
Community and Partner Workgroup (CPWG)

Meeting 17
March 9, 2023

Sarah Dobra
Yami Gonzalez Perez
Hilde Hinkel
Jolene McGee
Jon McDaid

Meeting Objectives

1. Discuss next steps for CPWG members and OHA | ODHS.
2. Discuss ways to stay connected to this work.
3. Learn about the PHE Unwinding Feedback Team's work and how you can help.
4. Debrief with CPWG members.

Agenda

- Welcome and introductions
- Recommendations and values
- Ways to stay connected
- PHE Unwinding Feedback Team presentation
- CPWG member feedback and debrief
- Wrap-up

Introductions

Please share your:

- Name
- Pronouns you use
- Any needs you might have to help you participate fully

Updates

Broad Overall Value

Prioritize actions that support long-term improvements, beyond the PH ER, in the One Eligibility System and overall redetermination process to enable greater numbers of ex parte renewals; alternative and accessible avenues of support so that individuals, especially those who face language access barriers or barriers due to disability, are supported through ways that reduce need to contact agency directly (community partners, systems enhancements, etc.); and increased accessibility (time, hours, staffing, etc.) for when individuals do need to access the ONE Call Center.

Guiding Values for Prioritizing CPWG Recommendation



- ONE System Improvements
- Communication Strategies and Priorities
- Navigating Insurance Transitions
- Community Partners
- Data and Dashboard Reporting
- Accessibility and Disability Access
- Language Access/ Language Justice
- Unhoused Populations
- Migrant and Seasonal Farmworkers

ONE System Improvements

The CPWG recommends that OHA and ODHS focus system enhancement and communication resources on **ONE System Improvements** to make notification paperwork simple and clear, to improve OHP member experience, reduce confusion and recognize the trauma of multiple and confusing messages. While improvements have been made, more work is needed to ensure those receiving benefits notification paperwork understand what the paperwork is and what actions they need to take.

Communications Strategies & Priorities

The CPWG Recommends that OHA and ODHS utilize **Communication Strategies and Priorities** that engage OHP members, providers, contractors, community partners agency staff and others; engage those with lived experience to outreach to high priority populations and are clear, simplified and accessible across multiple languages and accommodation needs. In addition, the CPWG makes specific communication strategies and priorities recommendations related to language access, unhoused individuals, disability access and one system communications.

Navigating Insurance Transitions

The CPWG recommends OHA and ODHS prioritize resources to support **Navigating Insurance Transitions** as OHP members transition from one form of coverage to another and, wherever possible, utilize a no wrong door approach that reduces the burden on individuals and families to navigate in silos from one system to another with specific focus and attention on individuals' high priority populations.

Community Partners

The CPWG recommends that OHA and ODHS leverage, elevate, partner with and compensate accordingly **Community Partners** to reach populations throughout the state, particularly high priority populations.

Data and Dashboard Reporting

The CPWG recommends that OHA and ODHS focus **Data and Dashboard Reporting** on areas providing greater understanding of potential inequities among priority populations, are easily understandable and accessible to read and use and are used to inform and strengthen services.

Accessibility and Disability Access

The CPWG recommends that OHA and ODHS prioritize overall **Accessibility and Disability Access** so that high-priority populations in need of accommodations and support receive those in a proactive and person-centered way.

Language Access/ Language Justice

The CPWG recommends that OHA and ODHS frame **Language Access** as language justice and equip staff and those serving individuals going through the redeterminations process who prefer a language other than English with the assistance and support in their preferred language including broad communication (in preferred languages) of services available.

Unhoused Populations

The CPWG recommends that OHA and ODHS focus resources on supporting **Unhoused Populations** including outreach, policy approaches, communication strategies and collaborations with organizations serving unhoused populations. Strategies and approaches should seek to take a person-centered and cross-organization approach to reduce barriers and support enrollment.

Migrant & Seasonal Farmworkers

The CPWG recommends OHA and ODHS provide support and resources tailored to the specific needs and circumstances of **migrant and seasonal farm workers.**

Stay Connected

Ways to Keep in Touch



- **PHE Unwinding Feedback Team:** Please continue to share your feedback, concerns, issues, comments, etc. By sending an email to feedback@odhsoha.oregon.gov.
- **Audience Engagement Meeting:** Encourage and welcome members to attend this weekly Tuesday meeting (2-3pm) for updates and discussions. Contact Hilde at janet.h.hinkel@oha.oregon.gov

Ways to Keep in Touch



- **PHE Unwinding Website:** We will continue to post updates about the Unwinding, including renewals and CPWG recommendations, to oregon.gov/covidphe.
- **Keep Covered Newsletter:** [Sign up here](#) for our partner newsletter about changes coming for people receiving benefits from the state.



Feedback Team Supporting the Public Health Emergency Unwinding (PHEU)

Centering equity, providing customer service and driving systems-level change

Community and Partner Workgroup
March 2023

Meet the Feedback Team!



Jolene McGee
Manager



Tracy Zou
Coordinator



Cody Selker
Caseworker



Steph Serafino
Consultant &
Data Specialist



Kendra Yasui
Student Worker

Overview

Highlights from COVID-19 Work

Our Vision, Values, Mission

Equity-Related Feedback

Streamlining Feedback & How We Use Technology

Feedback Data Reports

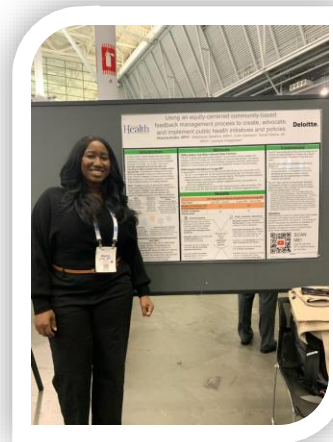
Sharing Feedback – What & How

Discussion or Questions

Highlights from COVID-19 Work



Recognized statewide and nationally



Five presentations given at the Oregon Public Health Association and American Public Health Association Conference.

Feedback Team Vision & Key Values

Provide an equity and person-centered feedback process supporting the PHEU

Honor the people we serve

People come to state government with concerns because they want to be heard and part of the solution. We want to be **responsive to community**.



Activate collective wisdom

We are here to support the many partnerships within OHA and ODHS by providing opportunities for them to share comments and concerns in one central location related to the public health emergency unwinding

Move from feedback to action

We believe in the power of feedback to **improve our systems and services**, and we use what we learn to amplify partner input and drive change.

Our North Star is health equity. Our mindset is how can we help and do better?

Feedback Team - Our Mission

Gather and act on **partner insights** and **member experiences** to strengthen OHA and ODHS's management of COVID-19 Public Health Emergency unwinding response and **advance health equity** in Oregon.

How will we manage feedback. Through:

- Customer service
- Data tracking and reporting
- Systems response and
- Providing follow up services



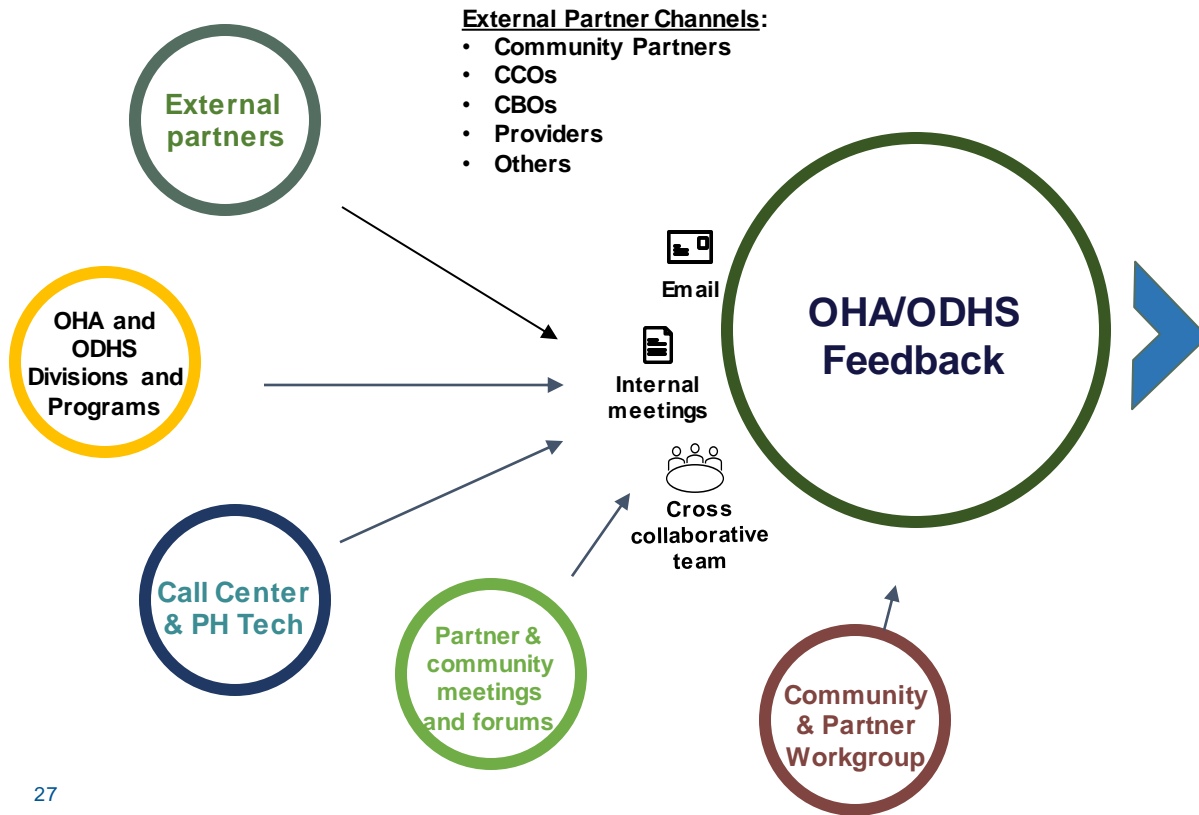
What we're looking for and how you can help!

We rely on our partners to share their feedback with us to ensure we are tracking equity-related issues and escalating for system-level change.

Our primary focus is on equity-related and other emergent issues, including:

- **Accessibility** – Pertaining to how resources, services, or other work can be accessed by different groups of different backgrounds, particularly highlighting when barriers to access are found
- **Communications** – Pertaining to how we communicate directly with constituents and community members regarding PHEU work
- **Coverage** – Pertaining directly to the healthcare coverage or other benefits received by individual community members
- **Eligibility** – Pertaining to individual or group eligibility to access programs, resources, and services
- **Operations** – Pertaining to how we are conducting this work as an agency, including planning, direct workflow, or other internal processes, etc.

Streamlining Responses Using Data and Technology



- Funnel all feedback to a single location where we prioritize and resolve urgent equity issues
- Standardize data collection and tracking to better understand the types of issues and trends
- Offer data analysis, both quantitative and qualitative
- Allow for partner communication, collaboration and feedback resolution

Data Summary (July 12, 2022-March 7, 2023)

188

Total Cases

34% (64)

Equity-Related

24% (46)

**Systems
Issues**

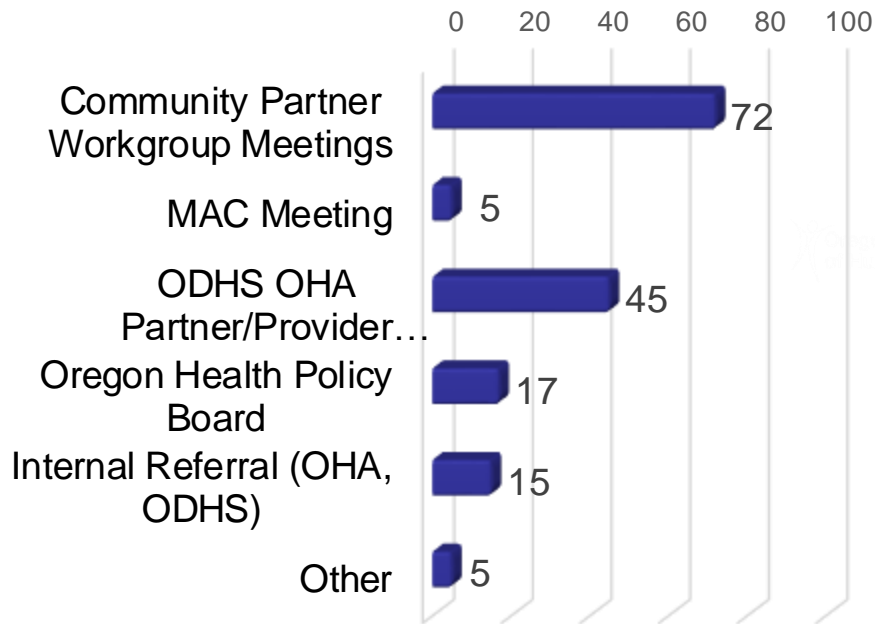
*N/A and Unknown were excluded for this analysis.

Note: Data shown represents feedback that has been sent to or collected by the PHEU Feedback Team.

Data Summary (July 12, 2022-March 7, 2023)

Intake Sources

Where we've received feedback



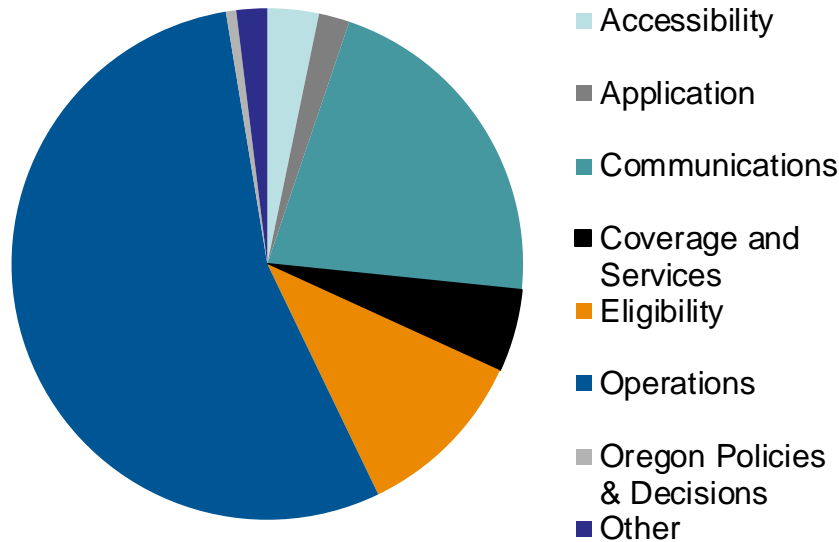
Feedback Topic

What we're hearing

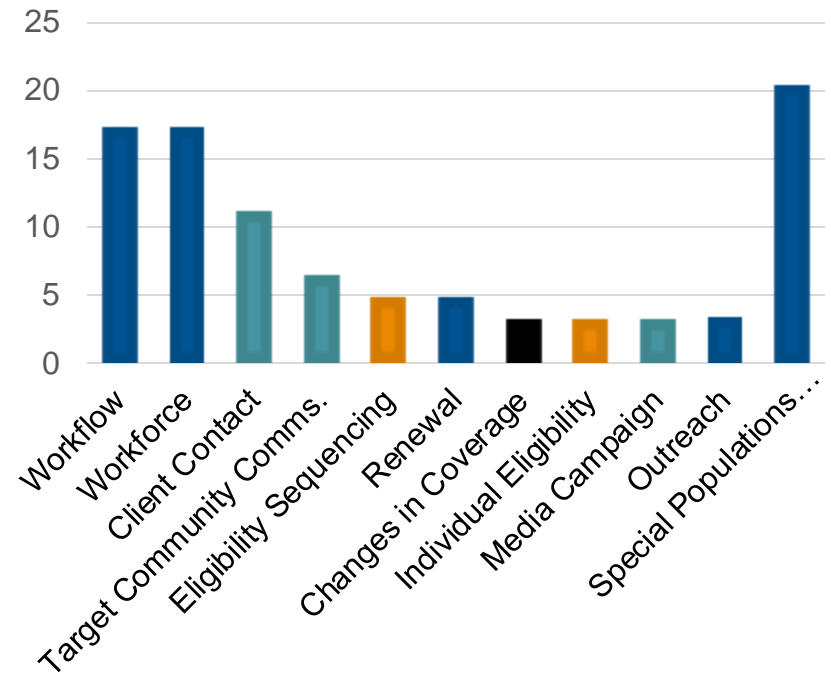
Medicaid	55
Marketplace	5
SNAP	2
Basic Health Program	1
Other	93

Data Summary (July 12, 2022-March 7, 2023)

Feedback Category



Feedback Subcategory



*N/A and Unknown were excluded for this analysis.

Note: Data shown represents feedback that has been sent to or collected by the PHEU Feedback Team.



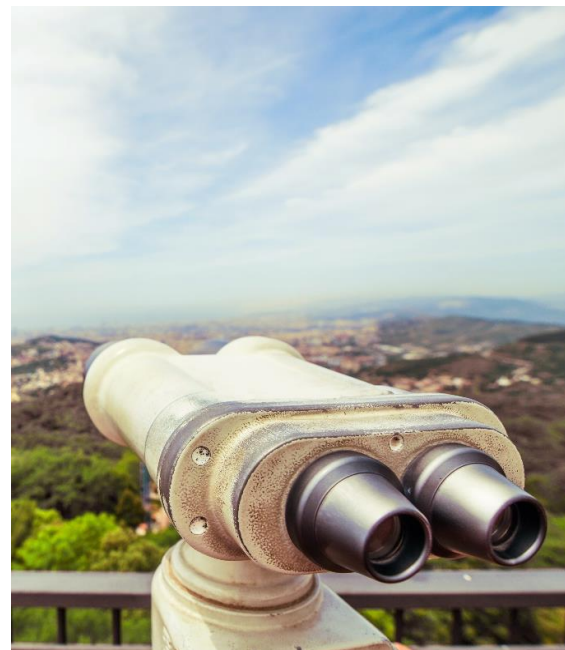
Share with us... What feedback are you hearing...

- What questions or concerns are OHP members and SNAP benefit recipients asking about benefits changing?
- What are some common issues OHP or SNAP clients may be experiencing?
- What information do you need to best support and inform community around the public health emergency unwinding.

How to Send Feedback

Email us: feedback@odhsoha.oregon.gov

The COVID-19 Public Health Emergency Unwinding Project wants to hear feedback, respond to requests, and answer questions from partners who support SNAP benefit recipients and OHP members.



Stretch break

- Let's take a 5-minute break – make sure to mute your microphones



Workgroup Feedback

Discussion Questions

Goals:

- In future workgroups similar to this nature, what can we do to ensure workgroup process support workgroup members?
- What outcomes have you seen or do you think this workgroup will have in redeterminations?

Topics for Discussion:

- How effective was the workgroup in meeting legislative goals?
- What outcome do you think the workgroup will have in improving the redeterminations experience?

Guiding Questions:

- What went well?
- What didn't go well?
- What can be improved?

Wrap up

Thank you!

Feel free to reach out if you have any questions or need any support.

Appendix

Slides that we might want to come back to.

Consensus Decision-Making

Thumbs up, Thumbs sideways, Thumbs down



Fully Agree



Fully Disagree



Could go either way

Fist to Five



5 fingers = Fully Agree and will champion

4 fingers = I'm fine with it

3 fingers = I see minor issues we can resolve later

2 fingers = I see minor issues we need to resolve now

1 finger = I see major issues that we need to resolve



Fist = I can't support this

Upcoming CPWG Recommendation Areas

2022

2023

Oct. 27	Nov. 10	December	January	February	March
<ul style="list-style-type: none">• Unhoused population• Populations that prefer a language other than English	<ul style="list-style-type: none">• Met Group• Non-MAGI populations – people with disabilities	<ul style="list-style-type: none">• Continue non-MAGI – dual eligible• Marketplace Assisters• Application assistors	<ul style="list-style-type: none">• Pregnancy and Newborn population• Online dashboard	<ul style="list-style-type: none">• Bridge Plan• Overview of draft report	<ul style="list-style-type: none">• Final Report• Wrap-up

QUESTIONS FOR CPWG:

- Do we need to add additional topics?
- Do we need to add a second meeting in January?
- Do we need to add a second meeting in February?

Draft Timeline and Workplan

Month	Work
May 26, 2022	Mtg 1 – Review background and redetermination process
June 2022 - 2 mtgs, TBD	Mtg 1 – strategies for obtaining and updating contact information Mtg 2 – strategies for outreach and communication
July 2022 – 2 mtgs, TBD	Mtg 1 – strategies to maximize navigation assistance Mtg 2 – strategies to minimize loss of coverage
August – September 2022	Review plan and responsiveness to input
October 2022 – January 2023	Monitoring and oversight of redetermination process
February – March 2023	Review and endorsement of report to legislature

Draft Working Agreements

- We will focus on equity
- Show up with good intentions and be accountable for what you say and do
- Commit to addressing and repairing any harm we cause one another
- Listen respectfully to each other
- Make sure everyone's voice is heard/Share the microphone
- Be respectful to each other
- Commit to being uncomfortable
- Know that we are greater together
- Avoid using acronyms or explain them when we do

**What is
missing or
what would
you add?**

Draft Group Commitments

- To prioritize attending CPWG meetings
- To review meeting materials ahead of time and come prepared to participate
- To stay present and engaged in meetings to the best of my ability
- To be respectful to other CPWG members and their ideas and viewpoints
- To take the time we need to make sure everyone understands the material and they have the information they need to participate

CPWG Website:

<https://www.oregon.gov/oha/Pages/phe-maintain-coverage.aspx>

The screenshot shows a web browser window displaying the Oregon Health Authority website. The page title is "Provisions under House Bill 4035". The navigation bar includes "OREGON.GOV", "About OHA", "Programs and Services", "Oregon Health Plan", "Health System Reform", "Licenses and Certificates", and "Public Health". The main content area includes sections for "Creating a 'Bridge Program'", "About the Joint Task Force On the Bridge Health Care Program", "Outreach and Communication Strategies with Community Partners", "About the Community and Partner Workgroup", and "Members". A "Meeting Info and Resources" table is also present.

Provisions under House Bill 4035

HB 4035 Report to the Legislature: Unwinding the Federal Public Health Emergency

Creating a "Bridge Program"

About the Joint Task Force On the Bridge Health Care Program

House Bill 4035 requires OHA to create a new "bridge program" to provide an affordable, comprehensive source of health coverage to adults in Oregon with income between 138-200% of the Federal Poverty Level. Implementing this program will prevent coverage loss among some people who would otherwise lose OHP during the unwinding of the Federal Public Health Emergency and will improve coverage continuity by reducing instances of "churn" due to small and/or temporary income gains among OHP members. HB 4035 directs OHA to work with the Legislative Policy and Research Office (LPRO) to convene a Task Force to inform development of this program. Oregon will seek Centers for Medicare & Medicaid Services (CMS) approval before implementation of the program.

[Click here for membership details, upcoming meeting dates and times, and links to meeting recordings.](#)

Outreach and Communication Strategies with Community Partners

About the Community and Partner Workgroup

As established in HB 4035, the Community and Partner Workgroup (CPWG) advises OHA, ODHS, and DCBS on the development of outreach and enrollment assistance and communications strategies to communicate and assist medical assistance program members in navigating the redetermination process and any transitions to coverage through the health insurance exchange. This work has the dual goals of:

1. Maintaining the most individuals covered possible so that benefits are not lost, and
2. Ensuring additional protective measures for identified vulnerable populations, priority populations, and populations and individuals facing health inequities during this transition and process.

The CPWG brings together representatives from impacted health systems, community partners, organized labor, individuals enrolled in medical assistance programs, and members of Oregon's Medicaid Advisory and Health Insurance Exchange Advisory committees to advise the state and the departments on the development of outreach and enrollment assistance and communication strategies to communicate and assist OHP members in navigating the redetermination process or transition to coverage through the health insurance exchange.

[Read the charter here](#)

Members

Members were selected based on their availability and willingness to attend CPWG sessions, lived experience and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state. Members representing intersecting identities and Oregon's priority populations were given preference.

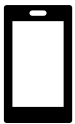
Meeting Info and Resources

Date	Materials	Notes
May 26, 2022 3:00 pm – 5:00 pm	5.26.22 Materials	5.26.22 Notes

One place to go for information and materials on our work

Recommended Outreach and Communication Strategies

Recommended strategies and avenues for obtaining and updating contact information for medical assistance program (MAP) enrollees – identified by participants of the Oregon Eligibility (ONE) Learning Series Webinar during the 4/27/2022 meeting.



Digital: phone call, email, text message – recommended in 42/76 (55%) responses.

- “A callback line, or callback option within the automated system.” **ONE Customer Service Center will be implementing a call back option later this year.**
- “More frequent check-ins, such as semi-annual courtesy calls, to check in with patients.”



Paper-based communication: poster, flyer, letter – recommended in 14/76 (18%) responses.

- “notices with minimal words--often times, my clients will say that the letter was too long so they didn't read it”
- “Flyers that i can put up in our lobbies would be wonderful. I'm also going to let intake staff know about this so they can direct the client to me.”



Community partner (CP) and OHA outreach- recommended in 14/76 (18%) responses.

- “Cp's can-do outreach since they likely have contacts and connections that are able to access.”
- “CP's attending local events and having information available”



Media platforms: social media, radio, television, other methods of advertising – recommended in 10/76 (13%) responses.

- “In our rural area, Facebook is one of the popular ways to reach our ranchers and outlying small communities.”



Coordinated care organizations (CCOs), healthcare system/provider – recommended in 7/76 (9%) responses.

- “outreach to the member PCP to see if they can add a msg in their system or hand out flyers on how to update (using CP assisters, using 800 numbers)”



Others – recommended in 7/76 (9%) responses.

- “Offer raffle prize, they have to enter contact info to enter/win”

Additional Recommended Outreach and Communication Strategies

A summary of all additional outreach and communication comments and recommendations made by those who utilize medical assistance programs (MAPs), do work related to MAPs or is participating in MAP redetermination work.

Closely collaborate with community-based organizations (CBOs), community-based organizations (CCOs) and community partners (CPs) when preparing and distributing communications and navigation resources to enrollees.

Work closely with OHA/ODHS community outreach programs for communications and engagement planning. Utilize existing infrastructures to support this work.

When able, provide CBOs and CCOs with tips and talking points to use with consumers. This could ease some confusion and burden they may face as their financial state shifts and consumers transition to new plans.

Providing CBOs, CPs, and CCOs with advanced notice of communications that OHA/ODHS is sending to consumers, so they have a heads-up and are prepared to support.

Utilize admin staff at healthcare facilities to obtain updated contact information for people currently receiving services because the staff likely has frequent contact with the patient.

Minimizing stress and burden for consumers by streamlining and simplifying the redetermination process.

“I feel like asking consumers to participate in **overhaul activities needs to be delivered in the most light weight way possible. people are already exhausted** and asking them to do extra is concerning to me.” – Medicaid Advisory Committee (MAC)

“Completely agree with _____. that the **complexity of the redetermination process is as much a factor in churn as income**” – Medicaid Advisory Committee (MAC)

Key Communications to Share Throughout the Redetermination Process

During the [4/27/2022 meeting](#), Oregon Eligibility (ONE) Learning Series Webinar attendees were asked to list the top 2-3 messages they think OHA/ODHS should highlight for community during the redetermination process.

There were 54 total responses and **almost all suggestions centered around notifying people of the two key actions they must take to avoid losing coverage**, which includes:

1

Responding to notices when they receive them.

- “Letter response is super important so if you are over-income, still respond to keep your other health ins options open, use a CP to help!”
- “If you get a letter and do not respond, you may lose your coverage EVEN IF YOU ARE STILL ELIGIBLE.”

2

Making sure their contact information is up to date.

- “Please communicate with partners during redeterminations. Update your information. No response; coverage will end”
- “if contacted by ohp correspondence to contact by phone 1 800 699 9075 to update their information to avoid loss of coverage”
- “Coverage is important to keep, please make sure to Call your CP to update information.”



Unhoused Populations

Outreach, enrollment assistance and communications strategies

Populations with additional considerations: Houseless Population

At least one individual address, which is identified as 'No Permanent address

- Does the workgroup agree with planned approach for this population?
- Modified: Workgroup recommended spread throughout approach other than in January when Community Partners do federal housing (HUD) applications.
 - Discussion of other approaches
 - Workgroup recommendation:
- Is this a population that the workgroup would like to recommend communication and outreach strategies and approaches for in a future meeting?
 - YES – requested at 7-28-2022 Meeting

Est. cases
47,255



Houseless Population

**Planned approach:
Spread-
throughout *other*
than January**

Considerations for Redeterminations

- **Sequencing:** Currently planned to spread over the entire redeterminations process.
- **ONE System** has an unhoused modifier. (No permanent address listed)
- **Considerations:** Unhoused very likely to be eligible (based on income threshold), but much more vulnerable to the complexities of the process.



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Community Partners

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Data and Dashboard Reporting

Accessibility and Disability Access

CPWG Summary: Unhoused Populations

July 28th CPWG meeting

What outreach strategies might work?

- **Social media** and **billboard campaigns**
- Working with **community partners and shelters**

Recommendation to partner closely with County Mental Health Programs and other local safety net services to support outreach to unhoused populations.



Sept. 29th CPWG meeting

Considerations

- Estimated cases are **likely underreported**, because many people use business addresses for mail.
- **Community partners** may be good avenues for outreach.

Recommendation to avoid redeterminations in January for capacity reasons, because people are applying for Section 8 assistance.

Barriers / Gaps



- **Update-to-date contact information** a challenge for effective communication
- Can be difficult to get into **contact** and stay in contact
- Lack of housing can **compound stressors**, including health, finances, social supports, etc.
- May struggle with **behavioral health conditions**
- Need for assisters coming **directly to shelter sites & encampments**
 - It's difficult getting a health navigator / enrollment assister on site.
 - Process has become convoluted, making it far more complicated than just requesting a navigator.

Successes & Lessons Learned



Successes

- On-on-one, **relationship-based communications** are effective.
- **In-person visits** from health navigators often most effective.

Lessons Learned

1. Homeless service providers should have similar **access to the ONE system** as community partners.
2. Be aware of the **unique challenges** faced by those in this group when designing processes and providing support.
3. **Partners and shelters** are the best way to communicate with unhoused populations.



COVID Outreach

Lessons learned from COVID vaccine outreach to unhoused populations

COVID Outreach Successes & Lessons Learned

Successful events for the unhoused will rely on 5 primary strategies:

1. **Establish trust.** Unhoused service providers and local health organizations must work together to meet the needs of individuals in this population
2. **Meet people where they are.** It's hard to worry about vaccination when you don't have water to drink, or you are avoiding a violent situation
3. **Multi-purpose events.** Multi-purpose events like a health connect, allow for individuals to receive better services along with vaccination
4. **Provide vaccine outreach early and often.** Better communication means better results
5. **Make the event repeatable.** This ties to building trust and the nomadic nature of individuals in this population

There is no wrong door:

It takes great community partnerships to ensure our unhoused community members have good access to vaccination services

COVID outreach Successes & Lessons Learned

Successful vaccine events for the individuals experiencing houselessness:

•Local Public Health Authority and Community Partners

Klamath LPHC and Community Partners

- Two videos: (health literacy; vaccine education)

•Lane County

- Showing up to encampments each week.

Community Based Organization

•Burrito and vaccine education:

- Eugene

- Vaccine event with hotel rooms

-YCAP, Yamhill County Community Action Partnership



Successes & Lessons Learned

Successful vaccine events for the individuals experiencing houselessness:

Federally Qualified Health Centers

- Drop-in center example:
 - HOPE (Marion & Polk County, Northwest Human Service)
- Walk-in appointments
 - White Bird Clinic: Lane County
- Regional Pharmacy Events with CBO/OHA
 - PeaceCorp outreach, HUD outreach
 - Interpreter Services
 - Pharmacist that had a cultural humility background



Case Study Example – Z Codes & Kepro



COVID-19 vaccines and Z-Codes

Z590	Homelessness
Z591	Inadequate housing
Z592	Discord with neighbors, lodgers and landlord
Z593	Problems related to living in a residential institution
Z598	Other problems related to housing and economic circumstances
Z599	Problems related to housing and economic circumstances, Unspecified problem related to housing or economic circumstances

Oregon Department of Human Services

Youth Experiencing Homelessness
Self-Sufficiency Programs Housing Policy

ODHS

SNAP



- Specialized SNAP Outreach partners who help unhoused persons connect with resources (mailing options, application assistance etc.)
- Eligibility staff work at community drop-in sites to help people apply
- Population-specific CBO partnerships (unhoused veterans, people transitioning out of carceral settings, migrant and seasonal farmworkers)
- Not redetermination related – Restaurant Meal Program POP
- Opportunities to accommodate with communication – text, natural touchpoints (like EBT app), etc. not currently being used.

Employment Related Day Care (ERDC)

- Not redetermination related - Priority processing for those who meet the McKinney-Vento definition of homeless. Families to have their benefits opened using client statement as verification of income and the requirement to have an interview is waived. Family receives benefits more quickly and changes are made when verification is received.

ODHS



TA-DVS

- No redeterminations

Temporary Assistance for Needy Families (TANF)

- Language change from “home visiting” to “community and home visiting,” allows flexibility in location
- Lots of opportunity!

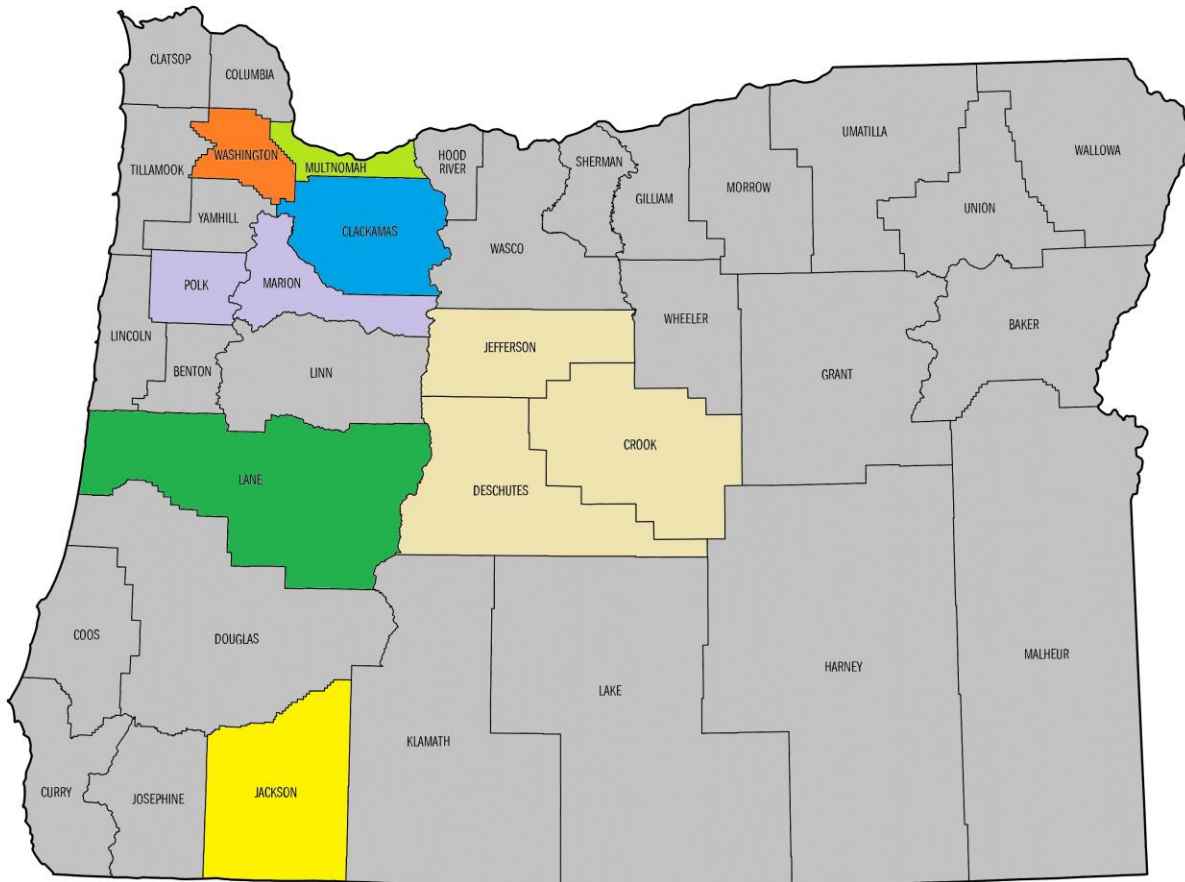
Youth Experiencing Homelessness Program (YEHP)

- YEHP works directly with ~35 youth-serving programs across the State
- Youth homelessness is not the same as adult homelessness
- Connectedness is hard with YEH
- Lack of Trust and Misinformation

Oregon Housing and Community Services

Presentation and discussion: Overview of OHCS work,
Community Action Agencies and Lane County Housing
Information Management System

HUD Continuum of Care (CoC) Organizations



CoC
Contact
Information



Public Health Emergency Unwinding Project

Communications Strategy and Coordination

Overview

July 14, 2022

Robb Cowie, OHA Communications Director

Lisa Morawski, ODHS Communications Director



Agenda Today

- Introductions
- Goals and principles
- National point of view
- Communications approach
- Discussion
- Wrap-up and next steps



The Goal: Preserve benefits

1

Ensure **all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner** without interruption

2

Give those **no longer eligible for benefits clear direction and coordination** of additional resources

3

Give those who assist people receiving benefits **clear information about how they can help**



Our Principles

Our principles are focused on providing equitable communication to all people receiving benefits



National Point of View



Why communications and outreach matter

BENEFIT RECIPIENTS ARE ALREADY OVERWHELMED

Following all the steps to apply for and maintain benefits can feel like a second job to an already resource-strapped benefit recipients.

MISMANAGING THIS CHANGE CAN LEAVE FAMILIES HURTING

The onus is on us to support people receiving benefits and partner organizations as they're adapting to these changes.

COSTS RISE WHEN THINGS AREN'T CLEAR

When people receiving benefits and partners are confused, their first instinct is to call customer support for help. If customer support staff aren't prepared to help, costs rise even more.

THE POTENTIAL RISKS ARE REAL

Negative experiences can have long-term negative consequences for trust in government.

CHANGE IS A CHALLENGE – AND AN OPPORTUNITY

People receiving benefits and partner organizations will be paying attention. Now is the moment to clearly and proactively communicate so we can help them navigate the transition and build trust.

It Takes a Village

States will need to engage and empower a wide variety of partners to successfully communicate and support people receiving benefits.




Communications Approach



Public Health Emergency Ending

How we'll communicate by phase

	Pre-PHE Ending	PHE Ending Notice	Renewal Period
	Fall 2022	TBD	TBD
Objectives	<p>Encourage people to update their contact, income and household information.</p>	<ul style="list-style-type: none"> • Let people know what to expect and how to prepare. • Reinforce importance and urgency of updating their information. 	<ul style="list-style-type: none"> • Encourage people to read their notices and respond if information is needed to continue benefits. • Let people know what they need to do to maintain coverage or seek other services.
Bedrock Strategies	<ul style="list-style-type: none"> • Equip internal staff with scripts and supporting materials to use in every client interaction. • Share information and tools with community partners, providers and assisters so they can help those they serve navigate changes. • Reach people through broad and targeted awareness campaigns, preferred channels, and trusted senders to meet them where they are with the information they need when they need it. 		<ul style="list-style-type: none"> • Coordinate with the Marketplace to ensure people who lose OHP are supported in their transition to a private plan. • Promote the Bridge Plan as an option for those who do not qualify for OHP and cannot access Marketplace plans.
<p>Solicit and use partner, benefit recipient and Community Partner Work Group (CPWG) feedback to identify and address equity issues and improve PHE-unwinding efforts.</p>			



Lessons learned from COVID-19 for more accessible, equitable communications

Work closely with community partners to communicate health information

Create culturally responsive strategies, tools and content

Our COVID-19 Feedback Team wants to learn from you!

Share your comments, concerns and questions about the Oregon Health Authority's COVID-19 response.

Ways to share

- Fill out and mail this postcard
- Email CHA.Feedback@dhsosha.state.or.us
- Leave a voicemail at 503-945-5488
- Submit feedback online: <https://govstat.us.egov.com/CHA-CR-COVID-19-feedback>



Solicit and use feedback from beneficiaries and partners to improve operations, communication and outreach

K'iche' Oregon Health Authority

Minuto de Salud con OHA

Ahora los niños de 6 meses a 4 años son elegibles para una vacuna contra COVID-19.

VISITE: www.vacunacovid.oregon.gov

OHA en Español

Safe Strong

COVID-19 - Mental & emotional health - Find Services

Find answers about COVID-19 vaccines. Get support when you need it.

COVID-19 VACCINE Find a vaccine

COVID-19 VACCINE Find answers to your questions

Multnomah County

Search Services Departments Elect

Multnomah County > Health > Racial and Ethnic Approaches to Community Health (REACH)

Ask a Black Doctor

Menu

Ask A Black Doctor: Friday Facts about Covid-19 featuring Dr. Bukhosi Dube.

ASK A BLACK DOCTOR PODCAST

REACH for Ask A Black Doctor

Join us every Friday at 8am and 2pm for a half hour as we discuss issues surrounding the current par distribution, dispel myths, provide facts, and address concerns. We'll also be providing updates about discuss how we can build a better culture around Black health.

Episode Library

Work with providers who come from community to serve as trusted messengers to engage people they serve

Build accessibility into our channels and tools

YouTube

Live Chat (opens in a new window) for this video.

ASK A BLACK DOCTOR PODCAST

Ask A Black Doctor: Friday Facts about Covid-19 featuring Dr. Bukhosi Dube.

0:00 / 1:00

100% Volume

100% Playback Speed

100% Full Screen

100% Share

100% Save

100% Embed

100% Print

100% Download

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Barriers and risks identified by CPWG

Challenge

Project Approach

"One size does not fit all"

- Use a variety of channels to reach people receiving benefits
- Equip trusted messengers in community to help

Culturally responsive communications

- Apply lessons learned during pandemic
- Equip trusted partners in communities to carry messages using a variety of channels

Confusing notices and messages

- Develop communications in plain language
- Revising medical notices
- Equip staff and partners to answer questions

Accurate contact information

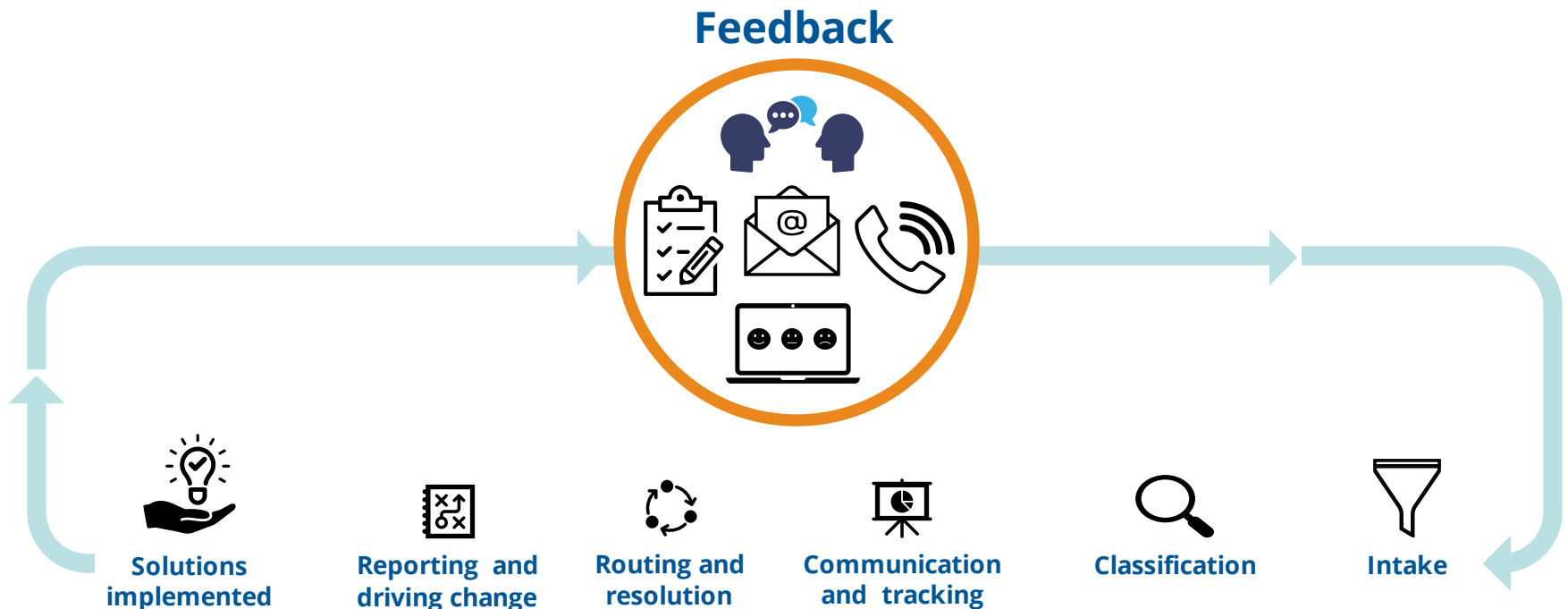
- Multipronged effort to encourage people to update their contact information
- Staff to verify with every contact; give CCOs ability to make updates
- Use proven outreach approaches for people who are unhoused

Mistrust of information sources

- Equip trusted partners in communities to carry messages using a variety of channels
- Utilize information sources with name or brand recognition
- Conduct outreach in community settings like libraries

How we'll use feedback to improve our work

Core objective: Ensure feedback from people receiving benefits, CCOs, providers and partners is woven throughout communications messages, strategies and tactics throughout the PHE unwinding.



Tactical overview

External Website

One-stop-shop for critical, phase-specific information, calls to action, and resources for various external audiences.

Benefit Recipients

Partners & Providers

Staff

Earned Media

Proactive use of news releases and other existing media outreach channels, and timely response to media inquiries.

Benefit Recipients

Partners & Providers

Benefit Recipient Communications

Letters, email, text messages, FAQ, Applicant Portal Message Center.

Benefit Recipients

Social Media Advertising

Broad awareness campaigns across various state and partner-owned social media platforms to boost reach.

Benefit Recipients

Partners & Providers

Paid Media Campaign

Broad awareness campaigns across paid media to increase understanding and action related to Oregon's PHE unwinding.

Benefit Recipients

Partners & Providers

Partner Toolkit

Toolkit with customizable content to inform partners of changes and equip them with tailored resources to educate and support the people they serve.

Partners & Providers

External Partner Webinars

Recurring touchpoints for key staff to share the latest information, answer questions, and solicit feedback related to Oregon's PHE unwinding efforts.

Partners & Providers

Internal Communications

Internal website, training, all-staff messages, staff scripts, presentation toolkits, leadership meetings and briefings.

Staff

Discussion Questions

- What are some of the communications outreach lessons you learned during the pandemic?
- In reflecting on your own interactions with people receiving benefits, which of our tactics or tools will be most helpful?
- What else should we consider?



Next Steps

- Incorporate CPWG feedback into our overall communications and outreach strategy
- Follow-up with CPWG in August

Workgroup recommendation questions and considerations

- What risks or barriers to communication and outreach exist for this populations?
- What has worked well?
- What is essential for us to consider or implement for this populations?
- Would this population benefit from front determinations, end determinations, or redeterminations across the entire time period?

