COHC Community Advisory Council
COCC Pineville Open Campus
510 SE Lynn Blvd. (Conference Room)
Prineville, OR 97754
Agenda 3-5-2015
Conference Line: 1.719.325.2630
Participant Code: 137417#

Time	Topic	Action
11:00-11:10	**Welcome/Public Comment—Linda McCoy**	
11:10-11:25	**Environmental Scan Framework—MaCayla Claver** • Next Steps • Discussion	Next Steps Discussion
11:25-12:25	**Regional Health Assessment—Lindsey Hopper** • Overview • Discussion • Recommendation	Recommendation Discussion
12:25-12:45	**Committee Governance Training Part I—Lindsey Hopper/MaCayla Claver** • Review charter • Review relationship to COHC • Review information flow to COHC Board • Next training session will address confidentiality obligations and conflict of interest	Discussion
12:45-1:00	**Flex Funds Update—Therese Madrigal/Jeff White** • Discussion	Discussion

Environmental Scan Framework

Overview
One of the Central Oregon Health Council's (COHC) three priorities listed in the COHC Strategic Plan is to "strengthen community engagement and develop a network of effective working partnerships." To support this priority, the Community Advisory Council (CAC) asked for an environmental scan of community partners to identify gaps in relationships, eliminate duplication of work, leverage resources, and mutually support work in the community and the COHC.

Below is a list of steps that will set the framework for the environmental scan.

1. **Identify community partners**
    I will create a list to identify our community partners in Central Oregon.

2. **Determine strength of partnerships**
    I will categorize the strength of the each community partner as one of the following:

    - No existing relationship
    - Room for improvement
    - Good relationship
    - Strong relationship

    By determining the relationship with our community partner, we can then identify gaps where we may want to connect or improve our relationship.

3. **List projects that the COHC and each of our community partners have worked on together**
    I will create a list of the work of the COHC and community partners. This information can be used to verify the relationship, history, and past experience. By knowing our partners' experience, we can determine who we may want to ask for participation on our own projects.

4. **Identify relevant projects and work of our community partners.**
    By listing the work of our community partners, we will be able to identify where we can support our partners' work, avoid duplication, and ask for participation.

The process for collecting the data for the environmental scan will entail talking to community partners, use of the 211 information system, and browsing the internet. CAC review and recommendations are greatly appreciated.

CHARTER: Central Oregon Health Council Community Advisory Council

The Community Advisory Council (CAC) is chartered by the Central Oregon Health Council (COHC) Board of Directors to advise and make recommendations to it on the strategic direction of the organization.   The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.   The CAC is intended to enable consumers, which will comprise a majority of the CAC, to take an active role in improving their own health and that of their family and community members.

The CAC will provide guidance and feedback to the COHC in the following areas:
1. COHC Work Plan
2. Regional Health Improvement Plan
3. Regional Health Assessment
4. Development, implementation and evaluation of innovative initiatives, programs, services and activities

The CAC will assist the COHC through the following roles and activities:
1. Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns
2. Identify opportunities to improve population health in the Central Oregon region
3. Advocate for COHC preventive care practices
4. Maximize engagement of those enrolled in the Oregon Health Plan ("OHP")
5. Provide advice to help COHC link the community's medical and non-medical services to overcome barriers to health
6. Provide a link back to community constituents to aid in achieving the COHC Vision and Guiding Principles

Members of the CAC will be recruited to represent the diversity of the Central Oregon community and may include race/ethnicity, age, gender identity, sexual orientation, disability, and geographic location as a criteria for selection.   CAC members should possess a collaborative working style, and provide expertise and insight in the areas of social services, public safety and community resources.   Individuals with a broad community perspective on health matters will be preferred.

COMMITTEE GOVERNANCE TRAINING PART I

COHC COMMUNITY ADVISORY COUNCIL

OVERVIEW

- Review of CAC Charter

- Review of the CAC relationship with the COHC

- Review feedback loop with the COHC Board

CAC CHARTER

- **Purpose of the CAC:**
  - Ensure the COHC remains responsive to consumer and community health needs.
  - Enable consumers to take an active role in improving their own health and that of their family and community members.

- **Provide guidance and feedback:**
  - COHC Work Plans
  - Regional Health Assessment
  - Regional Health Improvement Plan
  - Development, implementation and evaluation of initiatives, programs, services and activities.

CAC CHARTER

- **Assist the COHC in the following roles and activities:**
  - Serve as a conduit for residents of each geographic area in the region to ask questions and raise concerns

  - Identify opportunities to improve population health in Central Oregon

  - Advocate for COHC preventative care practices

CAC CHARTER

- **Assist the COHC in the following roles and activities:**
  - Maximize engagement of those enrolled in OHP

  - Provide advice to help COHC link the community's medical and non-medical services to overcome barriers to health

  - Provide a link back to community constituents to aid in achieving the COHC Vision and guiding principles

CAC CHARTER

- **Recruitment and Membership**

  - CAC members are recruited to represent the diversity of Central Oregon
    - Race/Ethnicity
    - Age
    - Gender
    - Geographic area

  - CAC should comprise of 51% or more consumer members

CAC CHARTER

- **Gaps in our membership**
  - Diversity in race/ethnicity
    - Hispanic/Latino
    - Native American

  - Diversity in geographic location
    - Sisters
    - Warm Springs

  - Consumer membership
    - Currently 50% consumers
      - CAC needs at least one more consumer member

RELATIONSHIP TO COHC
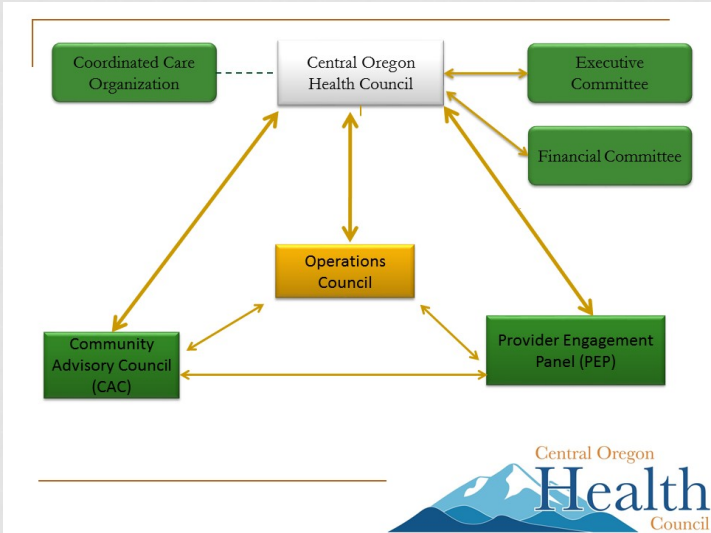
INFORMATION FEEDBACK LOOP

- **CAC Meetings**
  - Creates asks and recommendation's to the COHC Board by using:
    - Work experience
    - Consumer experience
    - Community knowledge
    - Knowledge learned at CAC meetings

  - Informs the COHC Board of key findings of CAC Panels and speakers through the monthly CAC report

INFORMATION FEEDBACK LOOP

- **CAC Meetings**
  - CAC provides direct recommendations on RHA/RHIP to the RHA/RHIP committee and the Operations Council

- **Information between CAC and COHC Board**
  - Information is relayed between the CAC Chair, the COHC Board of Directors, and Lindsey Hopper.

QUESTIONS?

Next training will cover conflict of interest and confidentiality obligations.

COHC Community Advisory Council
Advantage Dental (Redmond)
2-5-15

Present:
Linda McCoy, Chair, COHC Board Member, BestCare Treatment Services
Angela Kimball, Oregon Health Authority
Elaine Knobbs, Vice-Chair, Mosaic Medical
Nicole Rodrigues, Consumer Representative
Suzanne Browning, Kemple Memorial Children's Dental Clinic

Absent:
Bruce Abernethy, Bend-LaPine School District
Jeffrey White, Consumer Representative
Julie Rychard, Full Access
Ken Wilhelm, United Way of Deschutes County
Michelle Nein, Consumer Representative
Regina Sanchez, Crook Co. Health Department
Sean Ferrell, National Forest Service

Present Staff/Guests:
Chuck Keers, Family Resource Center
Lindsey Hopper, Central Oregon Health Council
Lysa Miller, Community Member
MaCayla Claver, Central Oregon Health Council
Nikki Zogg, Advantage Dental
Therese Madrigal, PacificSource

Public Comment
Time was made for public comment. No public comment was had.

Patient Story
Linda McCoy introduced Lysa Miller for the patient story. Lysa Miller explained that she was a patient at the Multi-Disciplinary Pain Clinic in Bend and that the Pain Clinic changed her life. Ms. Miller told the CAC that she is a college graduate and a previous business-development manager who was a victim of domestic violence, which left her with significant back injuries that resulted in chronic pain. The Pain Clinic taught her how to subdue her pain. Since her pain is more manageable, she was able to cancel a surgery that she had previously scheduled. Ms. Miller also has decided to go back to school.

The CAC was curious about how the Pain Clinic can be sustainable and if any of the treatments are reimbursable through Medicaid. The CAC believes this program is valuable and offers cost savings through cost avoidance and improved quality of life.

Epidemiology Training
Nikki Zogg gave an epidemiology presentation to help prepare the CAC for review of the draft Regional Health Assessment (RHA). Please see her attached slides.

Strategic Planning
Lindsey provided an overview of Goal 3 of the COHC Strategic Plan. She also explained that the Board would like the CAC to connect with other community partners and learn where we can support, but not duplicate their work. The CAC would like a cheat sheet of what other community partners are doing. They would like this environmental scan to list the community partners and identify gaps. Chuck Keers informed the group of the 211 information program that can be found on the United Way of Deschutes County website.

Patient Supportive Services Update
Therese Madrigal provided an update on the Patient Supportive Service project to the CAC. Therese explained that they have received 11 funding requests in the last month and have funded three of those 11 items. She also commented that there are more items pending with the review committee. Therese informed the CAC that the review committee will meet in the near future to look at the process for submitting and paying requests.

Future Meeting (03.05.15)
The next CAC meeting will be held on 3.05.15 at COCC Prineville Open Campus (Conference Room).

Adjournment
The meeting was adjourned at 1:00 pm PST.

Respectfully submitted,

_____
MaCayla Claver, Secretary

The next meeting will be held on March 5, 2015 in Prineville

Epidemiology 101

To promote, protect, and restore health

Nikki Zogg, PhD, MPH

nikolez@advantagedental.com

Epidemiology Defined

‣ *Study* of the *distribution* and *determinants* of health and disease among populations, and the application of such study to prevent and control health problems

  ‣ Study
  ‣ Distribution
  ‣ Determinants

THE PEOPLE OF KRATOVILA HAVE LOW RATES OF CANCER. IT MUST BE ALL THE SARSAPARILLA THEY DRINK...

...UNLESS IT'S ALL THE PICKLES THEY EAT...

...UNLESS IT'S THE MAYONAISE THEY PUT ON THE PICKLES...

...UNLESS IT'S THE CHOCOLATE THEY DIP THE PICKLES IN...

...UNLESS IT'S THE COCOA BEANS THE CHOCOLATE COMES FROM...

...UNLESS IT'S...

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

‣ Advantage Dental proprietary information   www.AdvantageDental.com

Epidemiology Defined

▸ Health-related states and events
  ▸ Diseases
  ▸ Causes of death
  ▸ Behaviors

▸ Specified populations
  ▸ Identifiable characteristics

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Characteristics of Epidemiology

▸ Epidemiology is:
  ▸ A quantitative basic science built on a working knowledge of probability, statistics, and sound research methods
  ▸ A method of causal reasoning based on developing and testing hypotheses
  ▸ Focuses on groups or communities of persons

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

Components of Epidemiology

▶ Descriptive Epidemiology
  ▶ Most often used
  ▶ Study of the distribution of disease
    ▶ Person
    ▶ Place
    ▶ Time
  ▶ Uses
    ▶ Evaluate trends in health and make comparisons
    ▶ Health planning
    ▶ Identify problems that need to be studied or addressed (i.e., hypothesis development)

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

▶ Advantage Dental proprietary information   www.AdvantageDental.com

Components of Epidemiology

▶ Analytical Epidemiology
  ▶ Use of epidemiological methods to explain disease occurrence or causal relationships
    ▶ Analyze relationship between two items (i.e., exposure and effect)
    ▶ Hypothesis testing

  ▶ Often used to examine public health practices (e.g., community intervention and programs)

Cualteros, C. I. (n.d.). Epidemiology.; Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

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Common Terminology

- *Numerator*: the number of people to whom something happened (i.e., they got sick, died, etc.)

- *Denominator*: the population at risk (all the people at risk for the event)

- Rate and Proportion:
  - *Rate*: a measure of the frequency of occurrence of a phenomenon. The use of rates is essential for comparison of experience between populations (e.g., 15 per 1,000)

  - *Proportion*: a type of ratio in which the numerator is included in the denominator often expressed as decimal fraction (0.02), vulgar fraction (1/4) or percentage (43%)

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

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Common Terminology

- *Prevalence Rate*: the total number of all individuals who have an attribute or disease at a particular time divided by the population at risk of having the attribute or disease

- *Incidence Rate*: the rate at which new events occur in a population

- *Endemic disease*: the constant presence of a disease or infection agent within a given geographic area or population group

- *Epidemic:* the occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

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Common Terminology

▸ *Statistical Significance:* a mathematical technique to measure whether the results of a study are likely to be true – usually expressed as a *p*-value. The smaller the *p*-value, the less likely it is that the results are due to chance, and are more likely to be true.

▸ *Morbidity:* any departure from a state of physiological or psycho-logical well-being

▸ *Mortality:* death

▸ *Aggregate Data*: data combined from several measurements. When data are aggregated, groups of observation are replaced with summary statistics based on those observations.

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

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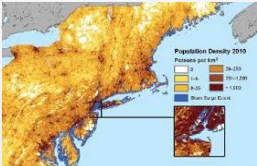

Common Terminology

▸ *Primary Data*: are collected first-hand through surveys, listening sessions, interviews, and observations

▸ *Secondary Data*: are collected by another entity or for another purpose

▸ *Quantitative Data*: data in numerical quantities, such as continuous measurements or counts

▸ *Qualitative Data*:
  ▸ Observational or information characterized by measurement on a categorical scale
  ▸ Systematic nonnumerical observations (e.g., participant observation or key informants)

Last, J. M. (2001). A dictionary of epidemiology, 4 ed. Oxford University Press.

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Data Defined

▸ Data: the collection of items of information

   ▸ Demographic data

      ▸ Used to determine the population-at-risk

      ▸ Primary source of demographic data is

   ▸ Vital statistic data

      ▸ Birth and death data

      ▸ Maintained by the National Center for Health Statistics through contractual agreements with states

Schneider, D. (n.d.). Principles of epidemiology.

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Data Defined

   ▸ Surveillance data

      ▸ Continuous, systematic collection, analysis and interpretation of health-related data

      ▸ Can serve as an early warning system

      ▸ Document impact of an intervention

      ▸ Monitor and clarify the epidemiology of health problems

World Health Organization. Public health surveillance. Retrieved on January 29, 2015, http://www.who.int/topics/public_health_surveillance/en/

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Data Defined

- Health status and behavioral data
  - National Health and Nutrition Surveys
  - National Health Interview Survey
  - U.S. Immunization Survey
  - Registry data
  - Individual or aggregate patient records
  - Behavioral Risk Factor Survey
  - Youth Risk Behavior Survey
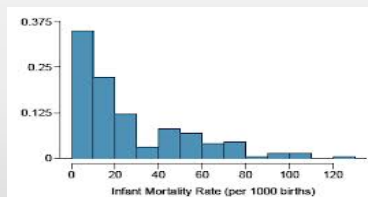
Schneider, D. (n.d.). Principles of epidemiology

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Data Defined

- Socioeconomic data
  - Consumer Price Index
  - Gross National Product
  - Employment rates
  - Welfare status
  - Inflation rates
  - School attendance records
  - Manufacturing and industrial data

Employment Growth- October
Increase on a year earlier

All Industries	1.3%
Construction	8.6%
Professional & Business Services	3.0%
Retail	2.1%
Health Care & Social Asst.	2.0%
Manufacturing	1.0%
High Tech Mfg	0.0%
Government	-0.3%

Schneider, D. (n.d.). Principles of epidemiology

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Data Defined

▸ Utilization data
  - ▸ National Ambulatory Medical Care Survey
  - ▸ Surveys of Mental Health Facilities
  - ▸ Women, Infants, and Children (WIC)
  - ▸ Medicaid and Medicare records
  - ▸ Health resources data
    - ☐ Hospital beds
    - ☐ Outpatient facilities (e.g., clinics and specialties)
    - ☐ Long-term care facilities/Hospice services
    - ☐ Community –based services

Schneider, D. (n.d.). Principles of epidemiology.

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Data Defined

▸ Environmental data

Proportion of population served by community water systems 2010

  - ▸ Health effect data: data about health conditions and diseases, such as asthma and birth defects

  - ▸ Environmental hazard data: data about chemicals or other substances such as carbon monoxide and air pollution in the environment

  - ▸ Exposure data: data about amount of a chemical in a person's body, such as lead in blood

  - ▸ Other data: data that helps us learn about relationships between exposures and health effects

Centers for Disease Control and Prevention. About tracking program. Retrieved on January 29, 2015, http://ephtracking.cdc.gov/showAbout.action

▸ Advantage Dental proprietary information   www.AdvantageDental.com

Data Defined

▸ Workforce data
  ▸ Used to inform and enable stakeholders to respond to emerging health care workforce issues, such as:
    □ Current supply of health care personnel
    □ Geographic distribution of professions
    □ Occupation-wide shortages
    □ Age and race distribution
    □ Education training
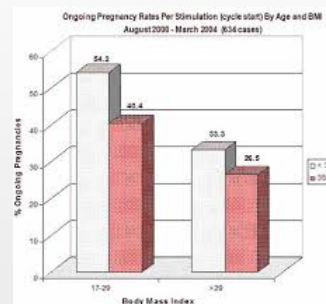   □ Demand by profession
    □ Types of practice settings

Minnesota Department of Health. Health workforce. Retrieved on January 29, 2015, http://www.health.state.mn.us/divs/orhpc/workforce/index.html

▸ Advantage Dental proprietary information   www.AdvantageDental.com

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Data Defined

▸ Other types of data
  ▸ Clinical data
    ▸ Body Mass Index
    ▸ Blood pressure
    ▸ Presence of signs and/or symptoms
    ▸ Autopsy findings
  ▸ Laboratory data
    ▸ White Blood Cell
    ▸ Hematocrit
    ▸ Cholesterol
    ▸ Lead levels
    ▸ Bacteriology reports

Ongoing Pregnancy Rates Per Stimulation (cycle start) By Age and BMI
August 2008 - March 2004 (634 cases)

Schneider, D. (n.d.). Principles of epidemiology.

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Questions