

BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

Access to Health Care & Human Services Subcommittee Proposal

Access to health care and human services improves both individual and community health. This includes prevention and treatment services for physical, behavioral and oral health as well as support services, such as transportation, food assistance, childcare and assistance enrolling in and using health insurance. Health departments and other members of the public health system link people to needed services, ensure delivery of health care and an able workforce and evaluate the effectiveness, accessibility and quality of these services¹. Access to health care means having “the timely use of personal health services to achieve the best health outcomes”².

MESSAGE FROM THE CHAIR

Our committee’s aim is to support a trauma-informed approach towards residents, and to identify and minimize barriers they experience when accessing service and supports they need. Stakeholders from various disciplines and various areas of the county offered needed expertise to inform our thinking and decision making.

Linda Eastlund, Clackamas Education Service District

Proposed Goals

- Goal 1: Increase utilization of health and human services through the reduction of barriers and increased awareness.
- Goal 2: Improve quality and capacity of health and human services through health equity.
- Goal 3: Improve physical environments and access to transportation.

Guiding Principles – Advancing Health Equity and a Trauma-informed Approach

The Access to Health Care & Human Services subcommittee for the Blueprint for a Healthy Clackamas County held seven meetings between November 27 and March 12

¹ (Chicago Department of Public Health, N.D.)

² (Institute of Medicine, 1993)

to develop goals, objectives, and strategies. Meeting attendance consistency ranged from 10-20+ individuals and representatives from organizations and agencies.

The planning process began with three meetings that focused on presentations by Subject Matter Experts in the fields of oral health, transportation, communications, suicide prevention, older adults/seniors, access to health care, emergency preparedness, and navigation of the system of health. The subcommittee then developed goals, objectives, and strategies based on the findings from the presentations and group discussions.

The principles of Trauma Informed Care and Health Equity were integrated into the planning process throughout the duration of the planning process. First, subcommittee members received training coordinated by Clackamas County Public Health on these topics, and second, during the development of the strategies. At the end, subcommittee members were given extra time to review and analyze the strategies developed for Trauma Informed Care and Health Equity.

Access to Health Care & Human Services Subcommittee Participants

<ul style="list-style-type: none"> Anjelica Hernandez, OR DHS Karen Buehrig, Clackamas DTD Lindsey Butler, Clackamas Public Health Teresa Christopherson, Clackamas Social Services Chief Bill Conway, Clackamas Fire District #1 Amy Jo Cook, Clackamas Fire District #1 Dan Hall, American Medical Response Jason Mahle, American Medical Response Kenneth Chung, Comfort Care Dentist Linda Nilsen-Solaris, Project Access NOW Linda Eastlund, Clackamas Education Service District Joe Marek, Clackamas DTD Anna Menon, Clackamas Public Health Michael Anderson-Nathe, Health Share Oregon Galli Murray, Clackamas County Behavioral Health Ngozi Olemgbe, Planned Parenthood of Columbia Willamette 	<ul style="list-style-type: none"> Debra Mason, Clackamas Service Center Elvia Santillan, Kaiser Permanente NW Fred Bremner, Clackamas Dental Society Georgia Ullman, Clackamas Children's Commission / Head Start Janet Hamilton, Project Access NOW Jessica Amaya, OR DHS Karen Foley, Community Advocate Orion Falvey, Orchid Health Stephanie Barnett-Herro, Clackamas Behavioral Health Yelena Voznyuk, NW Housing Alternatives Karen Shimada, Oregon Coalition for Dental Care Lois Orner, Clackamas Social Services Robyn Alper, Clackamas Children's Commission / Head Start Mary Rumbaugh, Clackamas Behavioral Health Ruth Adkins, Kaiser Permanente NW
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OUR PROPOSAL

Goal 1: Increase utilization of health and human services through the reduction of barriers and increased awareness

Objectives	Strategies	Health Equity Zones	Age Ranges
Increase the utilization of primary medical and dental care for individuals with Oregon Health Plan (OHP) in communities within Clackamas County.	1. Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff) ³	ALL	Ages 0 to 18
	2. Promote insurance benefit/medical transportation resources for Clackamas OHP members	ALL	
	3. Increase adolescent well child checks ⁴	ALL	
	4. Increase number of SBHC in Clackamas County from 4 to 6 and	Colton & Molalla	

³ (Stillman & Ridini, 2016)

⁴ (Dinkevich, Hupert, & Moyer, 2001)

	expand the services to all community members		
	5. Advocate for additional SBIRT (Screening, Brief Intervention, Referrals to Treatment) initiatives at local school & incorporated into sport physicals ⁵	ALL	
		ALL	
	6. Coordinate training for health care professionals to acquire the skills to perform oral health screening tools ⁶	Rural HEZs	
	7. Increase the use of Expanded Practice Dental Hygienists and/or Dental Therapists in targeted rural areas ⁷	Rural HEZs	
		ALL	
	8. Dedicate staffing to coordinate dental vans in targeted Health Equity Zones		
	9. Advocacy for well child checks to include dental screenings and referrals to Dental Home for follow-up services ⁸	ALL	
	10. Create, Support and utilize navigation network between agencies serving the same families		
	11. Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff)	ALL	Ages 18 to 64
	12. Increase promotion of insurance benefit/medical transportation resources for Clackamas OHP members	ALL	
	13. Dedicate staffing to coordinate dental vans in targeted Health Equity Zones	Rural HEZs	
	14. Support targeted information messaging on importance of prevention screenings/available benefits for OHP members	ALL	
	15. Create, Support and utilize navigation network between agencies serving the same families	ALL	
	16. Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff)	ALL	Ages 65 and above
		ALL	

⁵ (SAMHSA-HRSA Center for Integrated Health Solutions, N.D.)

⁶ (Qualis Health, 2015)

⁷ (Schwarz, 2017)

⁸ (Bernstein et al., 2016)

	<p>17. Increase promotion of insurance benefit/medical transportation travel resources for Clackamas OHP members</p> <p>18. Design marketing and communication messaging for older adults to increase utilization of primary care resources within communities</p> <p>19. Support targeted information messaging on importance of prevention screenings/available benefits for OHP members</p> <p>20. Coordinate training for health care professionals to acquire the skills to perform oral health screening tools.</p> <p>21. Increase the use of Expanded Practice Dental Hygienists and/or Dental Therapists in targeted rural areas, such as Community Centers.</p> <p>22. Dedicate staffing to coordinate dental vans in targeted Health Equity Zones.</p> <p>23. Advocate for Medicare include dental benefits.</p> <p>24. Create, Support and utilize navigation network between agencies serving the same families</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p> <p>Rural HEZs</p> <p>Rural HEZs</p> <p>ALL</p> <p>ALL</p>	
<p>Increase the proportion of individuals in Clackamas County with mental and substance use challenges who receive treatment.</p>	<p>1. Conduct disparity analysis of mental and substance abuse utilization (led by Clackamas County Public Health & Behavioral Health)</p> <p>2. Explore social media and health advocacy awareness messaging</p> <p>3. Training and education for primary care providers on screening tools for depression and suicide risk (e.g. SBIRT and Columbia screenings) ⁹</p> <p>4. Create, Support and utilize navigation network between agencies serving the same families</p> <p>5. Increase amount of behavioral health resources in Clackamas County SBHCs</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p> <p>ALL</p> <p>Sandy, NC, Estacada & OC</p>	<p>Ages 0 to 18</p>

⁹ (DeHay, Ross, & McFaul, 2015)

	6. Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid training to the community ¹⁰	ALL	
	7. Provide education and awareness as to the prevalence of suicide and who is at risk	ALL	
	8. Ensure that screening for suicide risk is occurring at regular intervals using a standardized instrument and by trained healthcare professionals	ALL	
	9. For those individuals that are at risk of suicide or determined to be suicidal, they will receive care specific to decreasing risk, increasing protective factors and be treated for their suicidality	ALL	
	10. Conduct disparity analysis of mental and substance abuse health utilization (led by Clackamas County Public Health & Behavioral Health)	ALL	Ages 18 to 64
	11. Develop & implement anti-stigma messaging on behavioral health for adults living in Clackamas County.	ALL	
	12. Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid training to the community	ALL	
			Ages 65 and over
	13. Conduct disparity analysis of mental and substance abuse utilization (led by Clackamas County Public Health & Behavioral Health).	ALL	
	14. Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid and loneliness training to the community.	ALL	
	15. Support and utilize Lines for Life Senior Connect Hotline	ALL	
	16. Support and utilize caregiver and respite care programs	ALL	
Improve the community's capacity to obtain, process and understand basic health information & services needed to make	1. Conduct outreach & enrollment activities for SB 558 (Cover All Kids)	ALL	Ages 0 to 17
	2. Promote community awareness and understanding of local health care resources, insurance plans and ways	ALL	Ages 18 to 64

¹⁰ (National Council for Behavioral Health)

appropriate health care decisions for OHP recipients and the uninsured.	to engage in health-promoting behaviors		
	3. Invest in community health works to address barriers for uninsured to connect to clinics and services for the uninsured	ALL	
	4. Create, Support and utilize navigation network between agencies serving the same families	ALL	
	5. Improve home and community-based services as alternatives to long-term institutional care, including home and community-based services	ALL	Ages 65 and above
		ALL	
	6. Develop communication and marketing plan appropriate for older adults		

Goal 2: Improve quality and capacity of health and human services through health equity.

Objectives	Strategies	Health Equity Zones	Age Ranges
Increase number of formal partnerships and collaborations amongst agencies that deliver and provide services based on disparities within the 10 Health Equity Zones	1. Bring together critical stakeholders within Health Equity Zones to create and implement an agenda or framework (e.g. Purpose Built Communities, Democracy Now) that defines, messages and adopts a “no wrong door” model for services in areas of high need ^{11,12}	BCC Equity Pilot Areas (Canby, Estacada & Milwaukie)	ALL
	2. Fund and utilize new/emerging technologies to help with care coordination, navigation and referrals regarding the social determinants of health	ALL	
	3. Conduct social mapping of partnerships and develop database to track current networks, initiatives and activities	ALL	
	4. Create, support, and utilize navigation network between agencies serving the same families	ALL	
Increase the availability of culturally appropriate and trauma informed care services provided.	1. Create proposal for core health and human services that each Health	ALL eligible (TBD)	ALL

¹¹ (Democracy Collaborative, N.D.)

¹² (Purpose Built Communities, N.D.)

	Equity Zone should aspire to have in place within their local community	ALL eligible (TBD)	
	2. Conduct gap analysis of core services across Clackamas County's Health Equity Zones Conduct (with focus on addressing health disparities)	ALL eligible (TBD)	
	3. Design and implement action plan to address identified gaps learned by community-based and culturally specific partners and organizations		

Goal 3: - Improve physical environments and access to transportation.

Objectives	Strategies	Health Equity Zones	Age Ranges
Ensure residents have equitable access to transportation options for health & human services.	<ol style="list-style-type: none"> 1. Expand alternative modes of transportation to rural communities (e.g. Uber, Lyft, volunteer driving programs) 2. Expand Transportation Reaching People (TRP) program with increased emphasis equity 3. Increase safe, affordable routes for residents to access services in urban communities 4. Incorporate health and safety impacts reviews for transportation infrastructure projects to include safety, health and equity for all jurisdictions who own roads in Clackamas County 	Rural HEZs Rural HEZs Urban/Suburban HEZs ALL	ALL
Improve physical environments to support access to health & wellness.	<ol style="list-style-type: none"> 1. Increase use of telehealth, emerging technologies, community paramedics and community health workers to bring services to people 2. Increase the amount of safe, affordable and interconnected communities within the Clackamas County Health Equity Zones. 3. Incorporate all relevant modes of travel into transportation projects for all jurisdictions who own roads in Clackamas County. 4. Work with public transit agencies serving County residents to examine 	Rural HEZs Urban/Suburban HEZs ALL ALL	ALL

	safety, health and equity as part of their strategic plans		
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References

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