

Coalition Spreads Health Equity Vision Across Southern Oregon



From the left - Jennifer Ware, Community Engagement Coordinator for (So Health-E); Martha Rivera, Preconception Care Coordinator for Health Care Coalition of Southern Oregon (HCCSO) with baby Elena Lizette Rivera.

By Rene Ferran

When Jennifer Ware moved to her husband’s hometown of Medford two years ago, little did she know that fate was setting up her next adventure. Ware and her husband, Jared, simply were looking forward to a “mini-retirement” when they left the East Coast for Southern Oregon.

Last April, refreshed and up for a new challenge, she told Jared she was ready to look for work. The next day, an email appeared in his inbox for an opening with the [Health Care Coalition of Southern Oregon](#) (HCCSO), which has served the residents of Jackson, Josephine and Douglas counties since 1990.

While Jennifer didn’t get the job described in the email, she did join HCCSO as coordinator of the Southern Oregon Health Equity ([SO Health-E](#)) Coalition, one of six [Regional Health Equity Coalitions](#) funded by the Office of Equity and Inclusion.

“We want to be the organization that gets input and now does something with it,” Ware said. “We want to build a road map and push policy changes based on what the community tells us.”

OEI envisioned RHECs as coordinated, community-driven collaborative groups that work at a regional level to identify policy, systemic and environmental changes necessary to increase health equity, reduce health disparities and address social determinants of health.

Three RHECs were formed in 2011, and SO Health-E was one of three more created in 2014 – along with ones in [Klamath County](#) and the Mid-Columbia region – as a result of additional funding through the State Innovation Model grant that supports health system transformation efforts

SO Health-E’s partners include the [county’s health department](#), [Jackson Care Connect CCO](#), [OHSU’s School of Nursing Ashland campus](#), [Oregon Action](#), [AllCare Health Plan](#), [La Clinica](#), [Rogue Community Health](#), the [Medford School District](#) and [Southern Oregon Education Service District](#), and the [Latino Partnership Program](#).

SO Health-E’s first year was spent fact-finding and introducing itself to a community that has grown increasingly diverse over the past decade.

For example, Latinos made up only 6.7 percent of the county’s population in 2000 with 12,126 residents; by 2013, the [U.S. Census Bureau](#) put the Latino population at 11.7 percent (24,400).

“We want to make this area more welcome to diversity,” Ware said. “This is why we’re pushing for cultural agility with providers. We want to raise awareness ... by bringing representatives from the minority and LGBTQ communities in the region to the table and engage them.”

The RHEC recently completed its Phase 1 Health Equity Assessment of the county’s racial and ethnic disparities, which found three major areas for focus:

- **Oral health:** According to the assessment, information from the [2012 Oregon Smile Survey](#) showed that “local Latino youth have oral health disparities that may impact their educational experience.” More than 1.6 million school days are missed in the U.S. each year because of acute dental problems.
- **Teen pregnancy rates:** The assessment found that Latina teens ages 15-17 in Jackson County had almost triple the teen pregnancy rate compared to non-Latinas. For those ages 18-19, the rate is nearly double.

Martha Rivera, HCCSO’s Preconception Health Coordinator, is working with SO Health-E to improve pregnancy outcomes as well as running the One Key Question program sponsored by the [Oregon Foundation for Reproductive Health](#). “Teen pregnancy is my baby,” Rivera said.

- **On-time graduation:** Ware pointed out that smoking rates are tied to graduation. “If you’re more likely to graduate and go to college, the less likely you are to smoke or to live in poverty,” she said. “There are many groups already working on this, but we’re working on a

policy level to ensure every school is teaching culturally and linguistically appropriate material.”

Danielle Droppers, RHEC Coordinator for OEI, praised SO Health-E’s work on this final social determinant, pointing out not only its work on CLAS (Culturally and Linguistically Appropriate Standards) but also its creation of a youth advisory council.

“Their ability to build trust and relationships among community and coalition members through meaningful engagement also facilitates their continued success,” Droppers said. “Their dedicated staff (is) passionate about spreading the vision of health equity and addressing the social determinants of health.”

While Year 1 was spent gathering the data, Ware said this year would be focused on creating a five-year strategic plan based on the data regarding which social determinants need to be addressed, but also informed by community feedback.

“We know what the data says,” Ware explained. “But we as an equity coalition are just as passionate and focused on going to the community and getting their input. Is the data correct? If we find a mother, for instance, of a family who’s living in poverty, and she’s not focused on these factors, but on where to find healthy food, then is that where we need to focus our energy and our money?”

SO Health-E plans to start a series of community forums this summer asking these questions, going not just to the county’s main population centers of Medford, Ashland, and Central Point, but also heading out to small towns such as Gold Hill and Butte Falls for answers.

“We created this coalition at a ripe time,” she said, excitement building in her voice. “The county is ready for it. Now we need to continue to push this out to both health professionals and to the community members they serve.”