge because it's really a barrier for us to help them to enroll."*

> *"muchas a veces dicen, o estoy en trámite de migración. No quiero no quiero aplicar, no quiero recibir nada del gobierno."*
> *Translation: "many sometimes they say, oh I'm in immigration proceedings. I don't want to I don't want to apply, I don't want to receive anything from the government."*

> *[We explained to the person . . .] "Pero sí tienen ese miedo todavía."*
> *Translation: "But they do have that fear still."*

> *"Entonces, si ese paciente sí estaba como dudando de que realmente no iba a tener una carga pública, de que sí le iba a salir sus citas gratis, que no tenía que pagar nada, al menos de que no fuera un procedimiento que no fuera cubierto por Healthier Oregon. Pero sí están todavía con el temor de que vayan... O sea, se les hace increíble que esté sucediendo el programa."*

Translation: "So, yes that patient was kind of doubting that he really wasn't going to have a public charge, that he was going to get his appointments for free, that he didn't have to pay anything, unless it was not a procedure that was not covered by Healthier Oregon. But they're still afraid that they're going to..... I mean, it's unbelievable to them that the program is happening."

"También cuando viene a la carga pública, también eso como que es algo que también este um, hace que nuestra comunidad dude poquito."
Translation: "Also when it comes to public charge, also that kind of is something that also this um, makes our community hesitate a little bit."

"Y la otra es el-el lograr llevarlo hasta llenar una aplicación es un gran logro en término del miedo y terror que ellos tienen a las instituciones del estado, del gobierno. Le voy a poner nombre a eso sin miedo a la deportación o a que sus datos sean compartidos."
Translation: "And the other is the-the ability to get him to fill out an application is a great accomplishment in terms of the fear and terror that they have of state institutions, of the government. I'm going to put a name to that without fear of deportation or their data being shared."

With respect to using benefits, members experience language barriers; most interviews identified language as the most common and most impactful barrier experienced by members ("first and foremost"). Navigators reported that many clinics could not provide interpreting or were not aware of their duty to provide interpretation. Navigators provided examples of member experiences that describe overt and systemic discrimination by providers/clinics. For example, appointment reminders or patient communication may as a default come only in English, and members have had appointments cancelled for lack of interpreting available. There is also an element of members not feeling comfortable because care is being provided in a language not native to them. Navigators expressed concerns about variations in the quality of interpretation being provided by external language services. Navigators are working with new members to navigate language barriers by teaching them how to ask for or arrange interpretation and to advocate for the language services that should be provided.

"Entonces yo digo okay, tiene que marcar este número tiene que esperarse en la línea y cuando alguien le contesté que que sera español pero muchas veces el menú del de cuando marcaste al número te mandan a otros. Que presione dos que presione tres y muchas veces todo eso está en inglés. Entonces allí yo creo que empieza la primera barrera que por más que hemos pedido, más que todo la región de aquí de Samaritan, que pongan un mensaje bilingüe, no lo tienen. Entonces las personas no, no saben eso entonces como que nosotros tenemos que decirles okay una vez que le marqué le van a hablar en inglés, una máquina presióne el número 3 y apenas alguien conteste diga español y ahí le ponen como intérprete. Pero yo creo que ese es ahí está la primera barrera ¿no? Una simple llamada no-no es fácil, no."
Translation: "So I say okay, you have to dial this number you have to wait on the line and when someone answers, that, that it will be in Spanish but many times the menu of when you dial the number they send you to others. Press two, press three and many times all that is in English. So I think that's where the first barrier begins, as much as we have asked, more than anything here in the region of Samaritan, that they put a bilingual message, they don't have it. So people don't, they don't know that, so we have to tell them okay once I dial they will speak to you in English, a machine will press number 3 and as soon as someone answers say Spanish and then they will put on an interpreter for you. But I think that's where the first barrier is, isn't it? A simple phone call is not-not easy, no".

"Um and then also I would say language like sometimes a client wants to call and navigate by themselves but they don't speak English and like the prompts are just in English like press one for this press two for this so they just get scared and hang up so that's when we come in and we call with them and remind them that it's there right to ask for a Spanish interpreter or Spanish speaking individual but I mean a lot of places do lack Spanish speakers as well."

"One problem that I actually recently had, I had a client and we wanted to go to this clinic but the doctor there told her she would have to bring her own interpreter. So we called her CCO and we asked them how she could bring an interpreter with her and they basically told her she has to call the line, the CCO line when she's at her appointment and they would interpret everything through the phone um and she got frustrated and said I need someone to be there with me and the doctor said that I need somewhere to be there physically with me um and it's also a problem because when we call it's all in English so she was like mad about that because it's not like they pick up and it's in Spanish so I always have to call with her."

"I've had a member that doesn't speak any English at all and he was having a hard time making, like I helped him make his appointment but then when he showed up there was nobody there that spoke English so he cancelled his appointment"

At the Regional Level

Acknowledging that regions and communities experience differences in the local service environment, members also experienced barriers in appointment and provider availability resulting in delays accessing needed care. Members experienced months long wait times or had to drive long distances for care, particularly with dental and vision services, behavioral health services, language-specific providers, and specialists/specialty care. In some areas, navigators reported that new members had trouble finding providers that accepted OHP. A few navigators explained difficulties when certain patients become locked into specific clinics and are unable to change coverage despite experiencing wait times of up to 6 months or more. Geographic variations are noted, however; a few organizations reported having few or no issues with appointment availability for primary care and in some cases, members were able to select from their choice of CCOs or providers.

"in this area it's pretty hard for OHP members to find a dentist"

"Pero como quiera, debido a que hay alta demanda de personas que ya ahora ya pueden gozar de beneficios y sigue siendo la misma clínica y todo, sí hay personas que tienen dificultad en encontrar proveedores."
Translation: "But anyway, because there is high demand from people who are now able to enjoy benefits and it's still the same clinic and everything, there are people who have difficulty finding providers."

"I think it was about a month ago … we were told that there were 14 slots available at our own county counseling center and we all we got on the phone, we got excited and we were like let's call our clients, let's see because so many people are looking for counseling services . . . in Spanish. It wasn't even two hours later all the slots are full."

According to navigators, transportation options for members operated as a facilitator and a barrier depending on circumstances and geographic area. For example, many new members benefited from OHP-covered transportation services alleviating the burden of having to rely on

a family member to bring them to appointments or having to navigate public transportation options which can be difficult. Navigators spoke of educating members about this benefit and about helping them to arrange and use transportation services. On the other hand, there are regional variations in the quality and availability of transportation services that OHP coverage could not bridge to increase access. There were several reports of ride share services/transportation services being unreliable or extremely limited. When coupled with language barriers, members, and navigators alike experienced compounded difficulties. Another barrier, especially for specialty care, was geographic distance to appointments in rural areas. For members who live and work in medically underserved areas, the distance to travel to specialty appointments (according to navigators) continued to be at best highly inconvenient and at worst insurmountable.

> *"Es excelente para muchas personas más que todo que ya están mayores, no, grandes, que ya no pueden manejar o no, por la edad o porque no tienen licencia el mismo hecho de haberlos conectado especialmente a transporte es, es algo bueno, les facilita mucho, ¿no?"*
> *Translation: "It is excellent for many people, especially those who are [old, no, older,] who can no longer drive or not, because of their age or because they do not have a license, the fact that we have connected them especially to transportation is something good, it makes it much easier for them, right?*

> *"Que cuando recién aplican, como están en OpenCard, el transporte a veces es medio difícil coordinar."*
> *Translation: "That when they first apply, since they are on OpenCard, transportation is sometimes a little difficult to coordinate."*

> *"And I would just like to say some of the barriers I'm kind of encountering helping people navigate is transportation, I might be alone but just it's very hard to access the line, it's very hard, you know there's not bilingual workers there that I've encountered and it's just like a very burdensome process, I did it for a client and I was on the phone for like two or three hours and I just felt like I was being bounced around between you know Pacific Source and then the transportation company. And then when I got it scheduled for my client she ended up calling me and telling me that they never showed up to pick her up. So, now I'm kind of fearful to recommend the transportation services because of stuff like that happening . . ."*

At the Agency/Organizational Level

Throughout the interviews with navigators, it is evident that community partners are serving as key, trusted facilitators to support members in overcoming all the barriers described in this section. They are problem solving, accompanying, advocating, explaining, teaching, doing outreach, and organizing. They work to overcome misinformation and fear by being fearless themselves.

> *"Si una persona quiere llenar su propia aplicación es complicadísimo y es demasiada para haciendo wrap up, complicadísimo y bastante-bastante intimidante el momento que ellos tratan de hacer la aplicación por ellos solos. Qué bueno que nos tienen a nosotros para poder explicarles y que no es-no es tanto pues."*
> *Translation: "If a person wants to fill out their own application it's very complicated and it's too much to wrap up, very complicated and quite-quite intimidating the moment they try to do the application on their own. Good thing they have us to be able to explain to them and that it's not-it's not so much then."*

At the Individual Level

Eligible individuals and members vary in their own characteristics and life circumstances that affect readiness to apply. With respect to choosing whether to apply, navigators reported that eligible individuals work through concerns about if they will qualify financially, overcoming disbelief about the program and its benefits, overcoming fear of or unfamiliarity with the U.S. healthcare system, or understanding that the program is not a scam to get their personal information. In some examples, navigators explained how these reactions have resulted from internalizing discriminatory experiences and messages that they were not deserving.

> *"we say there's no free lunch so they probably won't believe us but if we give them some time and they go through it and go to our website and take a look they can have more time to process the health information so they need they will contact us I think that's a really good start for us and for them."*

> *"hay otro margen de esa gente que creo que ni a su país fueron a un médico cuando tú los escuchas hablar. Vienen dicen de las montañas, vienen de dicen del rancho . . . Entones entrar en este monstruo da les da temor. Lo sienten muy complejo. No es miedo es terror que les tienen a las instituciones del estado y decirles que son humanos, somos humanos y es un derecho universal la salud."*
> *Translation: There is another margin of these people that I don't even think they went to a doctor in their own country when you hear them talk. They come from the mountains, they come from the ranch they say.... So entering into this monster gives them fear. They feel it very complex. It is not fear, it is terror that they have for the institutions of the state and to tell them that they are human, we are human and health is a universal right.*

> *"I see that they're like 'oh I wanna, I want this service but at the same time it's like I think this is great to have all these benefits and I don't deserve it'"*

Likewise, members may also go through processes of readiness or learning after they have received coverage before they use their benefits:

> *"I spoke with a client the other day and they were like 'seriously is that for real? It's not going to cost me or how much is that going to cost me?' and they see it as a gift but sometimes it's a lot of questioning and it takes time to sit with a client and tell them not you are eligible for this, this, this and these are the ways you can get those services, you know calling this number or talking to your doctor or things like that so that application portion takes time and the majority of these clients, they don't know they have it."*

> *"I think in general they get pretty comfortable with their primary care office but then once they get referred out to like a hospital or somewhere else for like additional imaging or to see a specialist or something like that then that's when they struggle because they're not really familiar, they're not familiar with the space physically but they also don't always know who to go to for help or um how to even schedule an appointment."*

Navigators shared that new Healthier Oregon members experienced barriers because of what they needed to know/learn in order to navigate care, or that education about healthcare navigation is difficult to obtain in their language. And, with time and with navigation support, navigators also reported that members learned and were able to navigate independently despite the complexity of the healthcare system and their coverage.

"I think another one of the barriers is just well one is there's so many benefits in there that there not used to and figuring out what, like what they should access, and I think it's also a cultural thing of you only sometimes access the bare minimum of what we need without realizing you can have all of this as well."

"even though … we help them enroll [in] OHP, they don't know how to make an appointment, they don't know what does co-pay mean, what does premium mean because it's a different system than [what they know]."

"cuando va el paciente a decirles que tienen Pacific Source, ellos ponen nada más lo que es el normal Pacific Source en vez de Pacific Source Health Oregon. Entonces, les dicen que no tienen aseguranza, que tienen que pagar por su medicamento y algunos pacientes sí pagan, otros sí acuden a nosotros para pedir de nuestra ayuda y cuando hablamos en la farmacia, les dejamos saber cuál es el nombre realmente de la aseguranza."
Translation: "When the patient goes to tell them that they have Pacific Source, they just put what is the normal Pacific Source instead of Pacific Source Health Oregon. So, they tell them that they don't have insurance, that they have to pay for their medication and some patients do pay, others do come to us for help and when we talk to them at the pharmacy, we let them know what the name of the insurance really is.

"no hemos tenido mucho problema en el momento de registrarlos o en el proceso de la registración, . . . más bien es para que ellos entiendan sus beneficios. Les ayudamos mucho a hacerles saber, dándoles educación e información acerca de lo que les va a cubrir el nuevo programa. Y también estamos apoyando, por lo mismo que hemos visto, que muchos reciben los paquetes de beneficios, pero no los leen uno porque son muy largos. Dos, algunos no saben leer."
Translation: "We haven't had much of a problem registering them or in the registration process, . . . rather it is for them to understand their benefits. We help them a lot in letting them know, giving them education and information about what the new program is going to cover. And we're also supporting, because of the same thing we've seen, that many receive the benefit packages, but they don't read them one because they're too long. Two, some don't know how to read."

"the majority of them don't um realize they can advocate for themselves in a way, they can say no they can switch doctors and that's what I kind of try to tell clients aren't satisfied after they see one of the providers we can tell them like it's okay you don't have to stay with that provider you can go to another one"

"it's a huge learning curve, they get their card in the mail but they really don't know how to use it and then just navigating the complexity to the health care system is a huge thing"

Similarly, navigators also reported that members experienced some learning curves with respect to technology, as much of the information about benefits and providers is available online. Again, with navigation support, and learning how to go online to locate information or login to a patient portal, members feel more comfortable.

"A lot of this stuff it's pretty accessible and pretty easily done online but most people don't know how to get to that page, how to request an appointment online. You know in general they're not really good with technology and then even if they are to get through even though most pages can be translated to Spanish because of that technology barrier there they can't learn how to navigate that."

"a lot of this population does not have MyChart or doesn't know how to use it, especially in the age group 55 and over they seem to be not as tech savvy let's say to be able to get MyChart and ask for an appointment there and things like that, so that's definitely a barrier."

The eligible population and new members have restrictions on their time, most notably work schedules, that negatively impact completion of the application process as well as the ability to

make and keep medical appointments. Also, as one interviewee shared, many are struggling to keep up with life concerns that can function as significant sources of stress.

> *"I think having [enrollment specialist/navigator] on hand at clinics helps a lot for patients to get resources in the moment just because with work, they're not able to reschedule and come back so having it be a there after the appointment always works if they need to be enrolled."*

> *"sometimes that process [completing a consent form] takes an hour and a half . . . our community doesn't have that much time sometimes because their lunch is only a half an hour and yeah, that's like the biggest barrier that I've come across."*

> *"bills, groceries, so like income related issues. Um employment, you know some folks were affected by the pandemic . . . so they have trouble with employment. Um especially those that have their own businesses or do like housekeeping, um they've had issues with their clients, keeping up with their clients and stuff."*

Co-pays and continued out-of-pocket expenses continued to pose a barrier to some members using services (especially dental services and some medications). However, navigators also shared about members' feelings of relief, gratitude, and excitement about the removal of cost due to having benefits. Navigators offered a few examples of members who paid for services or medication out-of-pocket because of mistakes or lack of knowledge about Healthier Oregon on the part of pharmacies and clinics/providers. However, these appeared to be exceptions rather than examples of a larger systemic issue.

> *"están bien entusiasmados porque estaban pagando un costo algo alto para sus medicamentos, tanto como otros servicios"*
> *Translation: "they are very excited because they were paying a somewhat high cost for their medications, as well as other services."*

> *"afortunadamente, a muchos de los clínicas aquí la transición ha funcionado muy bien y sí han aceptado las tarjetas, pero de vez en cuando si llegan dicen no sé qué, no me cubrió."// "And also people who sometimes charge them for services. They go and charge them when they already have coverage." [translated]*

> *Translation:"fortunately, for many of the clinics here the transition has worked very well and they have accepted the cards, but every once in a while they come in and say I don't know what, it didn't cover me."*

P.2: Assess participant satisfaction with coverage and with navigation services.

Almost all (98.1%, ± 1.4) of survey participants are very satisfied or somewhat satisfied with their OHP coverage; 94.5% (±2.3%) are very satisfied or somewhat satisfied with navigation services.

Responses of satisfaction with current insurance coverage indicate that members are pleased with their coverage for doctor visits, prescriptions, language services, dental, transportation, laboratory, and specialty services (e.g., surgery). Many responses express relief at not having to worry about billing or payment. When members must pay, they discover that most of the time

services are covered or are less expensive than out-of-pocket costs. There was also an increase in confidence and sense of safety in accessing treatment when people need it.

Reasons of dissatisfaction for current insurance coverage were related to some services not being covered. Members expressed coverage limitations with dental and prescription coverage. Members were dissatisfied with the limited availability of appointments, and challenges of calling customer service lines to ask questions related to their coverage. There also seemed to be dissatisfaction for confusion among some providers understanding eligibility for members.

Most members were satisfied with navigation services due to the range of assistance they were provided. Satisfaction of navigation included receiving assistance navigating benefits, applying and renewing health insurance, scheduling appointments, language services, explanation of benefits, and support accessing other services (e.g., transportation). Members felt supported and were thankful for the services provided by navigators. Members appreciated services and that their questions were answered in the language they needed.

Dissatisfaction with navigation services were related to member benefits and not navigators. Members were dissatisfied with the difficulty of navigating dental care (e.g., distance, appointment availability), pharmacy services, or being unable to speak to the specialist they needed to reach. Other various responses were “not applicable” this was due to not receiving help from a navigator or not using navigation services.

According to navigators, members expressed a range of emotions about their coverage and navigation; they expressed relief, gratitude, happiness, excitement, and even a sense of “shock” or disbelief regarding their newfound healthcare coverage. It was as if they couldn't believe they now had access to healthcare benefits. Navigators shared that members struggled with a sense of being overwhelmed by navigating the complexity of the healthcare system. According to navigators, members also found it difficult to understand the extent of their benefits fully and frequently were frustrated due to challenges like appointment unavailability and the lengthy application process.

> *"they’re really grateful that these services are now available for them"*
>
> *“I’m hearing positive feedback that they are excited just to be able to access the healthcare and um really glad to have people in the community in this role that can help them do that because otherwise they might not have been able to do it on their own.”*
>
> *"I just want to mention in my experience you know like some people they are afraid or they have so many questions so what I tell them you know, just think of when I see that they’re like ‘oh I wanna, I want this service but at the same time it’s like I think this is great to have all these benefits and I don’t deserve it’"*
>
> *"Lo único que las personas a veces se desesperan, se desesperan porque el sistema se está tardando"*
> Translation: *“The only thing is that people sometimes get desperate, they get desperate because the system is taking so long”*

P.3: Assess fidelity of the implementation plan (i.e., to what extent did enrollment and navigation activities occur as planned or expected?).

A significant percentage of survey participants (68.6%, ±4.8%) learned a great deal or quite a bit from their navigator, excluding 17 people who said they did not use navigation services.

Table 6. How Much Survey Participants Learned from Their Navigators

	Count	Percent	MoE
A great deal	125	34.3	4.8
Quite a bit	113	31.0	4.7
Some	69	19.0	4.0
A little	32	8.8	2.9
Did not learn anything	8	2.2	1.5
Did not use navigation services	17	4.7	2.1

Based on the logic model, we expected that OHA provided training, materials, support via the Community Partner (CP) line, ROCs, and advocacy; meanwhile, community partners conducted outreach, facilitated education of the healthcare system, enrolled individuals, and helped new members navigate the healthcare system and services. This resulted in tight relationships between ROCs and CPs, outreach activities, individuals enrolled, various types of assistance provided, and identification and resolution of members issues/barriers. When we asked navigators about these processes and activities, they identified some key elements that were effective.

- Navigators appreciated in-depth **training** and suggested some improvements. They described the training as detailed, engaging, and informative and felt knowledgeable and confident to answer questions when needed. They also mentioned a few logistical problems such as the length of the training being too long, and that there were time conflicts with their own schedules. Suggestions for improvements included making the training shorter and the need for motivational interviewing to support enrollment.

- Navigators also mentioned that **shared resources** between OHA and CPs were especially helpful and valuable. Shared resources included group websites, community resource guides, group chats and recorded presentations.

- **Communication** was an extremely vital component of this program. The CP line (both the English and Spanish line) has improved wait times for navigators and

members. Navigators also mentioned that some areas require attention and improvement like continuing to reduce wait times and providing more training for those working the CP line.

- **ROCs** were described as responsive, knowledgeable, and helpful. Navigators felt supported by ROCs, and appreciated the fact that ROCs were "local" with a deep understanding of community needs and dynamics.

- **Outreach** was also an important aspect of enrollment and navigation of services. CPs and Navigators were creative about outreach events which were conducted in different settings like schools, churches, clinics, and community centers. One challenge for outreach events was the follow-up communication with members.

- In terms of **enrollment**, generally navigators expressed success and positive experiences, but also experienced challenges related to the rejection rate of applications and the time to receive approval of an application, which can at time discourage members from completing enrollment.

- Lastly, **reporting** was frequently mentioned as a challenge; navigators expressed confusion and lack of clarity about the reporting requirements. Additional training in the reporting process would have been helpful.

Beyond these program activities, interviews identified key elements that helped implementation succeed, as well as some additional areas of improvement:

- Navigators talked about utilizing **diverse communication methods**. Navigators mentioned that community-based organizations actively utilize social media platforms to connect with community partners and members, share information about outreach events, and engage with the community. Furthermore, traditional communication methods, such as radio and television, continue to play a role in disseminating important information.

- Navigators emphasized the critical role of **teamwork**; the collaboration and cultivating strong relationships with their colleagues was valued. Open and effective communication has been identified as a fundamental piece of these relationships, creating an environment where navigators feel comfortable reaching out to their peers when they require assistance or have questions. These relationships have proven invaluable in helping navigators come up with strategies to overcome the various challenges they encounter in their work.

- Community partners that maintained **partnerships** with other community-based organizations spoke highly of their partners, emphasizing their accessibility and supportiveness. Collaborative efforts between these partners included a range of

activities, including shadowing, hosting meetings and check-ins, joint outreach initiatives, and even forging connections with international governmental agencies. The partnership between the Community Partner Outreach Program (CPOP) and community partners played a vital role in ensuring that navigators felt supported throughout the enrollment and navigation journey. Navigators described CPOP as being helpful, supportive, attentive to detail, and innovative in its approach to problem-solving.

- Navigators were **advocates** of Healthier Oregon members and often advocated for language needs and services, human rights, health as a human right, and the importance of continuity of care. Navigators resonated with and reiterated the importance of fear that members experience when navigating government health organizations or agencies. Navigators usually prioritized continuity of care when working with members by assuring members that they would be there long-term by advocating or clarifying when language needs aren't met, or asking clarifying questions for them, and letting them know that it's a right to ask for services in specific languages. Navigators also stressed the significance of patience in their advocacy efforts, acknowledging the complexities of the healthcare system. In their interactions with members, they used heartfelt expressions such as "the community, our community" to describe the connection and shared experiences that bound them together.

- **Rapport** was identified as a key aspect for enrolling and navigating Healthier Oregon members. Rapport was cultivated through face-to-face interactions, shared lived experiences with members, an in-depth understanding of the community's needs, and insights specific to immigrant populations. Additionally, it was fostered by creating a safe and inclusive environment. Navigators were able to connect with members through shared languages, backgrounds, and identities, and became trusted members of the community. Relationships established with members were so robust that navigators often extended their assistance beyond individual Healthier Oregon members to encompass entire families. Additionally, even when eligibility criteria were not met, navigators looked for alternative resources and programs (e.g., sliding scale programs) that may be accessible to community members.

- Navigators talked about the significant challenges they encounter in terms of **capacity** within their daily responsibilities. They are confronted with high volumes of information and workloads, which have resulted in feelings of overwhelm and stress. These feelings are directly related to the substantial number of cases they must process and the numerous tasks they are expected to manage, including keep updated, attending meetings and mandatory trainings, which are exacerbated by shortage of staff in many cases. Despite these challenges, navigators expressed gratitude for the information and resources provide to them. Also, the dedication and commitment to the program are evident, even in the face of these capacity-related issues.

- Some grantee organizations experienced challenges with respect to standing up program activities, including:

- Hiring new bilingual or multilingual staff
- Training existing staff to do new activities (like enrollments or medical navigation), or to use new tools (e.g., the ONE system).
- Delays resulting from contractual issues with OHA (delay in finalizing contracts or delays in appropriations of funds), or in revisions to the proposed plan of activities.
- Executing planned activities within the granted budget

There was a recommendation for more communication and transparency with community partners on the administrative side of grant activity, including when and how grant funds were dispersed. It may also be helpful for OHA to be mindful that some organizations, especially ones that are new to outreach or navigation activities, may need more time and resources to become fully operational. Additionally, challenges experienced with hiring, finalizing contracts, or dispersing funds will certainly impact the "startup" phase.

Summary and Recommendations

The evaluation team encourages OHA to consider evaluation results in the context of who was and who was not represented in interview and survey results. For example, the evaluation team suspects that surveys reached individuals who were more engaged with navigators, thus, survey results may not reflect the needs, experiences, and perspectives of those who have not used or needed navigation services. Are the needs of those we did not reach different, and how so? The survey also did not reach the target sample size. Are the areas or organizations that were underrepresented different in some way?

Navigators did offer some suggestions, which are shared throughout our report; we are summarizing those again here:

> Interviews conveyed a significant need to address inconsistent and long wait times on the CP Line, a need for additional lines, navigators feeling rushed on calls, and the need for more language-specific support. However, concerns about wait times and quality of experiences with the CP Line have already been communicated (See Appendix E), and the OHA Team has been working to address those.
>
> Regarding materials, navigators expressed the need for resources to be available in multiple languages, and for the creation of a comprehensive resource guide that informs members about additional services and assistance beyond Healthier Oregon that is both concise and easy to read. Similarly, developing materials using plain language to inform members about their benefits could enhance members understanding. Lastly, comments about the group site platform were mainly positive, and interviews surfaced suggestions such as making it more user-friendly by enhancing the search tool to facilitate easier access to specific information.
>
> Suggestions related to training included the need for additional training modules to accommodate ongoing project changes such as reporting and eligibility information. Navigators also recommended specialized training in motivational interviewing techniques to enhance their interactions with members and support enrollment. Moreover, they expressed a desire for training on task prioritization and navigation processes. A better understanding of CCOs was another area highlighted for improvement. Lastly, navigators emphasized the importance of shorter, more concise training sessions as a potential solution to address the shortage of available community health workers for member enrollment.
>
> Although not specifically requested by navigators, the barriers experienced by members suggest that OHA should continue to advocate for greater language access throughout the healthcare system; OHA's advocacy to address provider shortages and appointment availability, as well as to advocate for improvements in transportation services, would also support member access. It does seem important to continue to communicate about

eligibility with respect to public charge. Perhaps some partnership with immigration legal services would support communication efforts around this.

The evaluation team recognizes that all stakeholders are in the middle of expanding Healthier Oregon to all ages; having worked with the interview and survey data for several months, the evaluation team has a few additional thoughts that we ask you consider:

First, although this is an old theory, Diffusion of Innovation[4] tells us how, over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system. How quickly an innovation spreads, or how soon it completes spreading, cannot really be predicted, and it can take a long time. Factors like how easy it is to use, how valuable/costly it is, how it is promoted all impact the rate at which it is adopted. Continued investment will be necessary for complete diffusion and for sustainability. The engagement and adoption that Healthier Oregon has had in the first year signals that the innovation is valuable and worth the cost (in time, in effort) to members.

Given the unique barriers that the healthier Oregon population experiences (language access, restrictive work schedules, systemic discrimination), sustained investment in community partners to do the relationship work will be needed. Evaluation results show that by investing in community partners to provide navigation, access to care increases within this Healthier Oregon population which is also supported by the program logic. The interviews tell a story of navigators and ROCs working tirelessly and fiercely for members. Charting a path from "start-up" (where there is a heavy lift, a tremendous effort) to "operational" where activity can be sustained over time and become the new normal. This will be a challenge for both OHA and community partners in the near future.

Navigators also stressed the significance of patience in their advocacy efforts, acknowledging the complexities of the healthcare system. In interviews they told stories of members on their own journeys of empowerment, despite the many systemic barriers they face.

[4] Rogers, E. M. (1962). Diffusion of innovations. New York, Free Press of Glencoe.

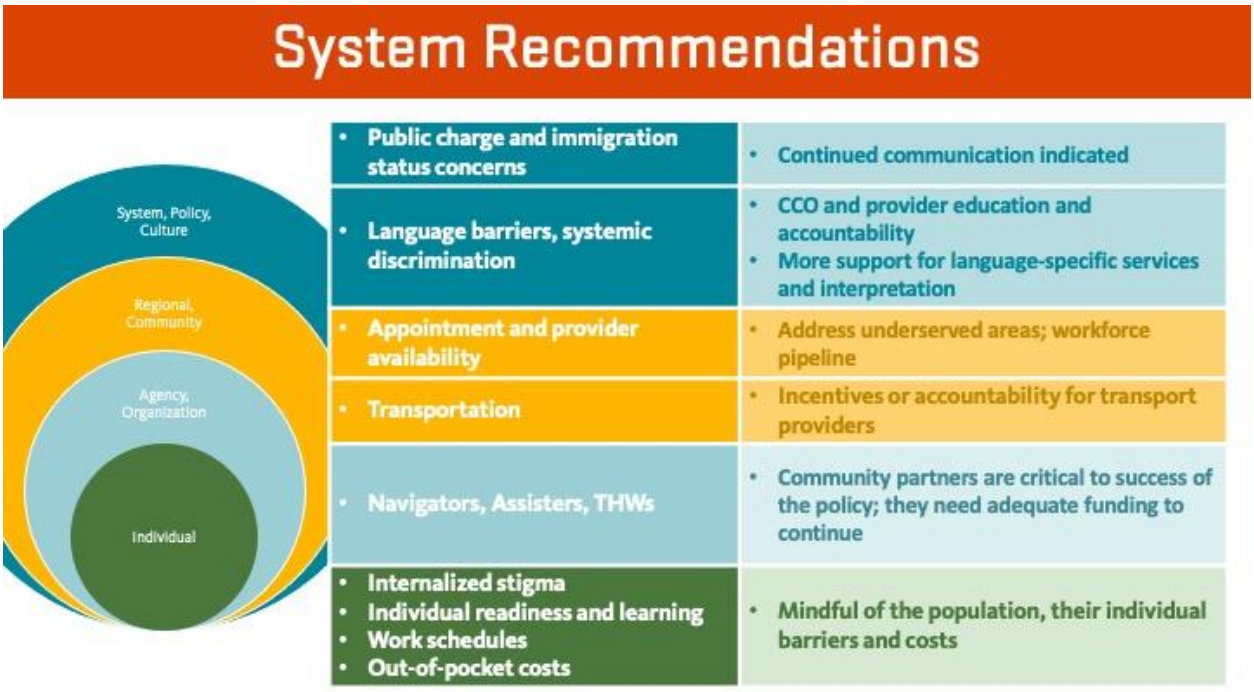


Figure 7. Policy Implementation Recommendations Aligning to Identified Barriers

In addition, our evaluation provides some insights about barriers and facilitators to policy work/policy implementation that we offer for consideration:

1. Continued concerns about public charge, and the fear among members described by navigators, indicate that continued, clear communication about eligibility is warranted. It may be helpful to collaborate with immigration lawyers and legal services to make sure the population receives consistent information. Diffusion of Innovation suggests that in the first year the program tapped into innovators and early adopters. It will take consistent, planned, intentional messaging to reach the rest of the population who do not so easily embrace new things.
2. Language barriers continue to be pervasively experienced. Educating CCOs and providers about their responsibilities also seems indicated; OHA may consider adding measures of accountability in this area.
3. There are systemic gaps in care due to appointment and provider availability, especially in rural and medically underserved areas. As workforce pipelines are created and supported through other programs, OHA should consider collaboration opportunities such as training for working in rural areas or for language access.
4. Transportation is a significant help in areas where transportation services are reliable. Our results indicated variability in transportation supports regionally. In rural areas, transportation can be a significant barrier. We ask OHA to consider incentives for transportation providers, system investments, or accountability measures to improve service universally.
5. Evaluation results provide evidence of the program logic – navigators and CHWs are making the policy implementation work every day by their advocacy, their outreach,

their relationship building, and more. Community partners are community-based organizations and may be fully dependent on external funding. Although they may be accustomed to always doing more with less, they should also be compensated and supported to do this work. Community partners need adequate funding to continue doing what only they can do, on the ground in their communities.

6. Finally, individual barriers experienced by eligible individuals and new members are real and should continue to be on the minds of planners and implementers. Restrictive work schedules do interfere with using benefits, even when the need is dire. Out of pocket costs still exist – which can lead to terrible choices (medication or food). It was also heartbreaking to hear navigators say "they don't believe they deserve this benefit"; this indicates internalized stigma.

The evaluation team hopes that the evaluation results and the evidence of program logic can sustain continued investment in community partners to provide navigation, and for the continued efforts that will be needed to complete diffusion of Healthier Oregon benefits to the eligible population.

Use and Dissemination Plan

As noted at the beginning of this report, the evaluation results have primary and secondary audiences. In conversations with CPEC and the OHA team, there was agreement to prioritize the sharing of evaluation findings to members, local communities, and within the state of Oregon. All parties expressed a desire to present at conferences and to publish in a peer-reviewed journal. Given the community engaged approach to how the evaluation was implemented, we collectively agreed to share authorship, meaning that any opportunity to share or use evaluation results should be agreed upon by members of the evaluation team, the OHA team, and CPEC.

The specific agreement is that when any individual or organization who was part of leading the evaluation would like to present at a conference or publish in a peer-reviewed journal, that person or organization will invite all other parties to join when proposing. When making this invitation, all relevant information should be communicated, for example a title, the venue or outlet, and what data and findings will be used. Any interested person from the evaluation team, the OHA team, or CPEC may then opt in to jointly authoring or presenting. The evaluation team suggests that we generate a list of target conferences and academic journals soon so that we can strategically plan how best to disseminate findings.

The OSU evaluation team will follow the data use agreement in our intergovernmental agreement. The OSU evaluation team is the steward of interview data, which will be stored securely and archived when there is an agreement to do so. OHA owns the member survey data. There is also an agreement that OHA will consult with the OSU evaluation team in the event that there are any future desires to do further analysis on member survey data.

The One-Page Evaluation Summary (Appendix F) created by the OSU evaluation team is intended for general sharing with a public audience. The OSU evaluation team would like to continue collaborating with OHA on the dissemination of evaluation results.

These agreements apply to OHA, OSU, and community partner members of CPEC.

Appendix A. Interview Guide

Interview Guide

1. Let's start with introductions and roles. For example, I'm [Name], I work at OSU, and today I will lead the interview.
2. What are you experiencing and hearing from members about application and enrollment? What is working well and what is not?
3. How well are members navigating services? (What barriers are they experiencing? What services are they using easily?)
4. We are curious about how your planned activities are going. Again, this is not to evaluate the performance of individual programs, but to learn about how the *Healthier Oregon Outreach, Enrollment and Healthcare System Navigation Grants* are working everywhere. Generally speaking, what is the status of you workplan? What successes can you share? What barriers or challenges have you experienced with implementing your plan?
5. What are some of the big, systemic issues you're dealing with so far? (e.g., transportation barriers, appointment availability, language barriers)
6. Tell us about how you've used training and support from the Community Partner Outreach Program?
7. What have you all learned that would be helpful for other assisters or programs to know? Any workarounds or suggestions that would be helpful for other assisters to know?
8. Any other closing thoughts? Something on your mind that I did not ask about?

Guía para la entrevista (Preguntas)

1. Empezaremos presentándonos y mencionando nuestras funciones. Por ejemplo, yo soy [Nombre], trabajo en la Universidad Estatal de Oregón (OSU), y hoy dirigiré la entrevista.

2. ¿Puede contarme sobre su experiencia y sobre lo que ha escuchado de los miembros/ afiliados acerca del proceso de aplicación/solicitud e inscripción? ¿Qué está funcionando y qué no?

3. ¿Cómo va la navegación de los servicios? ¿Con qué problemas, barreras o dificultades se encuentran los miembros de OHP al navegar o acceder a los servicios?

4. Tenemos curiosidad por saber cómo van sus actividades planeadas ó plan de trabajo. Esto no es para evaluar el desempeño de los programas individuales de su organización, sino para saber acerca de cómo *Healthier Oregon Outreach, Enrollment and Healthcare System Navigation Grants* está funcionando a nivel general.

5. ¿Cuáles son algunos de los grandes problemas sistémicos con los que ha lidiado hasta ahora? (Por ejemplo, barreras de idioma, falta de transporte, disponibilidad de citas)

6. Cuéntenos cómo ha utilizado la formación y el apoyo de C*ommunity Partner Outreach Program* (CPOP).

7. ¿Qué han aprendido que sería útil que otros asistentes o programas conocieran? ¿Hay alguna solución o sugerencia que cree que sería útil que conocieran otros asistentes?

8. ¿Le gustaría compartir algo más? ¿Se le ocurre algo más que no le haya preguntado?

Appendix B. Member Survey

Healthier Oregon Health System Navigation Program
Member Survey

To describe the effectiveness of navigation services in helping Healthier Oregon/OHP+ members to access health care.

Complete the questions and return to:
[Write Community Partner Name and Address Here]

We are asking you to participate in an evaluation to learn how the Healthier Oregon Health System Navigation program is helping to expand health care access in Oregon. This evaluation is being conducted by the Oregon Health Authority with assistance from Oregon State University. Results will be used to make improvements to, and report on the impact of, the Healthier Oregon program.
We estimate that the survey will take 10 minutes to complete. Each participant will receive a $25.00 gift card at the completion of the survey. Sharing your experiences and perspectives will help to improve the Healthier Oregon program for everyone.
Your participation in this survey is completely voluntary, and you may, at any time, withdraw from participation or skip any questions you do not want to answer. If you decide not to participate, it will not affect the care, services, or benefits you are entitled to receive.
Your responses will be kept confidential. Later, Oregon Health Authority will remove personal and identifying information from all the survey responses and share data that does not include personal information with Oregon State University for data analysis. If you have questions about the survey or the project, please contact the OSU Evaluation Team at (541) 737-1810.
By checking "Yes" below, you indicate that you are 18 years of age or older, that you agree to complete this survey, and that you agree that OHA can share survey responses that do not include personal/identifying information with OSU for data analysis.

☐ Yes
☐ No

TO BE COMPLETED BY NAVIGATOR OR ASSISTER

Name of Grantee/Partner Organization:

_____

Name of Person Entering Data (Assister/Navigator):

_____

_____

Member's OHP Prime ID Number

Member's Date of Birth

M	M	D	D	Y	Y	Y	Y

First 3 letters of the Member's Last Name:

_____

How was this survey completed?

- ☐ By navigator (using online survey, with member in-person)
- ☐ By the navigator (using online survey, with member on the phone)
- ☐ By the member (using paper survey)
- ☐ Other

1. When did you receive full OHP benefits or begin your current insurance coverage? (Month and year)

M	M	Y	Y	Y	Y

2. Since receiving full OHP benefits, how frequently have you used health care navigation services or assistance?

(Navigation services are offered by local community organizations to help people to find a doctor, make appointments, fill out medical forms, or apply for health insurance coverage.)

- ☐ About once a week
- ☐ More than once a month
- ☐ About once a month
- ☐ A few times
- ☐ Never/have not needed navigation services

3. Did you have a problem enrolling in Healthier Oregon/OHP+ coverage?

- ☐ No (Go to Question 5)
- ☐ Yes

4. What was the problem? (Check all that apply.)

- ☐ Had to pay premiums while waiting for eligibility decision
- ☐ Inconsistent information about eligibility
- ☐ Delay in receiving coverage
- ☐ Lack of information available in the language that you read or speak
- ☐ Had to file an appeal
- ☐ Required a lot of paperwork
- ☐ Language access
- ☐ Other:

_____

5. Since you received full OHP benefits, did you have a problem using your health care coverage?

☐ No (Go to Question 7)

☐ Yes

↳ 6. What was the problem? (Check all that apply.)

- ☐ Unsure which services are covered by my insurance
- ☐ Lack of information available in the language that I read or speak
- ☐ Providers do not accept my insurance
- ☐ Could not see my provider
- ☐ No providers available near me
- ☐ Required a lot of paperwork
- ☐ Scheduling appointments
- ☐ Language access
- ☐ Out of pocket costs
- ☐ Other: _____

_____

_____

7. What helped you to use your new OHP benefits? (Check all that apply.)

☐ Navigator or assister

☐ Transportation assistance

☐ Translation/interpreting assistance

☐ Financial support service

☐ Other: _____

_____

_____

8. How satisfied are you with your **full OHP benefits**?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

9. How satisfied are you with the **navigation services** provided by your navigator?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

10. Why are you satisfied or dissatisfied with your **current insurance coverage**?

_____

_____

_____

_____

11. Why are you satisfied or dissatisfied with **navigation services**?

_____

_____

_____

_____

12. Using a scale from 1 to 10, with 1 being no knowledge and 10 being

perfect knowledge, how would you rate:
Your **current** knowledge of how to use health care services. (Circle one.)

1	2	3	4	5	6	7	8	9	10

13. Using a scale from 1 to 10, with 1 being no knowledge and 10 being perfect knowledge, how would you rate:
Your knowledge of how to use health care services **prior to receiving full OHP benefits**. (Circle one.)

1	2	3	4	5	6	7	8	9	10

14. Since you received full OHP benefits, how much have you learned from your navigator about navigating the health care system?

☐ A great deal
☐ Quite a bit
☐ Some
☐ A little
☐ Did not learn anything
☐ Did not use navigation services

15. Using a scale of 1 to 10, with 1 being no access and 10 being perfect access, how would you rate:
Your **current access to health care**. (Circle one.)

(Examples of access to health care include appointment/provider availability, health care available in the language you speak, and health care options that are available when you need them or within a reasonable distance.)

1	2	3	4	5	6	7	8	9	10

16. Using a scale of 1 to 10, with 1 being no access and 10 being perfect access, how would you rate:
Your access to health care **before receiving full OHP benefits**. (Circle one.)

1	2	3	4	5	6	7	8	9	10

17. Do you **currently** have a particular place that you usually go if you are sick or need medical attention?

☐ Yes
☐ No
☐ Don't Know
☐ Not applicable

18. **Before you received full OHP benefits**, did you have a particular place that you would usually go if you were sick or needed medical attention?

☐ Yes
☐ No
☐ Don't Know
☐ Not applicable

19. Since you received full OHP benefits, did you see a doctor or health care professional for any of the following? (Check all that apply.)

- ☐ Preventative care from a primary care provider
- ☐ A regular check-up/annual exam
- ☐ Urgent care for an accident or illness
- ☐ Emergency room visit
- ☐ Behavioral/mental health service
- ☐ Surgical procedure (surgery, operation)
- ☐ Diagnostic test or screening
- ☐ Treatment for an ongoing condition
- ☐ Prescription drugs or medication
- ☐ Dental care
- ☐ Vision care
- ☐ Hearing care
- ☐ None of these

20. In the year before you received full OHP benefits (July 2021 – June 2022), did you see a doctor or health care provider for any of the following? (Check all that apply.)

- ☐ Preventative care from a primary care provider
- ☐ A regular check-up/annual exam
- ☐ Urgent care for an accident or illness
- ☐ Emergency room visit
- ☐ Behavioral/mental health service
- ☐ Surgical procedure
- ☐ Diagnostic test or screening
- ☐ Treatment for an ongoing condition
- ☐ Prescription drugs or medication
- ☐ Dental care
- ☐ Vision care
- ☐ Hearing care
- ☐ None of these

21. Since you received full OHP benefits, was there any time that you needed to see a doctor or other health care professional but didn't get the health care you needed, for any reason?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Not applicable (did not need health care)

22. In the year before you received full OHP benefits (July 2021 – June 2022), was there any time that you needed to see a doctor or other health care professional but didn't get the health care you needed, for any reason?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure
- ☐ Not applicable (did not need health care)

23. Since you received full OHP benefits, did you get information or help from

a provider or from your community partner or community organization for non-medical services? (Check all that apply.)

- ☐ Housing or utility assistance
- ☐ Transportation assistance
- ☐ Food/nutrition assistance
- ☐ Childcare
- ☐ Legal assistance
- ☐ Immigration services
- ☐ Language interpretation services
- ☐ Education
- ☐ Social support
- ☐ Other: _____
- ☐ Not sure/don't know
- ☐ None of these

If we need to verify your address, can we reach you by telephone? If yes, please provide a telephone number.

_____

Thank you for completing our survey!

TO BE COMPLETED BY NAVIGATOR OR ASSISTER

Did the member get a $25 Visa Gift Card for completing this survey?

- ☐ Yes
- ☐ No

We would like to send you a $25 Visa Gift Card for completing this survey.
Where would you like us to mail the gift card? Please provide a mailing address or other delivery instructions.

_____

_____

_____

Navegación del Programa Oregon Más Saludable
Encuesta a los miembros

Para evaluar el impacto de los servicios de navegación/asistencia en general entre los miembros con beneficios completos del Plan de Salud de Oregón a obtener acceso a las atenciones de servicios médicos.

Complete las preguntas y regréselas a:
[Escriba aquí el nombre y la dirección de la organización comunitaria]

Le pedimos que participe en una encuesta para saber cómo el programa Oregon Más Saludable, está ayudando a aumentar el acceso a la atención médica en Oregón. Esta evaluación está siendo llevada a cabo por La Autoridad de Salud de Oregón (OHA por sus siglas en inglés) con la ayuda de la Universidad Estatal de Oregón (OSU por sus siglas en inglés). Los resultados se usarán para mejorar e informar sobre el impacto del programa Oregon Más Saludable.

Calculamos que se tardará 10 minutos en completar la encuesta. Cada participante recibirá una tarjeta de regalo de 25 dólares al completar la encuesta. Compartir sus experiencias y perspectivas ayudarán a mejorar el programa Oregon Más Saludable.

Su participación en esta encuesta es completamente voluntaria, y puede, en cualquier momento, retirarse de la participación u omitir cualquier pregunta que no desee responder. Si decide no participar, no afectará la atención de cuidado que recibe, los servicios, o los beneficios que tiene derecho a recibir.

Sus respuestas serán confidenciales. Después, La Autoridad de Salud de Oregón eliminará la información personal y de identificación de todas las respuestas de la encuesta, y compartirá los datos sin su información personal con la Universidad Estatal de Oregón para el análisis de datos. Si tiene alguna pregunta sobre la encuesta o el proyecto, póngase en contacto con el equipo de evaluación de OSU al (541) 737-1810.

Al marcar "Sí" a continuación, usted indica que tiene 18 años de edad o más, que está de acuerdo en completar esta encuesta y que está de acuerdo en que OHA comparta las respuestas sin información personal de la encuesta con OSU para el análisis de datos.

- ☐ Sí
- ☐ No

COMPLETADO POR EL NAVEGADOR/ASISTENTE

Nombre de la organización beneficiaria:

_____

__

Nombre de la persona que ingresará los datos (Asistente/Navegador):

_____
__

Número de identificación del Plan de Salud de Oregón (OHP) del miembro:

Fecha de nacimiento del miembro:

M	M	D	D	A	A	A	A

Las primeras tres letras del apellido del Miembro:
_____

¿Quién llenó esta encuesta?

- ☐ Asistente/Navegador (usando la encuesta en línea con el miembro)
- ☐ Asistente/Navegador (usando la encuesta en línea con el miembro en el teléfono)
- ☐ Miembro (usando la encuesta en papel)
- ☐ Alguien más

1. ¿Cuándo recibió los beneficios completos del Plan de Salud de Oregón (OHP) o comenzó su cobertura de seguro médico actual? (mes y año)

M	M	A	A	A	A

2. Desde que recibe los beneficios completos del Plan de Salud de Oregón (OHP), ¿con qué frecuencia ha usado servicios de navegación (asistencia) para atención médica?

(Los servicios de navegación/asistencia son ofrecidos por organizaciones locales en la comunidad para ayudar a las personas encontrar un doctor, hacer citas, llenar formas médicas, o aplicar para cobertura de salud médica)

- ☐ Aproximadamente una vez a la semana
- ☐ Más de una vez al mes
- ☐ Aproximadamente una vez al mes
- ☐ Unas pocas veces
- ☐ Nunca/No he necesitado servicios de navegación (asistencia)

3. ¿Ha tenido algún problema para inscribirse a su cobertura de atención médica?

- ☐ No (Ir a la Pregunta 5)
- ☐ Sí

4. ¿Cuál fue el problema? (Marque todo lo que corresponda).
   - ☐ Tuvo que pagar primas mientras esperaba la decisión sobre su elegibilidad
   - ☐ Información inconsistente sobre la elegibilidad
   - ☐ Retraso en recibir cobertura
   - ☐ Falta de información disponible en el idioma en el que lee o habla
   - ☐ Tuvo que presentar una apelación
   - ☐ Requería mucho papeleo
   - ☐ Acceso a servicios de idiomas
   - ☐ Otros: _____

5. Desde que recibe los beneficios completos del Plan de Salud de Oregón (OHP), ¿ha tenido algún problema usando su cobertura de atención médica?

- ☐ No (Ir a la Pregunta 7)
- ☐ Sí

6. ¿Cuál fue el problema? (Marque todo lo que corresponda).
   - ☐ No tengo conocimiento sobre todos los servicios que cubre Oregon Más Saludable
   - ☐ Falta de información disponible en el idioma en el que leo o hablo
   - ☐ Los proveedores no aceptan mi cobertura
   - ☐ No he podido ver a mi proveedor
   - ☐ No hay proveedores disponibles cerca de mí
   - ☐ Requería mucho papeleo
   - ☐ Programar citas
   - ☐ Acceso a servicios de idiomas

☐ Costos de bolsillo
☐ Otros: _____

_____

7. ¿Qué le ayudó a usar sus nuevos beneficios del Plan de Salud de Oregón (OHP)? (Marque todo lo que corresponda).
   ☐ Navegador o asistente
   ☐ Servicios de transporte
   ☐ Servicios de traducción/ interpretación
   ☐ Servicio de apoyo financiero
   ☐ Otro:
   _____

_____

8. ¿Qué tan satisfecho (a) está con **los beneficios completos del Plan de Salud de Oregón (OHP)**?
   ☐ Muy satisfecho
   ☐ Algo satisfecho
   ☐ Ni satisfecho ni insatisfecho
   ☐ Algo insatisfecho
   ☐ Muy insatisfecho

9. ¿Qué tan satisfecho (a) está con **los servicios de navegación** ofrecidos por su navegador/asistente?
   ☐ Muy satisfecho
   ☐ Algo satisfecho
   ☐ Ni satisfecho ni insatisfecho
   ☐ Algo insatisfecho
   ☐ Muy insatisfecho

10. ¿Por qué está satisfecho o insatisfecho con su **actual cobertura de seguro médico**?

_____

_____

_____

_____

11. ¿Por qué está satisfecho o insatisfecho con **la navegación de/asistencia con los servicios**?

_____

_____

_____

_____

12. ¿Cómo calificaría **actualmente** su conocimiento sobre el uso de los servicios de salud en una escala del 1 al 10, siendo 1 ningún conocimiento y 10 un conocimiento perfecto? (Marque con un círculo.)

1	2	3	4	5	6	7	8	9	10

13. ¿Cómo calificaría que era su conocimiento sobre cómo usar los servicios de atención médica **antes de recibir los beneficios completos del Plan de Salud de Oregón (OHP)**, usando la misma escala del 1 al 10, siendo 1 ningún conocimiento y 10 un conocimiento perfecto? (Marque con un círculo.)

1	2	3	4	5	6	7	8	9	10

14. Desde que recibe los beneficios completos del Plan de Salud de Oregón (OHP), ¿cuánto ha aprendido de su navegador/asistente sobre cómo navegar el sistema de salud?
   ☐ Mucho
   ☐ Bastante
   ☐ Algo
   ☐ Muy poco
   ☐ No aprendió nada
   ☐ No uso los servicios de navegación/asistencia

15. ¿Cómo calificaría **actualmente** su **acceso a la atención médica** en una escala del 1 al 10, siendo 1 ningún acceso y 10 un acceso perfecto? (Marque con un círculo.)

(Entre los ejemplos de acceso a la atención médica se incluyen la disponibilidad de citas/proveedores, atención médica disponible en el idioma que usted habla y opciones de atención médica disponibles cuando usted las necesita o a una distancia razonable.)

1	2	3	4	5	6	7	8	9	10

16. ¿Cómo calificaría su acceso a la atención médica **antes de recibir los beneficios completos del Plan de Salud de Oregón (OHP)** en una escala del 1 al 10, siendo 1 ningún acceso y 10 un acceso perfecto? (Marque con un círculo.)

1	2	3	4	5	6	7	8	9	10

17. ¿Tiene **actualmente** algún lugar donde pueda recibir atención médica al que usualmente va si estuviera enfermo o necesitara recomendaciones sobre su salud?
    - ☐ Sí
    - ☐ No
    - ☐ No sé
    - ☐ No aplica

18. **Antes de recibir los beneficios completos del Plan de Salud de Oregón (OHP)**, ¿tenía algún lugar donde podía recibir atención médica al que iba si estaba enfermo o necesitaba recomendaciones sobre su salud?
    - ☐ Sí
    - ☐ No
    - ☐ No sé
    - ☐ No aplica

19. Desde que recibió los beneficios completos del Plan de Salud de Oregón (OHP), ¿visitó a un médico o profesional de la salud por alguno de los siguientes motivos? (Marque todos los que correspondan).
    - ☐ Atención preventiva de un médico de cabecera/primario
    - ☐ Un chequeo periódico/examen anual
    - ☐ Clínica de Urgencias por accidente o enfermedad
    - ☐ Ir a la sala de emergencia
    - ☐ Servicios de salud mental/comportamiento
    - ☐ Procedimientos quirúrgicos (cirugías/operaciones)
    - ☐ Prueba diagnóstica o de detección
    - ☐ Tratamiento de una enfermedad crónica
    - ☐ Medicamentos con receta médica
    - ☐ Servicios dentales
    - ☐ Servicios de visión
    - ☐ Servicios de audición
    - ☐ Ninguno

20. En el año anterior a recibir los beneficios completos del Plan de Salud de Oregón (OHP) (julio de 2021 a junio de 2022), ¿visitó a un médico o proveedor de atención médica por alguno de los siguientes motivos? (Marque todos los que correspondan).
    - ☐ Atención preventiva de un médico de cabecera/primario
    - ☐ Un chequeo periódico/examen anual
    - ☐ Clínica de Urgencias por accidente o enfermedad
    - ☐ Ir a la sala de emergencia
    - ☐ Servicios de salud mental/comportamiento
    - ☐ Procedimientos quirúrgicos (cirugías/operaciones)

- ☐ Prueba diagnóstica o de detección
- ☐ Tratamiento de una enfermedad crónica
- ☐ Medicamentos con receta médica
- ☐ Servicios dentales
- ☐ Servicios de visión
- ☐ Servicios de audición
- ☐ Ninguno

21. Desde que tiene los beneficios completos del Plan de Salud de Oregón (OHP), ¿hubo alguna vez en que necesitó ver a un médico u otro profesional de la salud, pero no recibió la atención médica que necesitaba, por cualquier motivo?
    - ☐ Sí
    - ☐ No
    - ☐ No lo sé/No estoy seguro
    - ☐ No aplica (no necesité atención médica)

22. En el año anterior a recibir los beneficios completos del Plan de Salud de Oregón (OHP) (julio de 2021 a junio de 2022), ¿hubo alguna ocasión en que necesitó ver a un médico u otro profesional de la salud, pero no recibió la atención médica que necesitaba, por cualquier motivo?
    - ☐ Sí
    - ☐ No
    - ☐ No lo sé/No estoy seguro
    - ☐ No aplica (no necesité atención médica)

23. Desde que recibió los beneficios completos del Plan de Salud de Oregón (OHP), ¿obtuvo información o ayuda de un proveedor o de su socio comunitario/organización comunitaria para acceder a servicios no médicos? (Marque todo lo que corresponda).
    - ☐ Ayuda para vivienda o servicios públicos (utilidades)
    - ☐ Ayuda con transporte
    - ☐ Ayuda alimentaria/nutricional
    - ☐ Cuidado de niños
    - ☐ Asistencia legal
    - ☐ Servicios de inmigración
    - ☐ Servicios de interpretación
    - ☐ Educación
    - ☐ Apoyo social
    - ☐ Otros servicios: _____
    - ☐ No estoy seguro/no lo sé
    - ☐ Ninguno
    - ☐

¡Gracias por completar nuestra encuesta!

COMPLETADO POR EL NAVEGADOR/ASISTENTE

¿Recibió el miembro una tarjeta de regalo Visa de 25 $ por completar esta encuesta?

- ☐ Sí
- ☐ No

Nos gustaría enviarle una tarjeta de regalo Visa de 25 dólares por completar esta encuesta.

¿A dónde le gustaría que le enviáramos la tarjeta de regalo? Proporcione una dirección postal.

_____

_____

_____

Si necesitamos verificar su dirección, ¿podemos contactarlo por teléfono? Si sí, proporcione un número telefónico:

_____

Appendix C. Positionality Statements

Daniela Aguilar, MPH

I am a Mexican woman who immigrated to the U.S. at the age of 25. While navigating the U.S. healthcare system, I have encountered feelings of confusion, rejection, overwhelming situations, and language barriers. These firsthand experiences have profoundly shaped my understanding of the complex challenges individuals face within the healthcare system, particularly those from systematically marginalized communities. I am acutely aware of my privileges as a bilingual, educated woman of color, which afford me greater access to healthcare services and resources.

I am also aware of the potential bias my lived experiences may introduce in my research and data analysis. While my personal encounters inform my approach, I am committed to maintaining a critical and objective perspective in my work. I am committed to maintaining humility and open-mindedness, recognizing that my experiences, although impactful, may not entirely encapsulate the diverse range of struggles and triumphs within the community I am serving and working for. It is with this awareness that I approach my research, ensuring inclusivity and a comprehensive understanding of the multiple dynamics within the healthcare landscape in Oregon.

Haley Delgado, MPH

I am the daughter of Mexican immigrant farmworkers from rural central Washington. Both my mother and father immigrated to the U.S. from rural areas or 'ranchitos' in Mexico. Growing up in a rural agricultural-centric environment provided me with firsthand exposure to the intricacies of the healthcare system and the far-reaching impact of limited healthcare access on entire families. Recognizing the privilege I possess as a bilingual first-generation student, I am deeply committed to advancing culturally relevant programming and promoting equity to address health disparities. My passion lies in family health and fostering an inclusive approach that acknowledges and celebrates the unique strengths and differences within diverse communities.

Katherine McLaughlin, PhD

I am a mixed-race woman (Asian and white) born and raised in the United States. I recognize and acknowledge the privilege I have as an educated English-speaking U.S. citizen who was the daughter of a state health department employee and always had access to health care services and knowledge about how to navigate them. I believe that all people should have access to affordable health care and strive to address health disparities.

Araceli Mendez, MPH

I am a Mexican woman, born and raised in the United States. Growing up in a farmworker family I have personally encountered the challenges of having limited access to healthcare, and the complexity of navigating the healthcare system. These exposures have made me aware of the challenges that limited access to healthcare can have on communities. I acknowledge the privilege I have as an educated bilingual Public Health professional who now has access to health care services and can navigate the complex health care system. I strongly believe that everyone should have access to equitable, and affordable healthcare.

Oralia Mendez, MPH

I am a bilingual (Spanish/English) Mexican American woman and daughter of immigrant farmworkers from Eastern Oregon. Growing up in a small farm-working town, I have personally experienced the challenges of navigating the complex U.S. healthcare system and limited access to healthcare with and without health insurance benefits. I recognize the privilege that I now have as an educated, bilingual public health professional to access certain resources and services. I strive to not make assumptions based on my own experiences and opinions and am mindful of my own biases.

Sandi Phibbs, PhD, MPH

I come to this project as an educated, English-speaking, white U.S. citizen who has always had healthcare access. I acknowledge this inherent power and privilege in my position. I have tried to approach analysis with curiosity and humility, and in full trust of my teammates.

Appendix D: Demographic Comparison Tables

Age Group	Count (# of people in population)	Percent (Pop)	Survey Count	Percent (Survey)
19-26	8,791	48.6	108	32.4
27-54	43	0.2	3	0.9
55+	9,236	51.1	222	66.7

Table 1: Age group for the Healthier Oregon population (N=18,070) vs. matched survey participants (n=333).

Sex	Count (# of people in population)	Percent (Pop)	Survey Count	Percent (Survey)
Male	7,672	42.5	108	32.4
Female	10,398	57.5	225	67.6

Table 2: Sex for the Healthier Oregon population (N=18,070) vs. matched survey participants (n=333).

Race/Ethnicity	Count (# of people in population)	Percent (Pop)	Survey Count	Percent (Survey)
Hispanic and Latino/a/x	10,840	60.0	212	63.7
Asian	1521	8.4	41	12.3
White	941	5.2	4	1.2
American Indian and Alaska Native	473	2.6	23	6.9
Black/African American	378	2.1	1	0.3
Native Hawaiian and Pacific Islander	153	0.8	0	0.0
Other	74	0.4	15	4.5
Unknown*	3690	20.4	37	11.1

Table 3: Race/Ethnicity for the Healthier Oregon population (N=18,070) vs. matched survey participants (n=333).

Primary Spoken Language	Count (# of people in population)	Percent (Pop)	Survey Count	Percent (Survey)
Spanish	12,271	67.9	268	80.5
English	4,171	23.1	29	8.7
Vietnamese	320	1.8	6	1.8
Cantonese	223	1.2	6	1.8
Russian	188	1.0	0	0.0
Mandarin	157	0.9	10	3.0
Other	740	4.1	14	4.2

Table 4: Primary spoken language for the Healthier Oregon population (N=18,070) vs. matched survey participants (n=333).

Primary Written Language	Count (# of people in population)	Percent (Pop)	Survey Count	Percent (Survey)
Spanish	12,153	67.3	266	79.9
English	4,642	25.7	36	10.8
Vietnamese	262	1.4	5	1.5

Simplified Chinese	253	1.4	12	3.6
Russian	168	0.9	0	0.0
Other	592	3.3	14	4.2

Table 5: Primary written language for the Healthier Oregon population (N=18,070) vs. matched survey participants (n=333).

CPOP Region (Geographic Variable) *based on residential address	Count (# of people in population)	Percent (Pop)	Survey Count	Percent (Survey)
Central Oregon	543	3.0	15	4.5
Coast	570	3.2	34	10.2
Columbia Gorge	311	1.7	28	8.4
Metro Region	5388	29.8	58	17.4
Northeast	818	4.5	20	6.0
South	1083	6.0	23	6.9
Southeast	294	1.6	19	5.7
Southern Valley	1385	7.7	24	7.2
Tualatin Valley	4266	23.6	81	24.3
Willamette Valley	3345	18.5	31	9.3
Out of State	67	0.4	0	0.0

Table 6: CPOP region for the Healthier Oregon population (N=18,070) vs. matched survey participants (n=333).

Appendix E. Community Partner Line Summary Report (8/4/23)

Overview and Background

The purpose of this document is the summarize findings about the Community Partner (CP) Line which were gathered as part of the evaluation of the Healthier Oregon, Outreach, and Healthcare System Navigation Grant Program. This report used data from interviews conducted with navigators, community health workers, and assisters of grantee organizations.

A total of 21 interviews were conducted in January and February 2023 using a semi-structured interview guide developed with the Community Partner Evaluation Committee. Participants included assisters, navigators, administrators, and managers. Interviews were recorded via Zoom in February and March 2023. Interviews were conducted in English and/or Spanish and were transcribed.

A deductive approach guided by evaluation objectives was used to identify themes, patterns, and meaning in the data specific to the CP Line. Interviews were coded by multiple evaluation team members using Dedoose and Excel.

Summary of Findings – Community Partner Line

Navigators, Assisters, Community Health workers and Administrative Staff shared mixed experiences with regard to using the Community Partner (CP) phone line when assisting members with applications and eligibility issues for the Healthier Oregon Program. The following themes and patterns were identified:

Preferred Strategies: Interviewees have (over time, and with experience) developed their own personal strategies for accommodating wait times on the CP Line. Some tried to call in the mornings when waits tend to be shorter; some relied on email while others found email to be inefficient; some had preferences for calling the Spanish line. One person shared that they sometimes used two phone lines, calling both English and Spanish numbers simultaneously. Community Health Workers (CHWs), Assisters, and Navigators have also learned to have all the necessary (or possibly needed) information in front of them before calling the CP Line; many relayed experiences of waiting for a long period to talk to a CP Line operator, only to find out that a critical piece of documentation was needed in order to resolve the issue. CHWs, Assisters, and Navigators developed these strategies because of their own time demands, but also to better accommodate clients who may also have been waiting with them to speak with an operator. Another strategy that CHWs, Assisters, and Navigators used was to share lessons with each other about how to manage calls with the CP Line. For example, if a CHW learned that the CP Line consistently asked for a piece of information, the CHW would share that internally with the team so that they could all be more prepared for future calls. However, CHWs, Assisters, and Navigators also shared that they had inconsistent experiences at times when interacting with CP Line operators.

Preference for Email: Some CHWs, Assisters, and Navigators preferred using email over the CP phone line because phone wait times were long, and email communication was more efficient, especially for non-urgent issues. Communicating via email was seen by some as an efficient way to navigate the varying schedules of navigators and members even if it added time to the application process.

Time Pressure: The driving concern for CHWs, Assisters, and Navigators about the CP Line was about time constraints and time pressure. The assisters themselves are busy; clients have limited time and if they leave without resolution, the assister may not see them again.

- **Inconsistent and Long Wait Times -** Wait times for the CP line can vary depending on the day and time of the call. CHWs, Assisters, or Navigators that called earlier in the morning experienced shorter wait times. Some interviewees shared that it was not unusual to wait 30 minutes to an hour.

- **Need for Additional Lines**: Some suggestions include having additional lines or staff to reduce wait times and confusion.
    - Quote: *"I just wish it would I don't know if it means increasing staff or how they would do about cutting down the wait times."*

- **Rushed Calls -** Some CHWs felt that CP line staff rushed through questions, which made it difficult for them to gather or write down necessary information on the spot. This led to frustration on the part of the CHWs, Assisters, and Navigators – having waited for so long to talk to an operator, it was clearly deflating/disheartening to feel rushed or brushed aside quickly.

- **Improvements:** Some CHWs mentioned that efficiency increased, wait times from up to three or four hours were reduced to 20-30 minutes.

Training: Some interviewees shared that CP line staff sometimes lack accurate information and needed guidance on Healthier Oregon Program eligibility requirements. Interviewees identified a need for better training on this topic specifically. Although it was acknowledged that CP line staff were obviously undergoing training, they felt that certain training requirements should be met before independently engaging with community members on the CP Line.

Language: CHWs, assisters, and navigators experienced varying line-specific capacity and language capabilities among CP Line operators.

- **Language-Specific Lines -** Language-specific lines for Spanish-speaking members were helpful and often utilized when the English lines were busy. This was also described as a work-around that multi-lingual assisters, navigators and community health workers were able to implement when the English line was busy.

- **Quote:** *"so if I need to do it in Spanish, Elena as soon as I look at her she comes back with her own cell phone and she's doing the English line and I'm doing the Spanish line.."*

- **Language Barriers -** For Spanish-speaking members, the CP line was efficient, but sometimes there were issues due to the lack of language specific training or experience of some workers. Navigators, assisters, and CHWs often need to explain things or ask supervisors for clarification.

Positive Experiences: Many CHWs, navigators, and assisters had positive experiences when they called the CP line. They appreciated when they were able to resolve cases quickly and when working with friendly, helpful, and efficient staff.

Quote: *"With the second option associated with the case it's usually pretty quick but in general I think the CP line is a good resource for us.."*

Support: Interviewees shared about frustrating experiences for applicants, members, and assisters of getting get transferred to different operators or units multiple times. However, CHWs mentioned feeling supported when staff were friendly, knowledgeable, and prepared.

Quote: *"um verdad, uh a veces que es buenismo, que recibo a alguien en el otro lado donde sabe todo. Sabe procesarlo, me saludan, me preguntan por mi Assister ID y hacemos todo y, ellos encuentran mi aplicación y la procesan…"*

Translation: "um right, uh sometimes it's really good, I get someone on the other side where they know everything. They know how to process it, they greet me, they ask me for my Assister ID and we do everything and, they find my application and process it.

In conclusion, while navigators, assisters, and CHWs had positive experiences with the CP line, they also experienced challenges in terms of wait times, accuracy of responses, and language-specific support. The need for better training and more efficient calls is mentioned to improve the experience for navigators and members.

Appendix F. One Page Evaluation Summary

HEALTHIER OREGON OUTREACH AND SYSTEM NAVIGATION GRANT PROGRAM

EVALUATION SUMMARY

OCTOBER 2023

98% (± 1.4%) of members surveyed are very or somewhat satisfied with their **OHP coverage**.

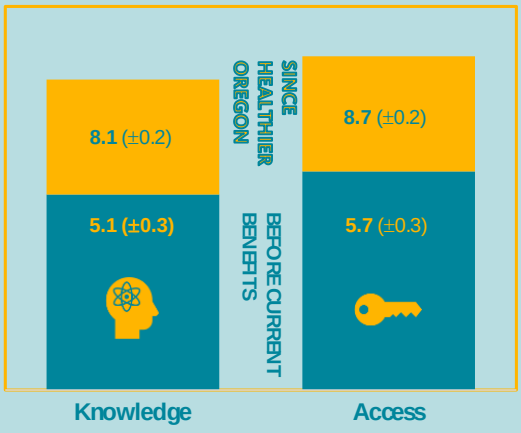
95% (± 2.3%) of those surveyed are very or somewhat satisfied with **navigation services** provided.

Some **common barriers** experienced by members in enrolling in OHP were:

- Language Barriers
- Appointment Availability
- Transportation

Despite these barriers, survey participants rated their current **knowledge of how to use** the health care system, and their **access to health care**, as higher since receiving benefits.

On average, on a scale from 1 to 10, survey participants rated their . . .



74% (± 4.5%) of survey participants said that **a navigator or assister helped them** to use their benefits. **69%** (± 4.8%) learned a great deal or quite a bit from their navigator.

Members reported using **more health care services** since receiving OHP coverage through Healthier Oregon than in the previous year.

from 2.2 to 4.0 services on average

91% Of members surveyed now have a place to go when they need medical care, up from 62%.

"Despite all of the struggles that we've had, it's been so great to work with people that didn't have these benefits."
-Navigator

Community partners used diverse communication tools, advocacy, partnerships, shared language, and teamwork to create and maintain trusting relationships.

Community partners appreciated the training, resources, and regional outreach coordinators provided by OHA.

The OSU evaluation team conducted 21 interviews with grantee organizations in January/ February 2023. Trained community partners collected surveys from Healthier Oregon members between May 25 – July 14, 2023. Because of how survey participants (n=364) were selected, results may not represent all Healthier Oregon members.