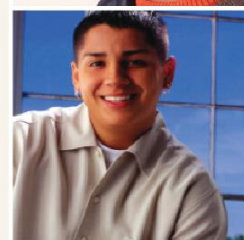
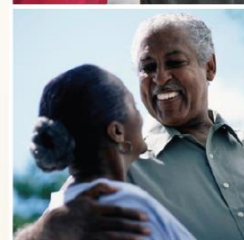
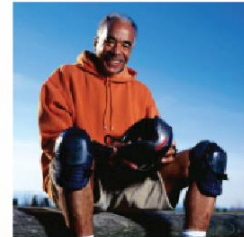


Empowering Community Members to Advance Health Equity: Building Capacity through Innovative Training Models

- ▶ 3pm ET
- ▶ Webinar will begin shortly.

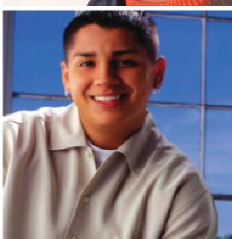
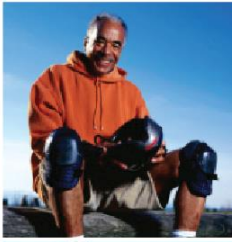


Region X Health Equity Council



Empowering Community Members to Advance Health Equity

Building Capacity through Innovative Training Models



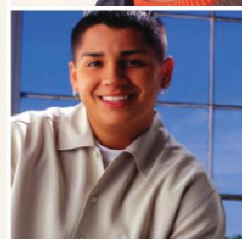
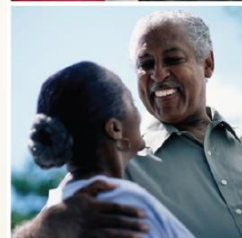
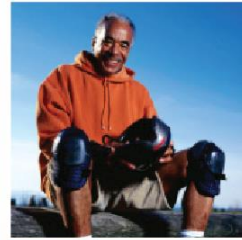
Region X Health
Equity Council
Health Equity Council

Moderators

- ▶ Ben Duncan, Chief Diversity and Equity Officer, Multnomah County Health Department

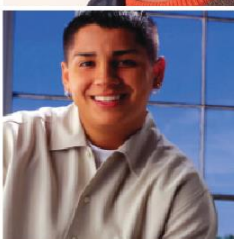
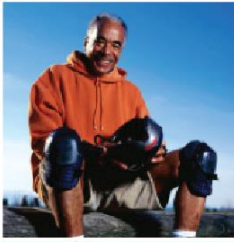


- ▶ JamieLou Delavan, State Minority Health Coordinator & Cultural Liaison, Idaho Department of Health & Welfare



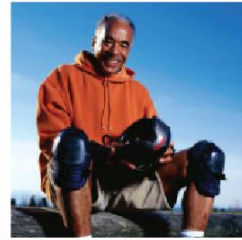
First Polling Question

- ▶ What resources would be most beneficial for you from a regional health equity council?
- ▶ Webinars/ info sharing
- ▶ Successful Policy examples
- ▶ Data/research
- ▶ Partnerships
- ▶ Conferences/ Convenings

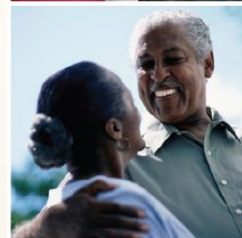


Presenters

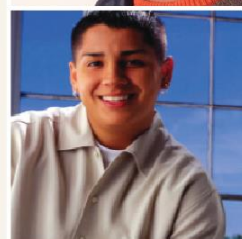
- ▶ **Charniece Tisdale, MPH**, DELTA Coordinator, Office of Equity and Inclusion, Oregon Health Authority



- ▶ **Sandra Clark, MPH**, Project Director for Community Health Strategies, Health Share of Oregon



- ▶ **Traci Harrod**, Health Advisor Coordinator and Intercultural Consultant, St. Alphonsus Hospital and Medical Group



Empowering Community Members to Advance Health Equity

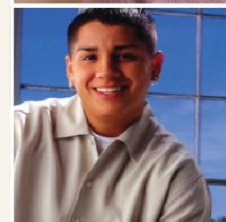
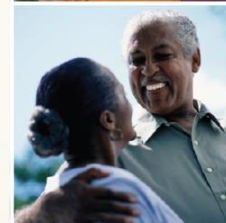
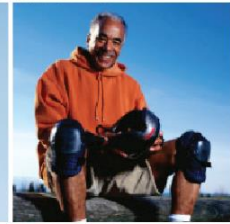
Building Capacity through Innovative Training Models



**NATIONAL
PARTNERSHIP
FOR ACTION**
to End Health Disparities

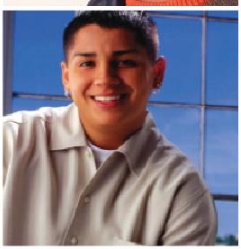
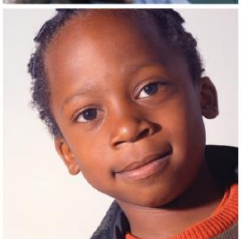
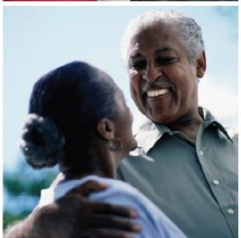
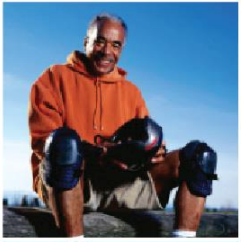


**Region X Health
Equity Council**



The National Partnership for Action to End Health Disparities (NPA)

A national movement that will increase the effectiveness of programs and mobilize partners, leaders, and stakeholders with the goal of eliminating health disparities.

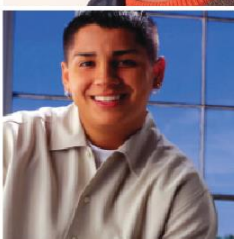
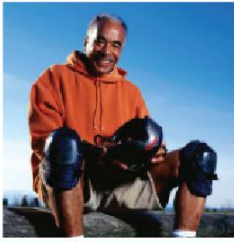


Region X Health Equity Council

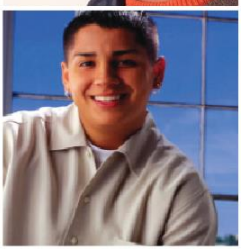
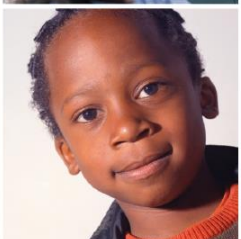
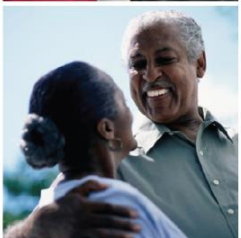
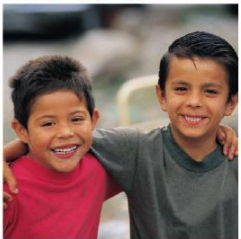
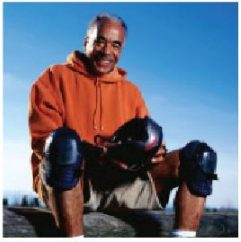
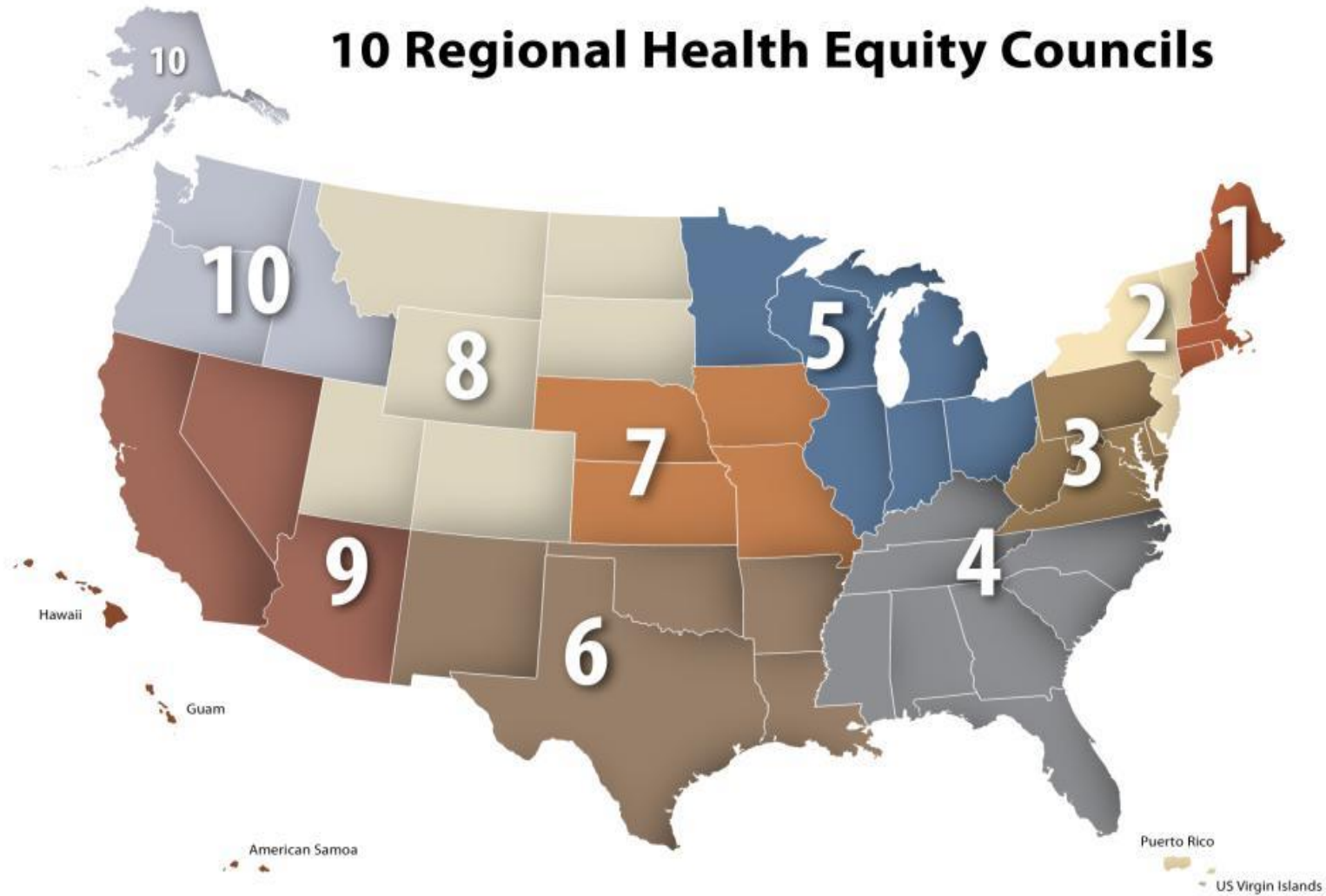
Regional Movements

Ten Regional Health Equity Councils (RHECs) have been established to:

- ▶ Mobilize regional action around common issues
- ▶ Leverage federal, regional, state, and local resources
- ▶ Infuse NPA goals and strategies into policies and practices
- ▶ Support and enhance state and community efforts
- ▶ Share stories and successes across the country

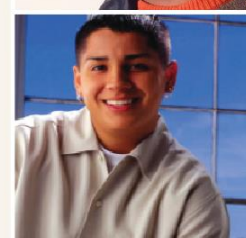
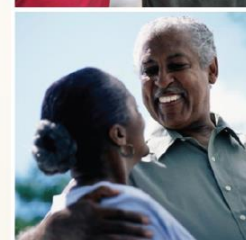
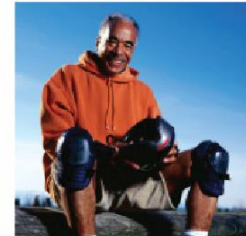


10 Regional Health Equity Councils



NPA - RHEC Common Priorities

Goal	Priority
Awareness	Communication
	Build capacity
Leadership/ Governance	Membership
	Partnerships and champions
Health System and Life Experience	Improve access to quality care
	Identify intervention points and develop tailored strategies
Cultural and Linguistic Competency	Cultural competency education and training
Data, Research, and Evaluation	Improve data collection, usage, and reliability
	Disseminate data



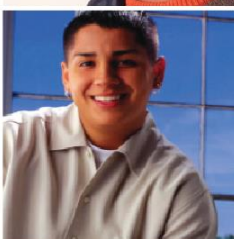
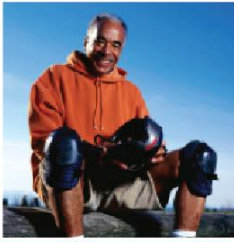
RHEC X

Vision:

A nation free of health and healthcare disparities.

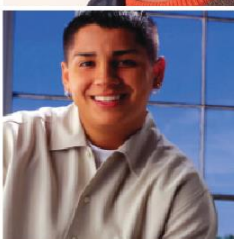
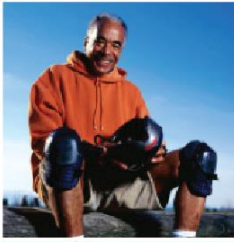
Mission Statement:

To identify and use existing efforts and resources that target the elimination of health disparities, promote health equity and to educate and increase the awareness of the social determinants of health within the states of Alaska, Idaho, Oregon and Washington.



RHEC X Priority Areas

- ▶ Increase plain-language health equity communication and outreach efforts.
- ▶ Enhance RHEC membership from diverse fields and backgrounds.
- ▶ Enhance diversity in the workforce.



Today's Webinar:

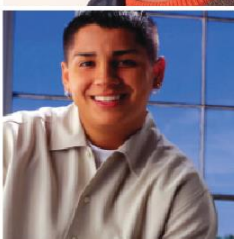
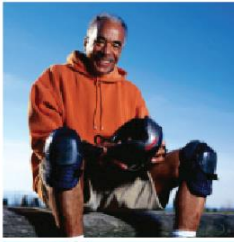
Two approaches to building capacity to address health inequities

Impact Policy & Program Decisions

- ▶ DELTA (Developing Equity Leadership Through Training and Action) program, is a comprehensive health equity and inclusion leadership program that strategically provides training, coaching and consultation to key health, community and policy leaders in Oregon.

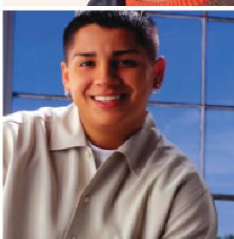
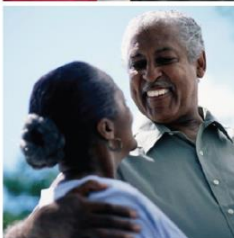
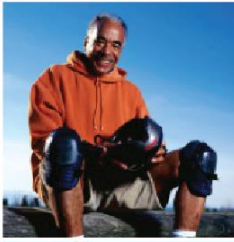
Impact Clinical Services

- ▶ The Community Health Advisor Program applies a culturally specific and trauma informed approach to increase access to health systems by training community members as health navigators in Boise, Idaho.



Second Polling Question

- ▶ Are training models an integral part of your organization's strategy to address health disparities?
 - Yes
 - No
 - Don't know



Advancing Health Equity through Innovative Training

DELTA

Developing Equity Leadership
through Training and Action

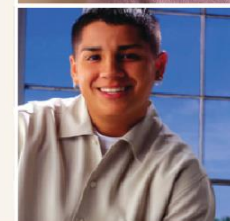
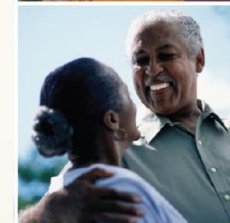
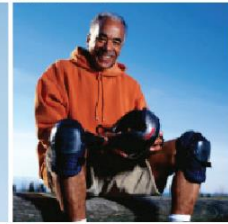
Charniece Tisdale and Sandra Clark
August 20, 2014



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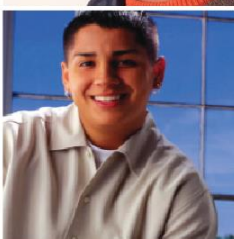
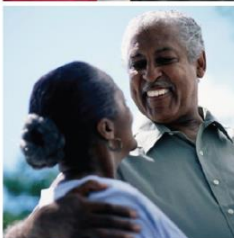
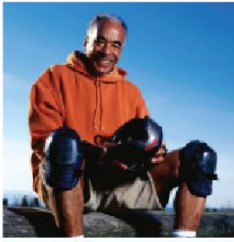


**Region X Health
Equity Council**



Goals of the presentation

- ▶ Provide overview of Office of Equity and Inclusion (OEI)
- ▶ Share one of OEI's innovative practices for developing health equity leadership (i.e. DELTA)
- ▶ Discuss DELTA participant experience



What is OEI?

- ▶ **Vision**
- ▶ **Mission Statement**

Equity Unit

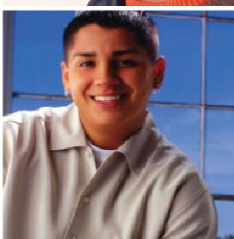
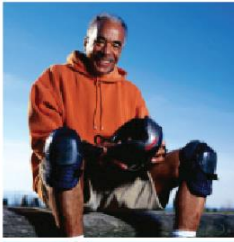
- ▶ Community engagement
- ▶ Policy development
- ▶ Fund development
- ▶ Data improvement

Diversity Unit

- ▶ Diversity & Inclusion
- ▶ AA/EEO/Civil Rights
- ▶ Recruitment/Retention
- ▶ Supplier Diversity

Administrative Unit

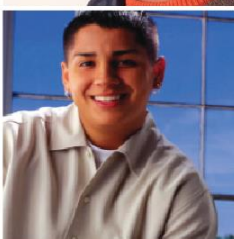
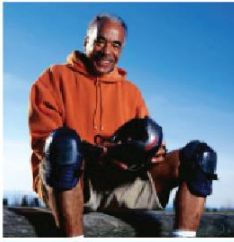
- ▶ Long-term Visioning
- ▶ Strategic Communications
- ▶ Quality Improvement
- ▶ Office Operations



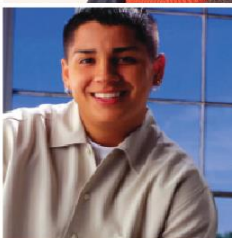
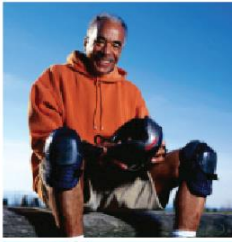
DELTA

Developing Equity Leadership through Training and Action

Purpose: To build and strengthen the capacity of Oregon's public health and health systems, and community based leaders to promote equity and diversity



DELTA in Action!!!

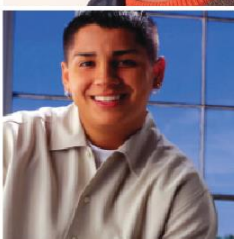
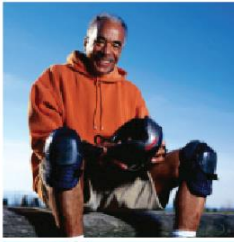


Overarching Goals

Act as drivers and enablers of an equity and inclusion agenda within Oregon's public health and health care systems.

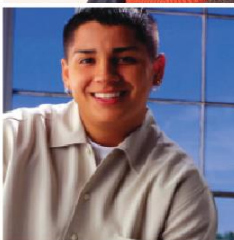
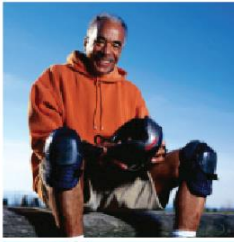
Facilitate the development and institutionalization of health equity and inclusion strategies in their own health care and public health settings

DELTA
Cohort



DELTA Participant Reflection: Learning Experience & Skill Application

Sandra Clark
Project Director
Community Health Strategies
Health Share CCO



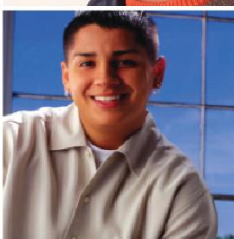
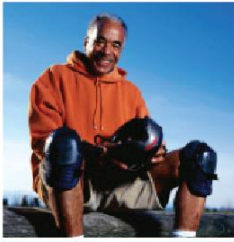
DELTA Learning Experiences

Tangible and Specific

- ▶ Developing a network
- ▶ Health Equity frameworks
- ▶ Analyzing data and identifying health disparities using health care data
- ▶ Applying CLAS Standards

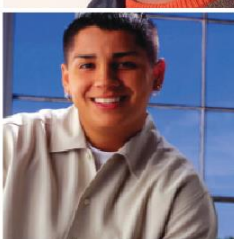
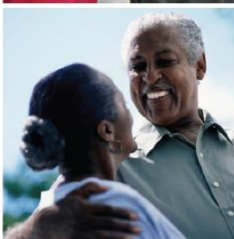
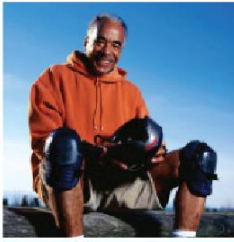
Less Tangible

- ▶ Developing a network
- ▶ Internal exploration (equity work is not 9-5)
- ▶ Long term effect from the experience
- ▶ Identifying micro-aggressions



Applying the Skills

- ▶ Organizational Assessment for Cultural Competence & Health Equity
- ▶ Cultural Competence Workgroup
- ▶ Quality Improvement Plan focused on disparities
- ▶ Health Equity Learning Collaborative starting this fall
- ▶ Use of disparities-sensitive measures
- ▶ Inclusion of Cultural Competence & Health Equity as foundational strategy at Health Share



Questions???

Charniece Tisdale, DELTA Program Coordinator

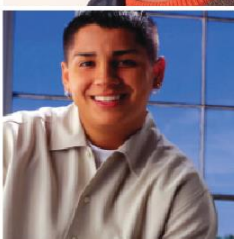
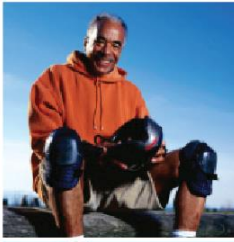
Office of Equity and Inclusion

Oregon Health Authority

Charniece.Tisdale@state.or.us

Phone: (971) 673-1333

<http://www.oregon.gov/OHA/oei/>



The Community Health Advisor Program

Seeking to provide equitable health care to diverse populations by training community members as health navigators

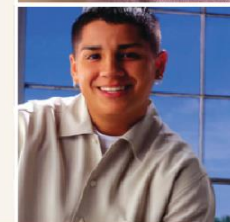
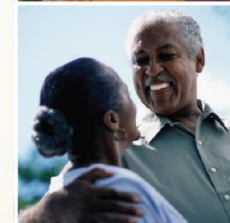
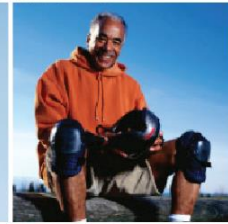
Traci Harrod
Health Advisor Coordinator,
Intercultural Consultant
St Alphonsus Center for Global Health & Healing



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to End Health Disparities

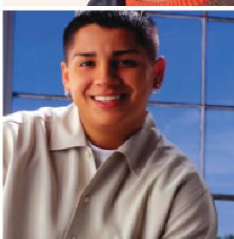
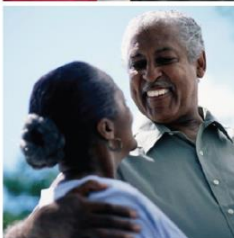
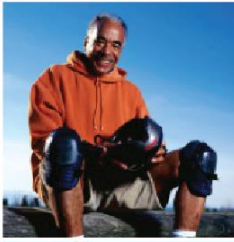


Region X Health
Equity Council

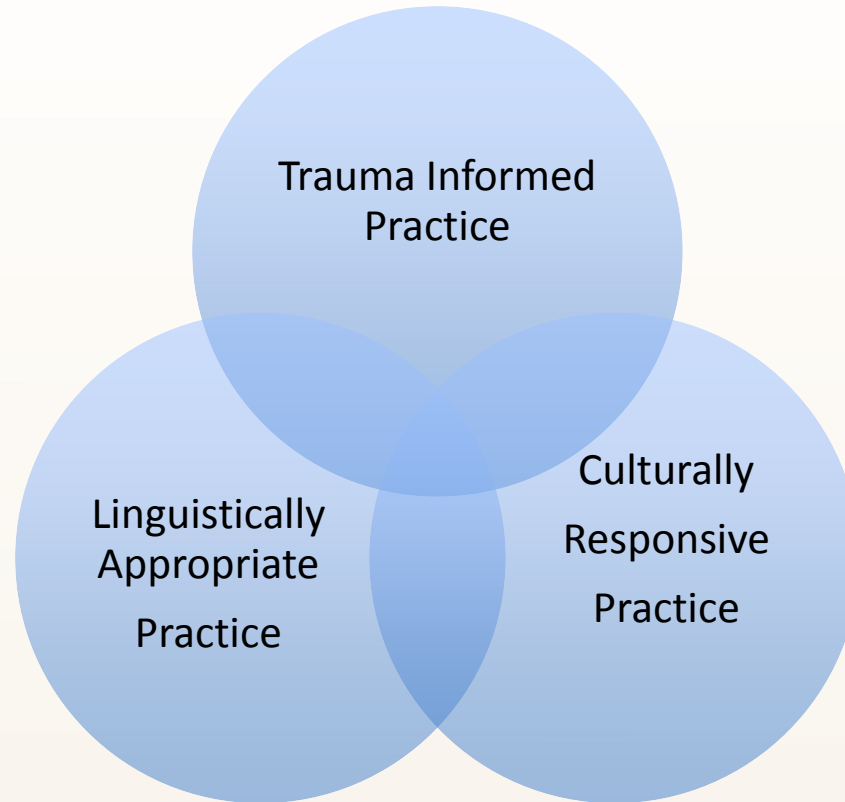


Community Health Advisors

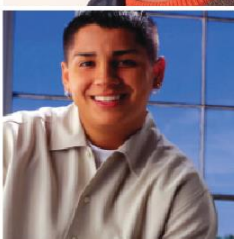
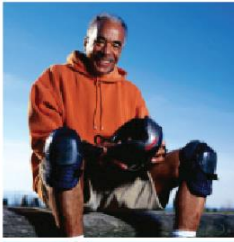
- ▶ Member of patient's culture & language group
- ▶ Trained to reduce barriers to health care by helping to navigate the health care system
- ▶ Seek to reduce health inequities by increasing access to trauma-informed, culturally-responsive, linguistically-appropriate care
- ▶ Provide training to both providers and patients by serving as cultural mediators



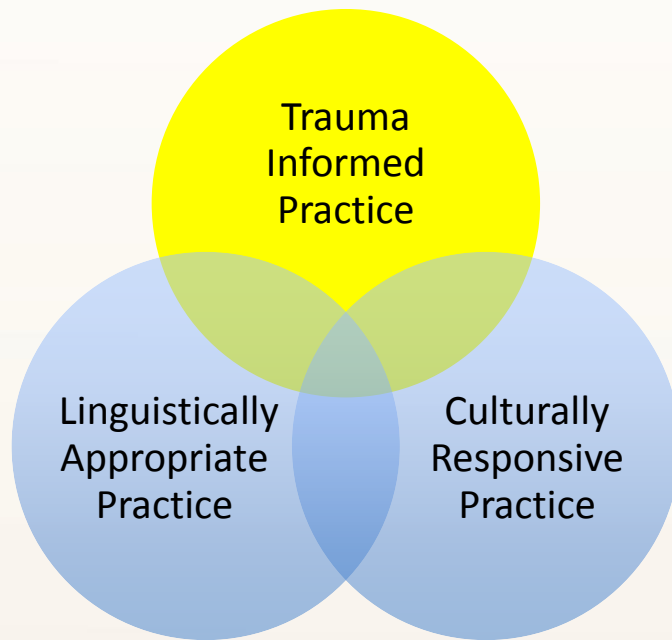
“The Equity Triad”



Harrod, T. & Lipscomb, M. (2011). The Equity Triad



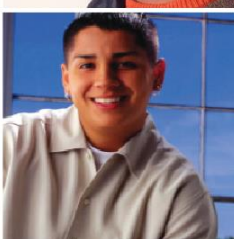
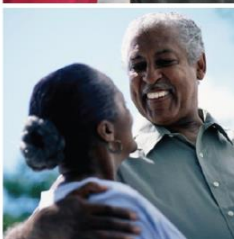
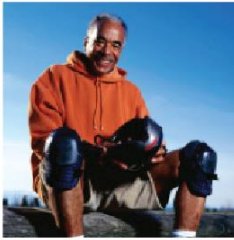
CHAs seek to increase access to Trauma Informed Practice



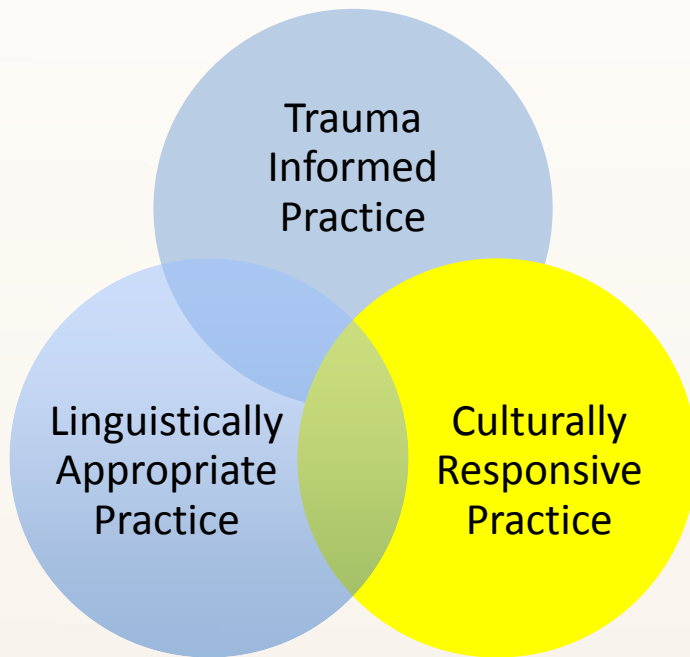
Harrod, T. & Lipscomb, M. (2011). The Equity Triad



- ▶ Understand patient's trauma history
- ▶ Recognize trauma/stress reactions as opposed to "non-compliance"
- ▶ Assist provider to restore dignity & respect to survivor through appropriate use of greetings and titles
- ▶ Establish safety and trust for survivor by monitoring environmental factors, explaining what will happen next, etc
- ▶ Advocate for trauma survivor's need to have choice and voice in every medical encounter



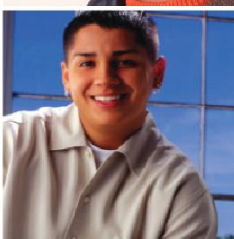
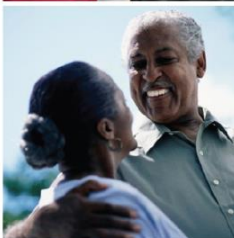
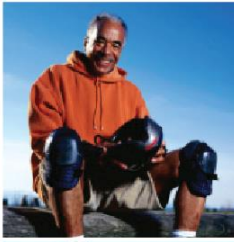
CHAs increase access to Culturally Responsive Practice



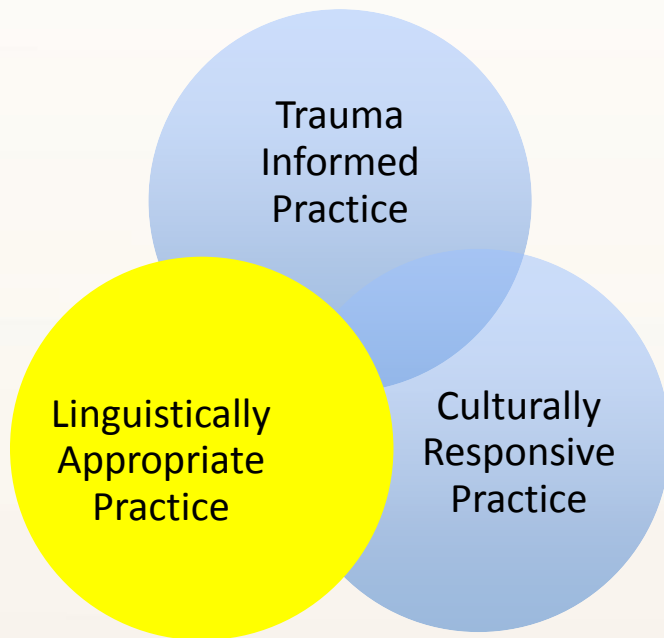
Harrod, T. & Lipscomb, M. (2011). The Equity Triad



- ▶ Serve as “cultural bridge”
- ▶ Trained to understand cultural lens of providers as well as patients
- ▶ With patient’s permission, explain cultural and religious factors to provider that may affect health outcomes
- ▶ Help to dispel cultural stigma that surround certain conditions, illnesses and treatment methods within patient’s cultural viewpoint
- ▶ Provide home visits and other culturally appropriate avenues for building trust between patient and health care system



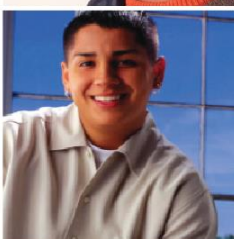
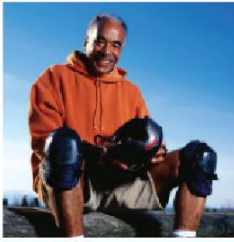
CHAs increase access to Linguistically Appropriate Practice



Harrod, T. & Lipscomb, M. (2011). The Equity Triad

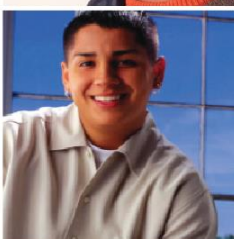
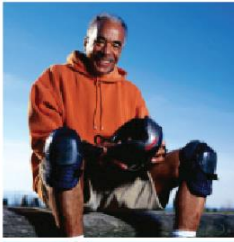


- ▶ Ensures patient understands treatment plans, medications, & other instructions
- ▶ Understands and advocates for details of patient's linguistic needs, such as dialect specifications and gender/ethnicity of interpreter needed
- ▶ Assist with interpretation and translation for pharmacy needs. If needed, translate medication instructions into patient's language or picture-based instructions
- ▶ Assist with phone communication with providers, such as making or re-scheduling appointments



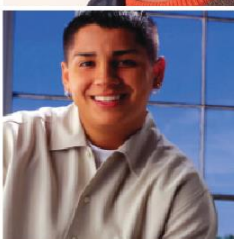
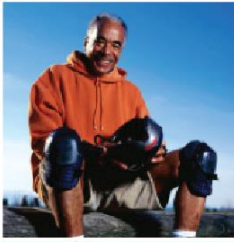
CHAs also reduce disparities by:

- ▶ seeking creative solutions to transportation and financial barriers
- ▶ coordinating care between multiple providers
- ▶ connecting patients with resources for addressing social needs
- ▶ participating in community-based training for care and service providers



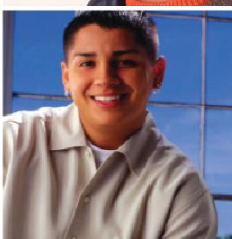
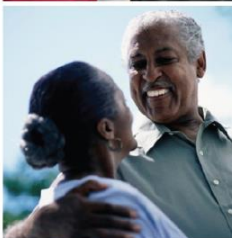
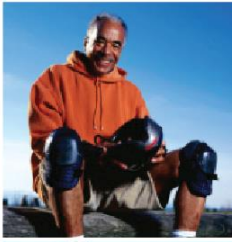
Program Development

- ▶ Development began in November of 2012 through funding provided by the Schwartz Center for Compassionate Health Care and in collaboration with the Idaho Department of Health and Welfare Refugee Program.
- ▶ February 2013 – April 2013 piloted program with elderly Burundian patients.
- ▶ Program official launched May 2013



Community Health Advisors (CHAs)

- ▶ Currently 9 CHAs
- ▶ 15 Different Language Groups Represented
- ▶ Currently 6 primary care clinics sending patient referrals
- ▶ 76 Current Participants
- ▶ 575 CHA Assisted Appointments in first year of operation
- ▶ Average no-show rate in clinic 22%; CHA Program participant no-show rate 4.96% across primary care, specialty and mental health.



Questions???

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Region X Health Equity Council

