

# State and Community- Based Partnerships in the Rollout of Healthier Oregon

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# Learning Objectives

1. Describe the unique partnership between OHA and funded community partners to provide outreach, enrollment, and navigation supports;
2. Describe how community partners in rural areas, with OHA's support, addressed access and navigation barriers experienced by new OHP members by liaising with providers, CCOs, and other service providers;
3. Describe what we learned about implementation in rural areas during the first year of this significant statewide policy.





**Community Partner Outreach Program**



- Aging and People with Disabilities
- Child Welfare
- Office of Developmental Disabilities Services
- Self-Sufficiency Programs
- Vocational Rehabilitation
- Oregon Eligibility Partnership



- Tribal Affairs
- Medicaid Division
- Behavioral Health Division
- Public Health Division
- **External Relations Division**
- Health Policy & Analytics
- Equity & Inclusion Division
- Oregon State Hospital

# What is the Community Partner Outreach Program (CPOP)?

Our team works towards achieving a stronger, healthier Oregon.

Through passion and collaboration, we elevate both the beauty in diversity and unique community needs.

**Our mission** is to engage communities across Oregon to advance an equitable and responsive health system.

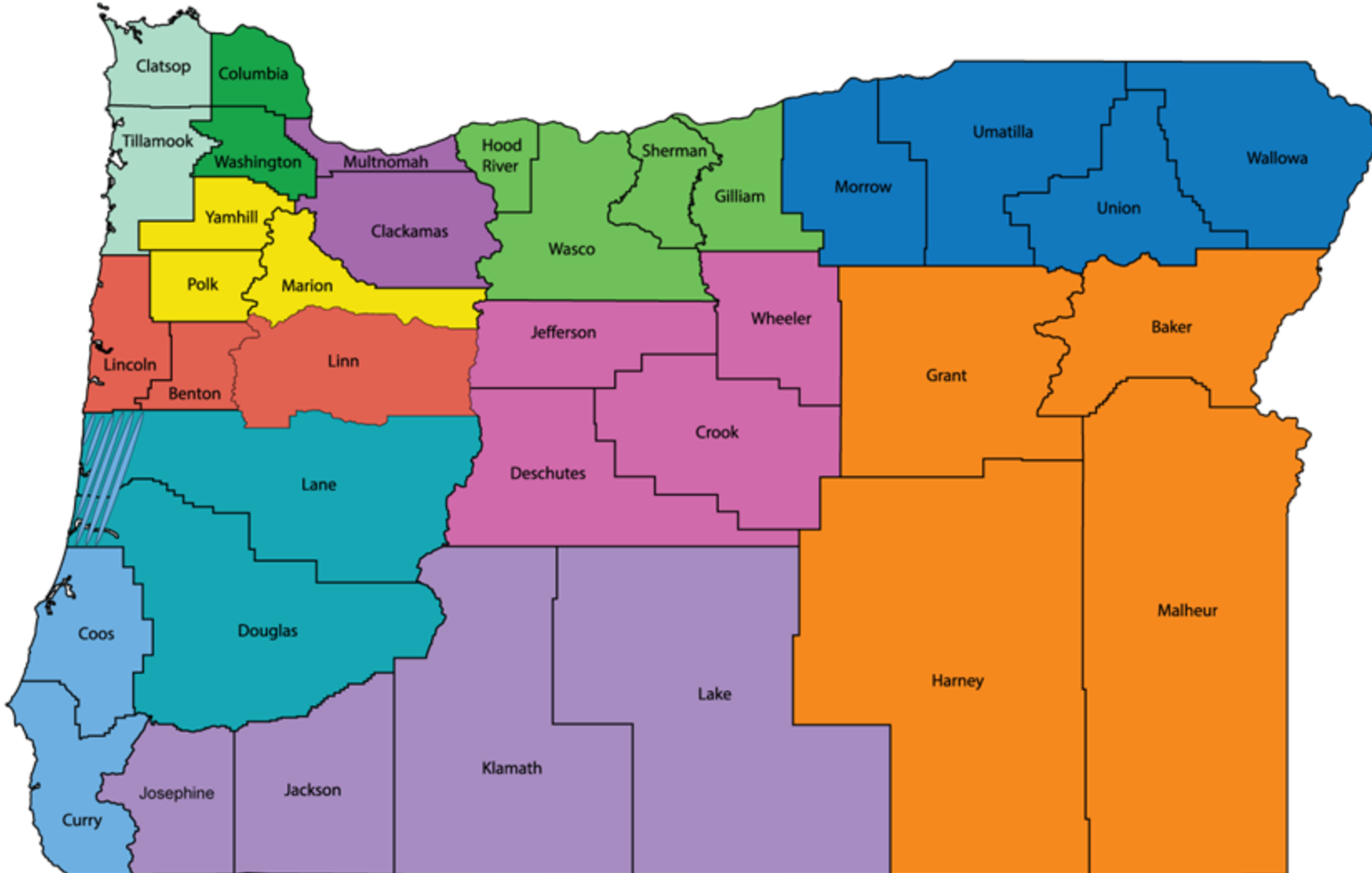
BARBARA ROBERTS  
HUMAN SERVICES BUILDING



# What does CPOP do?

- Our work mainly centers around the Oregon Health Plan (OHP), its applicants and its members.
- Support a statewide and diverse network of more than 1,600 partners.
- Also support a statewide network of hospital staff who help with health coverage.
- Help on a regional and statewide level through training, education and by offering a dependable connection with the state.
- Provide grants to some of our Community Partner organizations.

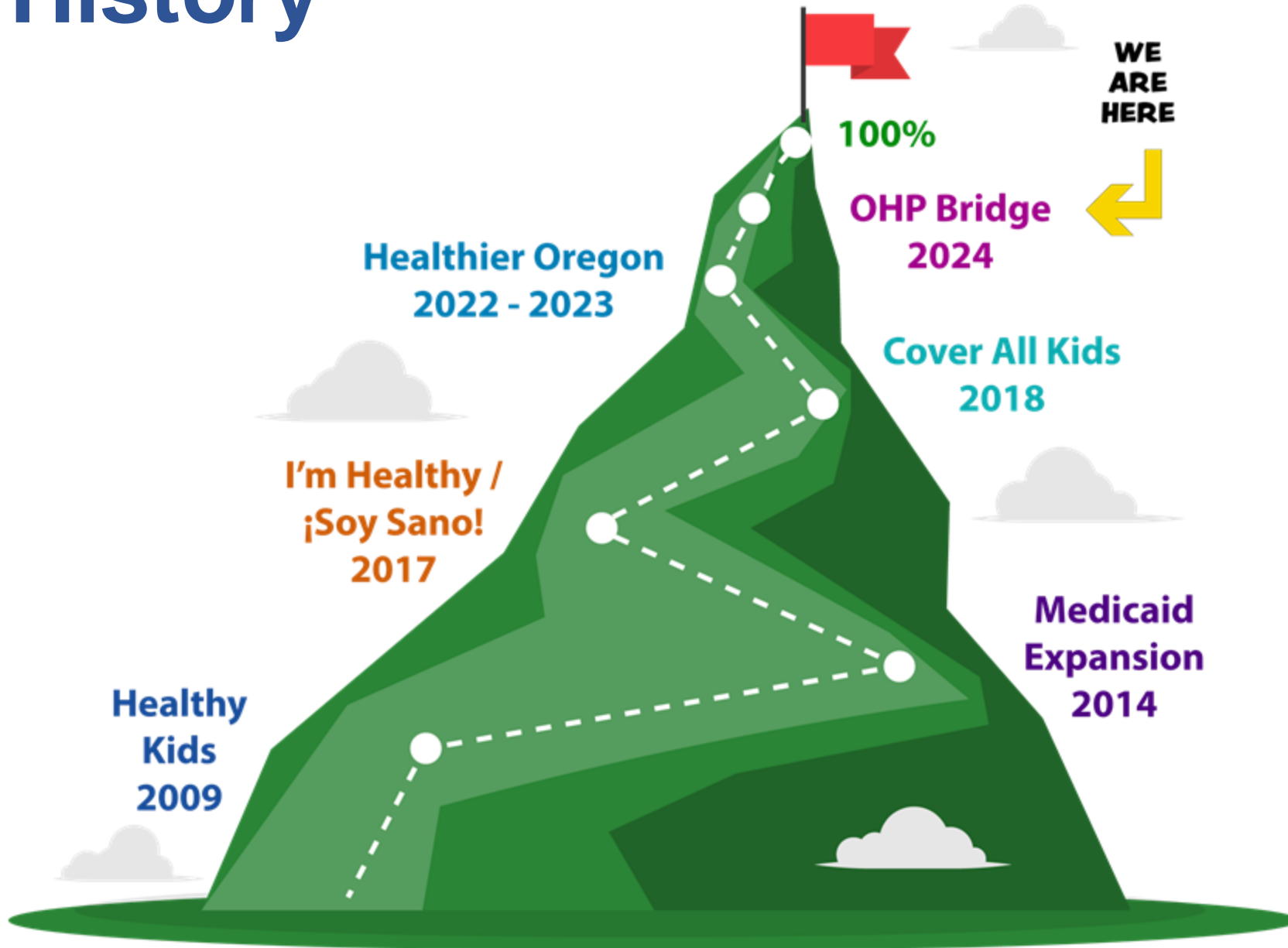
# The CPOP Team



- Regional Outreach Coordinators (ROCs)
- Strategists
- Justice Involved Team
- Communications Officer
- Business Team
- Leadership



# CPOP History





# Healthier Oregon

Better Care for More People

**Free** health coverage offered by the state of Oregon



# Healthier Oregon Background

In 2021, the Oregon Legislature passed House Bill (HB) 3352, expanding OHP to include more adults.

The expansion was named Healthier Oregon. This created a pathway to **full** OHP and other medical assistance benefits for adults who meet income and other criteria, **regardless of their immigration status.**

# Healthier Oregon

- **July 1, 2022** – started with adults ages 19-25 and 55 and older.
- **July 1, 2023** – opened to people of all ages.
- There are currently close to **90,000** OHP members enrolled via Healthier Oregon.
- There are **26 grantee partner organizations** funded to help Healthier Oregon members.



**2023 Community Partner Summit**

# Community Partners (CPs)

- Our partners are real-life superheroes.
- They learn all about OHP so the people in their communities have someone who can help them.
- CPs often live and work in the communities they serve.
- They are known and trusted to provide help with an understanding of people's different cultures and languages.
- While some partners are grant funded, the majority are “volunteer partners” meaning they don't receive funds from us to do this work.

# Healthcare system navigation support

Beyond just enrollment help, partners also provide help understanding OHP benefits. CPOP supports this through:

- A six-hour training (eligible as Continuing Education for CHWs).
- A special healthcare system navigation training for grantee partners.
- CPOP Strategists work alongside grantee partners to support this important work.

# Olalla Center

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# Olalla Center

Olalla Center is a non-profit community driven organization that has provided mental health and community services in Lincoln County since 1978.

# Arcoíris Cultural

Arcoíris Cultural Center was founded in 2021.

- Provides services to immigrant communities in Lincoln County.
- Promotes health, equity and inclusivity through cultural events.

# Olalla Center and Arcoíris Cultural team:

- Multilingual & multicultural team
- Built trust and connection within the community through cultural connections and by promoting wellness through health education.
  
- **Alex Guevara** - Community Health Manager
- **Alex Llumiquinga** - Arcoíris Cultural Program Manager
- **Mauricia Cardona** - Community Health Worker
- **Bibiana Dale** - Community Health Worker



# Olalla Center and Arcoiris Center: Communities We Serve

Serve Latino/a/x communities, recent immigrants and Guatemalan Indigenous communities that face many barriers when it comes to accessing critical resources and services, including:

- Language access, lack of trusted medical providers and lack of awareness of cultural background
- Safety net resources
- Mental health services
- Isolation, discrimination and racism

# Unique engagement strategies for connecting with Guatemalan community

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## Community garden

- Partner with OSU extension
- Planting
- Free garden space
- Culturally connected crops
- Provide information about health topics
- Provide space for families to experience sense of community belonging
- Engage community partners to share their resources



## Unique Outreach and Engagement Strategies

**Key strategies:** Build trust through celebrating cultural community connection.

### **Cultural events:**

- 5 de Mayo, Dia de los Muertos, Fiestas Patrias, Posadas, Dia del Niño
- Sharing cultural food
- Folkloric dances
- Community resource fairs
- Traditional workshops
- Summer camps



# Ways of supporting in Healthcare system navigation

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## **We explain the basics of accessing health services:**

- How to use insurance card.
- How to schedule transportation and interpreters.
- Provide one-on-one healthcare system navigation.

## **Barriers:**

- Lack of medical providers; bilingual and bicultural (cultural competency)
- Pharmacy navigation
- Lack of Mam certified interpreters
- Lack of dental providers in Lincoln Co.



# What Healthier Oregon means to the community

- Access to medical and dental services
- Sense of health and financial stability
- Access to preventative care
- Connection to Promotores de Salud
- Trust in the medical system
- A blessing!



# Guillermo's Story



# Community Partner Outreach Program and Olalla Center

- Advocating for system changes that will work for the community
- Monthly meeting with CPOP to share updates
- Community Partner phone line
- Space to be creative and try new things
- Learn from the experience of people that understand our community and our work
- Moral support
- Funding support to continue this important work

College of Health

# Evaluation of Healthier Oregon Health System Navigation Grant Program: Summary of Results



**Oregon State**  
University

# The Evaluation Team



**Sandi Phibbs**

Evaluation Lead



**Katherine McLaughlin**

Data Analysis



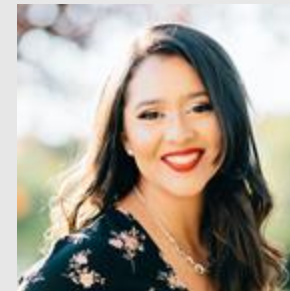
**Oralia Mendez**

Interviews and  
Navigator Training



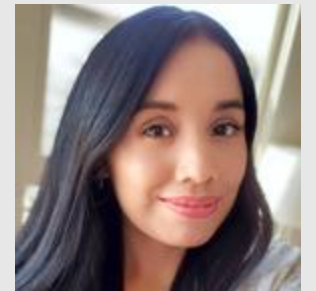
**Araceli Mendez**

Navigator Training



**Haley Delgado**

Graduate Research Assistants  
(worked on everything)



**Daniela Aguilar**

## The Community Partner Evaluation Committee



**Ricardo Contreras  
and Alma Torres**



**Angelica Godinez  
Garcia**



**Erica Chavez**



**Dolores Martinez**



**Maria Park**



**German Mondragon**

## The Oregon Health Authority Healthier Oregon Team



## The Healthier Oregon Community Partners (Grantee Organizations)

# Evaluation Purpose and Objectives

**Goal:** Describe the effectiveness of navigation services in helping members access care.

	Objective
<b>Process</b>	
P.1	Describe <b>barriers and facilitators</b> (i.e. things that helped) experienced by newly transitioned OHP Plus members enrolled in Healthier Oregon in using benefits.
P.2	Assess <b>participant satisfaction</b> with coverage and with navigation services.
P.3	Assess <b>fidelity</b> of the implementation plan (i.e. to what extent did enrollment and navigation activities occur as planned or expected?).
<b>Outcome</b>	
O.1	Describe changes in members' <b>understanding of how to navigate</b> the healthcare system.
O.2	Describe any <b>change in access to health care</b> via end user surveys.
O.3	Describe <b>use of health care services</b> , including use of preventative services, primary care, behavioral health care, emergency room visits, and services to address social needs, and any change in use
O.4	Describe any change in delayed/foregone care ( <b>unmet healthcare need</b> ) via end user surveys.
O.5	Attempt to describe the social determinants of health and other regional <b>contextual factors</b> for Healthier Oregon members

Debrief with Key OHA staff

Semi-Structured Interviews with Navigators

Survey of OHP+ Members

# Who Participated in the Survey?



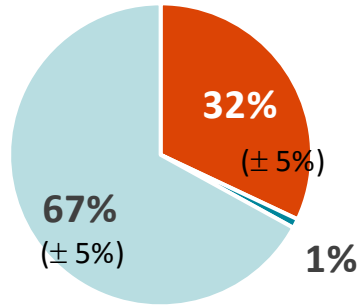
**32%** (± 5%)

**n=108**

**68%** (± 5%)

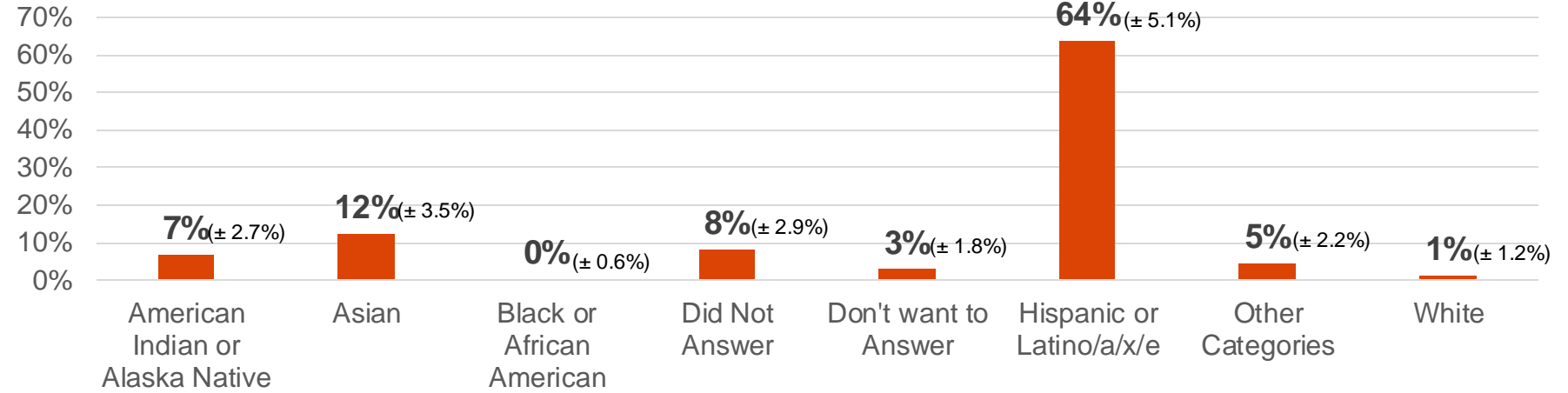
**n=225**

**A  
G  
E**

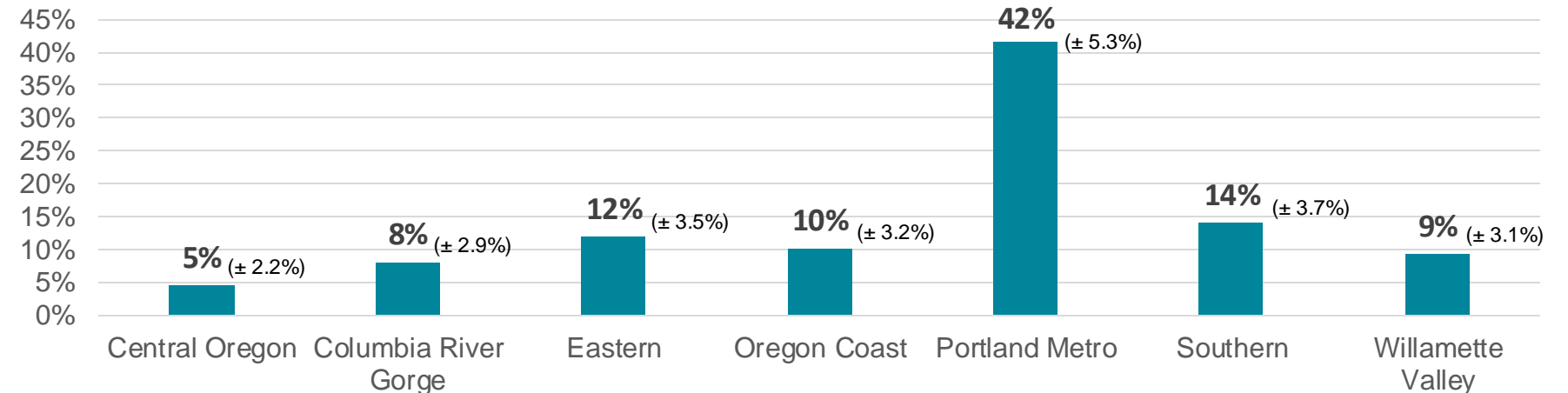


■ 19-26 ■ 27-54 ■ 55+

## RACE/ETHNICITY

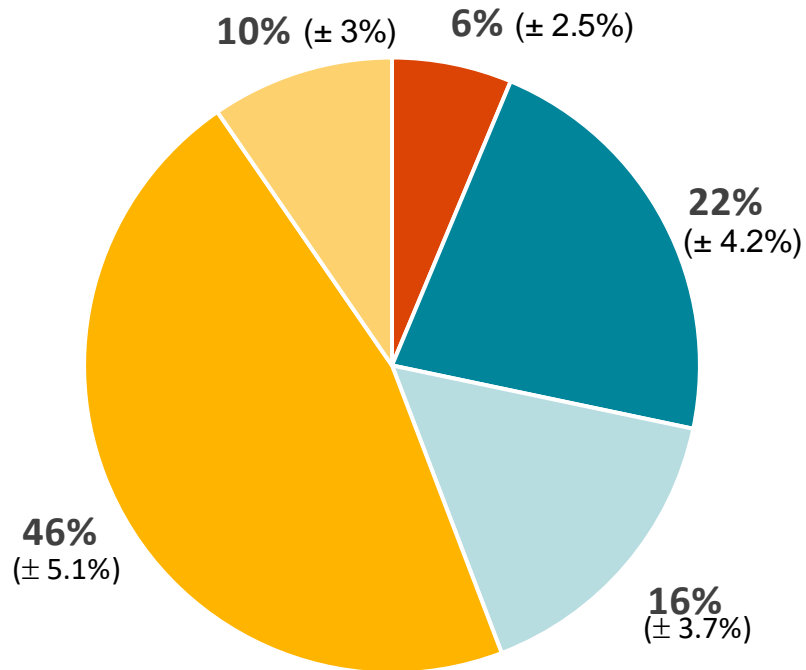


## CCO REGION



# Who Participated in the Survey?

## How frequently have you used health care navigation services?



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

## Spoken Language

- 81% Spanish (± 3%)
- 9% English (± 3%)

## Primary Written Language

- 80% Spanish (± 4%)
- 11% English (± 3%)



o.1

## Describe changes in members' understanding of how to navigate the healthcare system.



When asked to rate their **current** knowledge of how to use the health care system on a scale from 1 to 10, survey participants average rating was:

**8.1** ( $\pm 0.3$ ).

**Before** receiving OHP benefits through Healthier Oregon, the average rating was:

**5.1** ( $\pm 0.2$ ).

o.2

## Describe any change in access to health care via end user surveys.



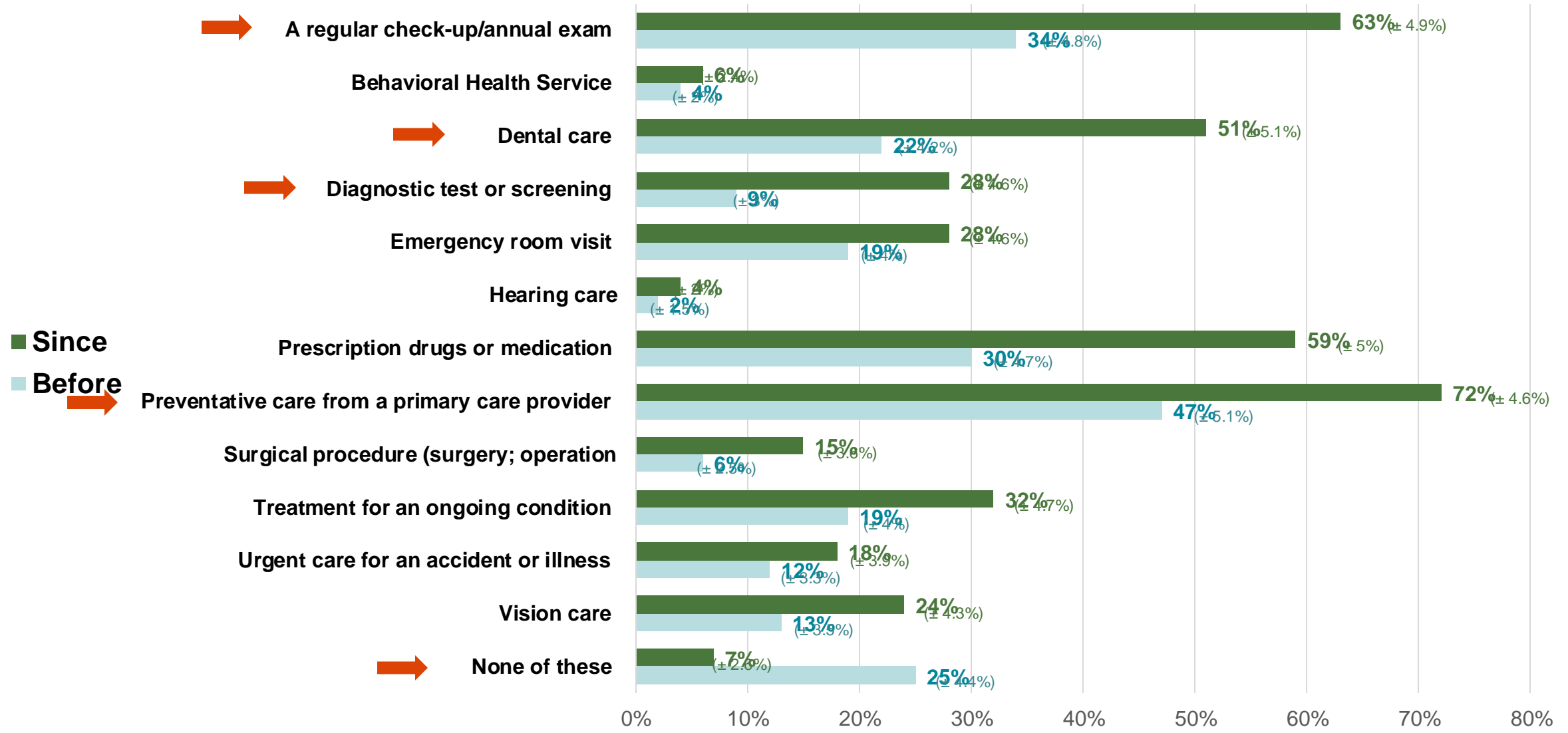
When asked to rate their **current** access to health care, on a scale from 1 to 10 (with 1 being no access and 10 being perfect access), survey participants average rating was:

**8.7** ( $\pm 0.2$ ).

**Before** receiving OHP benefits through Healthier Oregon, the average rating was:

**5.7** ( $\pm 0.3$ ).

# 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.





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.

O.5 (rev)

Attempt to describe the social determinants of health and other regional **contextual factors** for Healthier Oregon members



**4.4%** ( $\pm 2.1\%$ ) reported having a problem enrolling in Healthier Oregon/OHP+ coverage

**7.4%** ( $\pm 2.7$ ) reported having a problem using coverage

**74.5%** ( $\pm 4.5$ ) were helped by a navigator or assister to use benefits

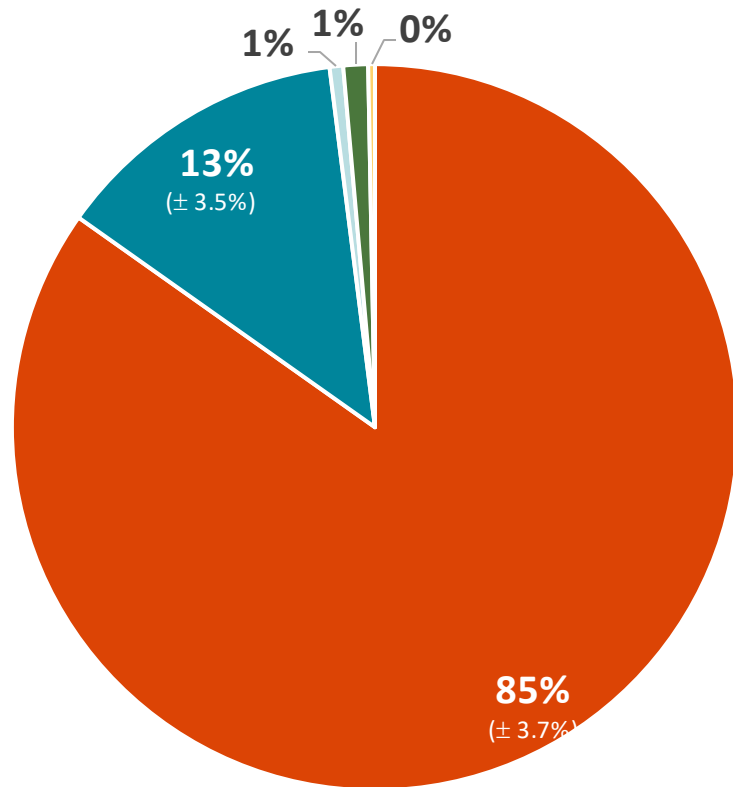
**38.5%** ( $\pm 5\%$ ) reported that translation/interpretation helped them to use benefits

**15.7%** ( $\pm 3.7\%$ ) reported transportation helped them use benefits

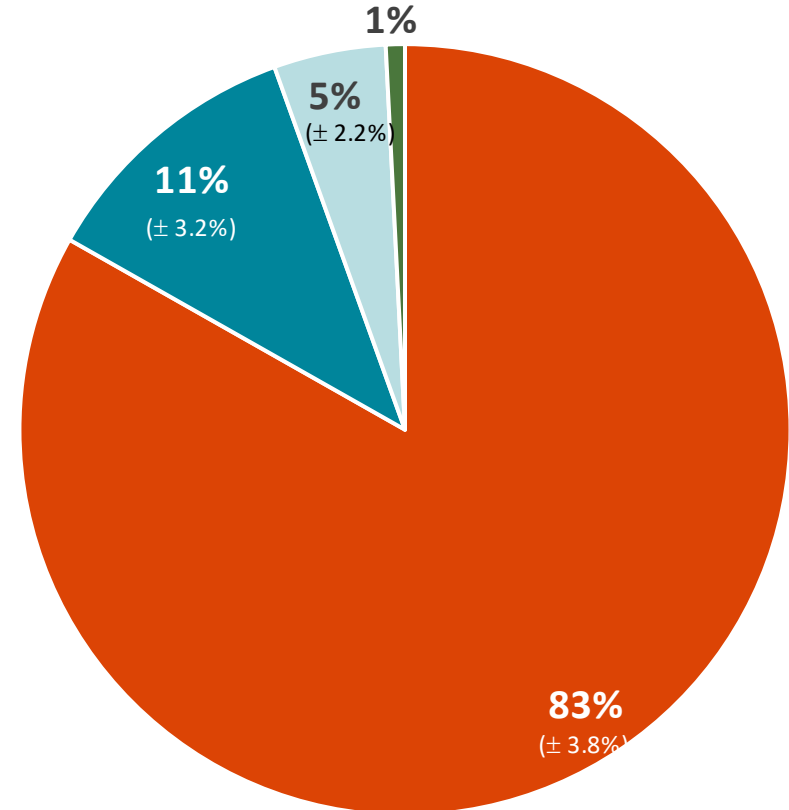
# Assess participant satisfaction with coverage and with navigation services



### With OHP Benefits



### With Navigation Services



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

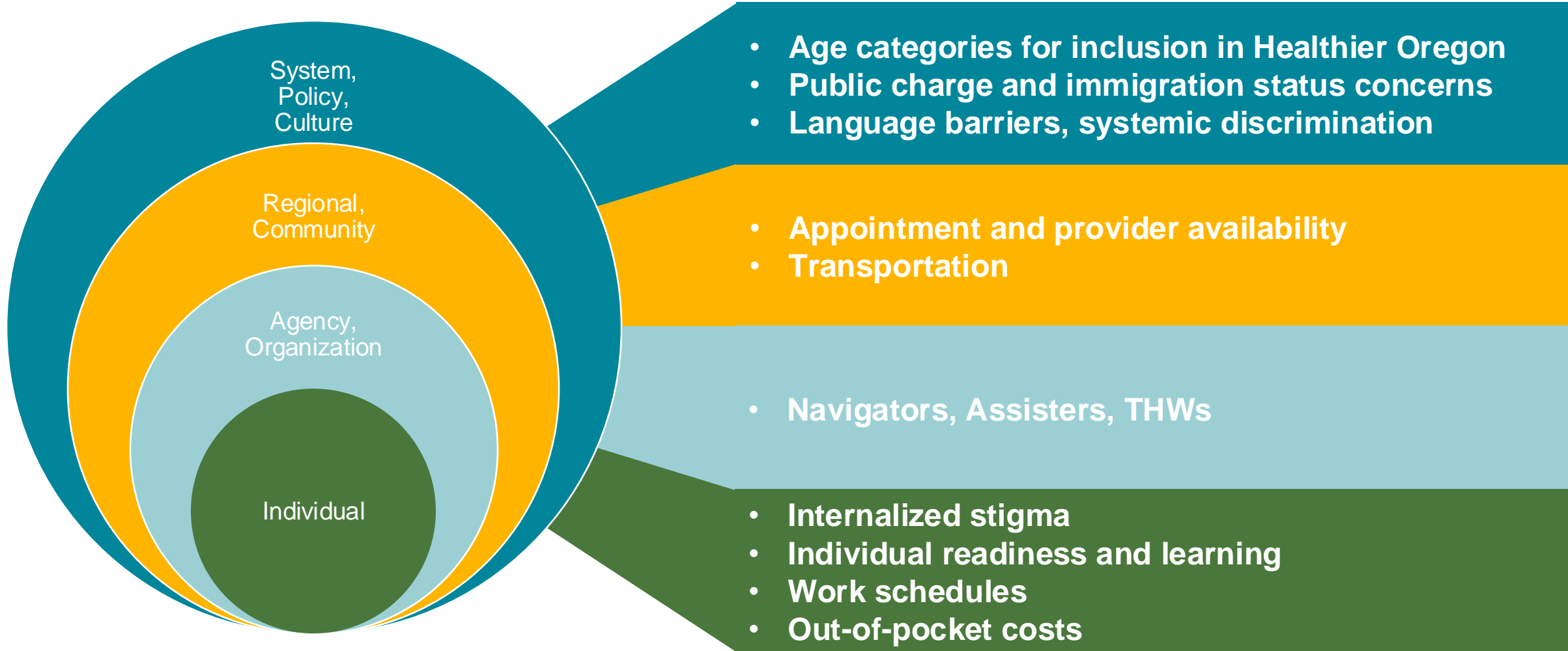
- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
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P.1

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

O.5  
(rev)

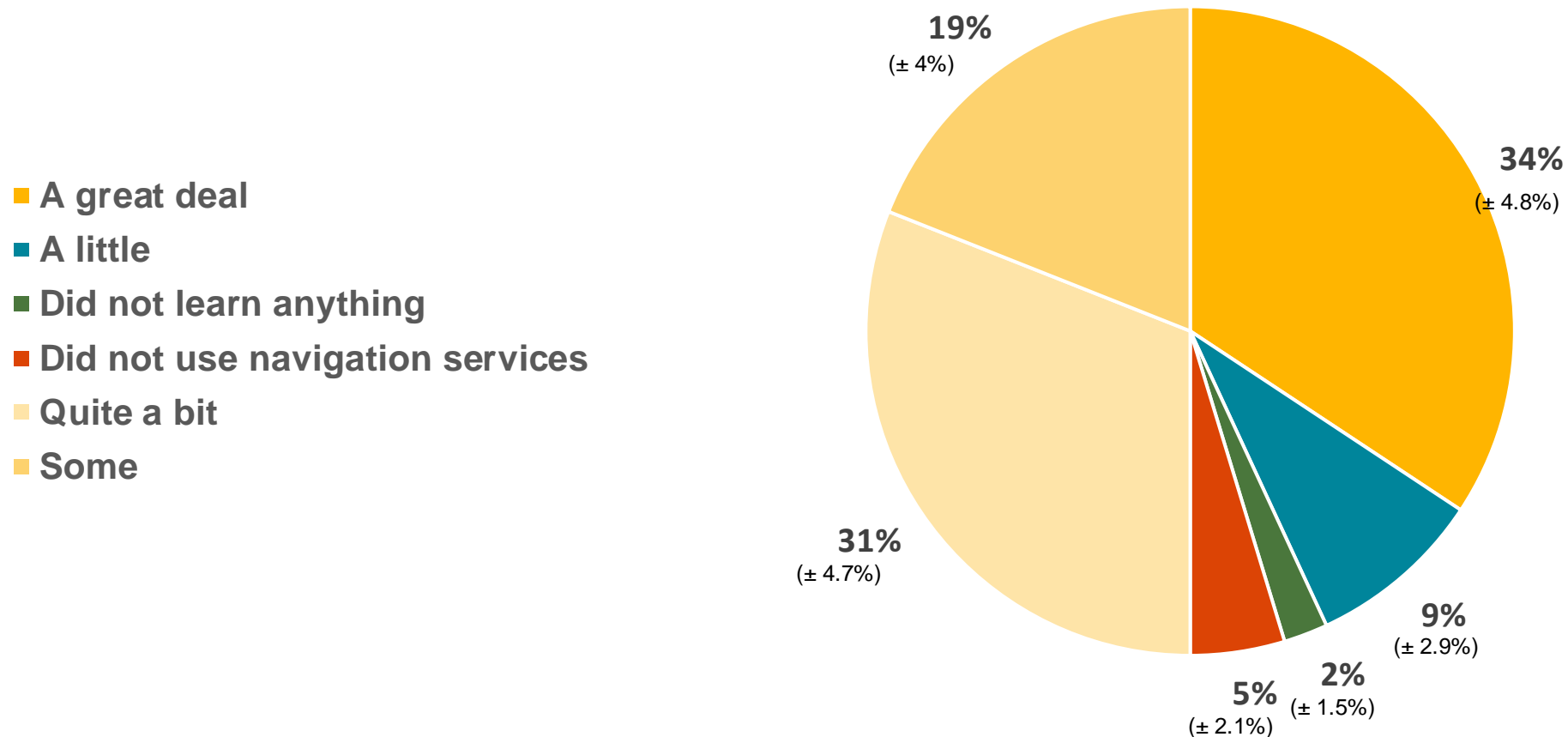
Attempt to describe the social determinants of health and other regional **contextual factors** for Healthier Oregon members



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



Since receiving OHP benefits, survey participants report learning from navigators about the health care system:



# Evaluation Limitations

## SURVEY

- Convenience sample - we should not draw conclusions about the whole HOP population
- Participants were primarily users of navigation services
- The total sample size (n=364) was smaller than planned
- Some completed surveys (20) were excluded from analysis because they could not be matched; 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

## INTERVIEWS

- Interview time was constrained to about an hour
- Had some technical issues and disruptions
- Hesitation to discuss challenges and difficulties

# In Conclusion

*“When it comes to health, we’re all connected”*

Dave Baden, interim director of Oregon Health Authority

*“I’m hearing ... that they are excited just to be able to access the healthcare and really glad to have people in the community in this role that can help them [navigate services] because otherwise they might not have been able to do it on their own.”*

Navigator Interviewee

Read the  
evaluation report  
here



# Resources

- CPOP [website](#)
- Healthier Oregon [webpage](#)
- Healthier Oregon Evaluation [Report](#)



[Community.Outreach@oha.oregon.gov](mailto:Community.Outreach@oha.oregon.gov)