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IHN-CCO's Delivery System Transformation Committee approves funding for new pilot projects

(CORVALLIS, ORE. – Oct. 26, 2022) – InterCommunity Health Network Coordinated Care Organization's (IHN-CCO's) Delivery System Transformation Committee approved funding more than \$1 million in funding to support 11 unique pilot programs. The committee is comprised of community partners representing a range of sectors, largely in social services and health care. The focus is on building and supporting transformational initiatives that address health inequities and center around community needs.

Pilots are selected from a competitive request for proposals process. The goals are to achieve better quality health care, lower costs, increase access to services and reduce staff burnout. To be considered for funding, pilot projects must address at least one of the health impact areas in the Community Health Improvement Plan, developed by IHN-CCO's Community Advisory Council. For 2022, the priority areas were access, behavioral health and social determinants of health.

Five of the pilot projects began in fall 2022. These include Amplifying Voices, Health Navigation Station, The Health Collective, Transitioning Into a Home and Walk n' Roll.

Amplifying Voices, Samaritan Health Services' ArtsCare Program: Use art-as-healing activities to support the mental health and wellness of underserved teens in Lincoln County, while focusing on empowerment, learning healthy coping skills and community building. Teens will help create a public art piece with the guidance of professional artists and project mentors.

Health Navigation Station, St. Martin's Episcopal Church: Improve access to health technology for low-income and unhoused community members in Linn County. Through a dedicated kiosk with a supportive coach, members can make and track appointments, check email from providers, learn about health-related topics, access transportation and more.

The Health Collective, Samaritan Physical Rehabilitation - Lebanon: Empower learning and taking personal action in one's own health. Using materials in both English and Spanish, this pilot will use social media platforms to reach a

multi-cultural, bilingual population and share information about the six pillars of lifestyle medicine: nutrition, physical activity, sleep, health, stress management, avoidance of risky substances and positive social connection.

Transitioning Into a Home, Furniture Share: Track and distribute healthy fresh fruit and vegetable boxes, furniture and household items, reduce delivery charges and gather information about community members' healthy living habits. With the support of a dedicated case manager, Transitioning Into a Home aims to research and understand how prevalent furniture and food poverty is in the community.

Walk n' Roll, Newport 60+ Activity Center: Help to improve access to the Walk With Ease program, which helps increase strength and balance and decrease pain for seniors with arthritis and other chronic conditions. Community partners will help the pilot reach individuals — whether homebound or mobile — with a program proven to provide many benefits, such as better function, improved mood, quality of life and self-confidence.

The six larger initiatives, set to kick off in January 2023, include End of Life Support, Faith Communities Engaging Health, Overcoming Obstacles to Dental Care, Wellness Care Team, Improving Access with THWs (traditional health workers) and Ahead of the Curve.

End of Life Support, Samaritan Health Services' Care Hub: Provide one designated bed (room and board) at the Evergreen Hospice House for unhoused, terminally ill community members in the last stages of the dying process. As specialized practitioners, hospice nurses know that a “good death” means honoring choices, managing anxiety of families and caregivers, controlling symptoms, normalizing the experience and empowering family.

Faith Communities Engaging Health, Faith Community Health Network: Support a growing group of dedicated faith community nurses and health ministers from diverse faiths serving faith communities in the context of their faith tradition and/or community at large, bringing health care access to vulnerable and diverse populations in a nontraditional setting. Faith community members have different needs, and trusted faith community nurses and health ministers serving within the faith community can assess the population and meet those needs in a culturally appropriate context.

Overcoming Obstacles to Dental Care, Capitol Dental Care: Innovate ways to stabilize patients awaiting dental care, as well as develop preventative measures to reduce the need for extensive dental treatments. This pilot aims to utilize a community health worker as the primary hub of communication and education for care providers and clients. The community health worker will provide additional education, service navigation and assistance to improve the oral health of adults and children with special needs.

Wellness Care Team, Family Assistance and Resource Center Group: Provide individualized care to treat the whole person (mentally, physically and emotionally) through street outreach and in-reach at the micro shelter and navigation site. Rather than treat isolated health problems, this program provides care and builds wellness through recognizing the intersecting factors of health and housing.

Improving Access with THWs, Unity Shelter: Increase onsite supportive services, provide additional direct assistance and advocacy for individuals in the process of finding primary care, healthy food options and safe, permanent housing. Unity Shelter envisions a community where lack of housing or shelter is rare, brief and nonrecurring, and where all people have a safe and stable place to live, connect and thrive.

Ahead of the Curve, Olalla Center: Increase behavioral health care for those impacted by trauma, while promoting increased equity and diversity in the workforce. Considering rampant workforce shortages, Ahead of the Curve will implement a “grow your own” approach, by investing in existing residents of underserved communities who desire to give back by becoming behavioral health clinicians.

IHN-CCO is committed to improving the health of our communities by building on current resources and developing new partnerships. IHN-CCO funds and supports pilots that improve local health care in Benton, Lincoln and Linn counties. Since 2012 IHN-CCO has funded more than 100 pilot projects totaling over \$25 million. Information on current and past pilot projects, including success story highlights, can be found at IHNtogether.org/transforming-health-care.

About InterCommunity Health Network Coordinated Care Organization

IHN-CCO was formed in 2012 as a partnership to improve the health outcomes of the people living in Benton, Lincoln and Linn counties, Oregon. The partnership consists of county governments and their public health, mental health and addiction service departments, local health care providers, federally qualified health centers, community-based organizations and more. IHN-CCO serves more than 80,000 Oregon Health Plan members.

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