

Oregon Summer Fellowship Project

Brief

Summaries and Trends in Annual Health-Related Services Spending and Community Health Improvement Plan Progress Reports

July-September 2022, Nick Chaiyachakorn, Oregon Summer Fellow, Oregon Health Authority (Health Policy and Analytics)

Project Goal

To identify and evaluate spending and programmatic trends for two Oregon Health Plan-specific (OHP) population health initiatives by analyzing flex-fund spending data and annual reports on regional health plan implementation. In particular, we wish to identify:

- How the Health-Related Services (HRS) and Community Health Improvement Plan (CHP) programs are currently funding health improvement initiatives at the individual and county level, throughout Oregon;
- What communities are targeted by these spending initiatives, and how these initiatives are collectively planned (if applicable),
- And how these initiatives have adapted to more recent priorities like housing, homelessness, and health inequity elimination as newer priorities.

These reports identify promising and best practices in and model programs funded by HRS and CHP spending.

Take-aways

- Health-Related Services spending are a nimble source of funding for the health-related needs of individual OHP members. Over time, HRS spending on COVID-19 needs and initiatives has been replaced by homelessness and housing-related purchases and programming.
- Separately, with regards to Community Health Improvement Plan implementation, different CCOs report drastically different levels of collaboration with regional partners in public health, health care delivery, rural community voice, health equity, and human services.
- As OHP-related programming is stood up to meet the increasing needs of Oregon's growing housing-insecure and houseless population, it is expected that CCOs must learn

to build unconventional collaborations – especially with partners in targeted communities, and the human and housing services sectors.

Challenges

Overall, CCOs varied widely in implementing and reporting the activities of the Health-Related Services and Community Health Improvement Plan programs. This reflects the diversity of circumstances that CCOs find themselves in. Between counties served, we find widely varying population densities, as well as wide disparities in healthcare provider availability, public health investment, and the number of community providers to collaborate with. As a result, our CHP analyses changed in purpose from a broad analysis of Oregon-wide trends, into a series of case studies of specific CCO initiatives with a more forward-looking purpose, rather than summative.

Separately, our coding scheme used to qualitatively analyse health-related spending provided good coverage and precision for health-related purchases for individuals, but struggled to describe the variety of upstream investments in communities and community programming. We expect this to become more salient as CCOs increase investments in social determinants of health.

Strategy.

Collaboration with OHP's technical assistance partners at OHSU's Oregon Rural Practice-Based Research Network was essential. Per-CCO catalogs of all HRS spending, produced in the process of CCO annual financial reporting, were collaboratively coded item-by-item to identify both the types of services provided, and the populations targeted. Separately, annual progress reports provided by CCOs on CHP implementation were qualitatively coded for emerging topics and trends. Consultation with OHA program subject experts helped identify trends that could be classified as best practices.

Results

The HRS and CHP programs are ongoing programs that OHA intends to grow in scope and spending. To fulfill the promises of these programs, OHA provides technical assistance to guide CCOs as they grow HRS and CHP spending, emphasizing learning from other CCOs' efforts. We anticipate that the promising and best practices identified in our analyses will provide CCOs with concrete ideas for effective services to fund effective community collaborations and engagement programs, and populations that deserve more investment.