



**COHC Community Advisory Council**

**Advantage Dental**

**442 SW Umatilla Avenue**

**Redmond, OR 97756**

**Agenda 5.15.18**

**Conference Line: 866.740.1260**

**Participant Code: 3063523#**

<b>Time</b>	<b>Topic</b>	<b>Action</b>
9:30-9:45	Welcome/Public Comment—Linda McCoy	Discussion
9:45-10:30	Citizen Engagement Follow Up—Linda McCoy <ul style="list-style-type: none"><li>• Recap of April Meeting—MaCayla Arsenault</li><li>• Boundaries of CACs?—MaCayla Arsenault</li><li>• Creating Space for Engagement Strategy—MaCayla Arsenault/All</li></ul>	Discussion Input
10:30-11:00	CCO 2.0 Presentation—Cyndi Kallstrom	Discussion Input
11:00-11:15	HDFFA Community Nutrition Information Directory— Marielle Slater	Discussion Input
11:15-11:25	CCO Update—Molly Taroli	Discussion Input
11:25-11:30	Future Agenda Items	Discussion Input



## **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.

## 2017 ORS 414.627<sup>1</sup>

### Community advisory councils

Text News Annotations [Related Statutes](#)

**(1)** A coordinated care organization must have a community advisory council to

ensure that the health care needs of the consumers and the community are being addressed. The council must:

- (a)** Include representatives of the community and of each county government served by the coordinated care organization, but consumer representatives must constitute a majority of the membership; **and**
- (b)** Have its membership selected by a committee composed of equal numbers of county representatives from each county served by the coordinated care organization and members of the governing body of the coordinated care organization.

**(2)** The duties of the council include, but are not limited to:

- (a)** Identifying and advocating for preventive care practices to be utilized by the coordinated care organization;
- (b)** Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the coordinated care organization; **and**
- (c)** Annually publishing a report on the progress of the community health improvement plan.

**(3)** The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan shall include a plan and a strategy for integrating physical, behavioral and oral health care services and may include, but are not limited to:

- (a)** Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;

- (b) Health policy;
  - (c) System design;
  - (d) Outcome and quality improvement;
  - (e) Integration of service delivery; **and**
  - (f) Workforce development.
- (4) The council shall meet at least once every three months. The council shall post a report of its meetings and discussions to the website of the coordinated care organization and other websites appropriate to keeping the community informed of the council's activities. The council, the governing body of the coordinated care organization or a designee of the council or governing body has discretion as to whether public comments received at meetings that are open to the public will be included in the reports posted to the website and, if so, which comments are appropriate for posting.
- (5) If the regular council meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the council shall hold quarterly meetings:
- (a) That are open to the public and attended by the members of the council;
  - (b) At which the council shall report on the activities of the coordinated care organization and the council;
  - (c) At which the council shall provide written reports on the activities of the coordinated care organization; **and**
  - (d) At which the council shall provide the opportunity for the public to provide written or oral comments.
- (6) The coordinated care organization shall post to the organization's website contact information for, at a minimum, the chairperson, a member of the community advisory council or a designated staff member of the organization.
- (7) Meetings of the council are not subject to ORS **192.610 (Definitions for ORS 192.610 to 192.690)** to **192.690 (Exceptions to ORS 192.610 to 192.690)**. [2012 c.8 §13; 2013 c.535 §§4,5; 2017 c.82 §1]

Please complete and return by June 15, 2018.

**Are you an OHP member? Please take our survey!**



Coordinated care organizations, or CCOs, are local health plans that help you use the Oregon Health Plan (OHP). The state wants to hear from you about how CCOs and OHP could be better in the future. Your answers could help us change CCO requirements starting in 2020.

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**What are three things that OHP could do that would help you stay healthier?**

- 1.
- 2.
- 3.

**Have you ever needed a health service but couldn't get it? What happened?**

**What do you wish your health plan could do for you that it doesn't already do?**

Surveys can be returned to representative on site, or mailed to:

Oregon Health Authority, C/O Stephanie Jarem  
421 SW Oak Street, Suite 850, Portland OR 97204

Please visit [www.health.oregon.gov](http://www.health.oregon.gov) for more information, or email [CCO2.0@state.or.us](mailto:CCO2.0@state.or.us)

Please complete and return by June 15, 2018.

**Is there anything else you want to tell us about how to improve OHP?**

**Please choose which CCO health plan you have now:**

- |  |  |
|--|--|
| <input type="checkbox"/> Advanced Health   | <input type="checkbox"/> PacificSource CCO – Central Oregon region |
| <input type="checkbox"/> AllCare Health CCO  | <input type="checkbox"/> PacificSource CCO – Columbia Gorge region |
| <input type="checkbox"/> Cascade Health Alliance   | <input type="checkbox"/> PrimaryHealth                             |
| <input type="checkbox"/> Columbia Pacific CCO  | <input type="checkbox"/> Trillium Community Health Plan            |
| <input type="checkbox"/> Eastern Oregon CCO (EOCCO)  | <input type="checkbox"/> Umpqua Health Alliance                    |
| <input type="checkbox"/> Health Share of Oregon (includes Kaiser, Providence, CareOregon, and Tuality) | <input type="checkbox"/> Willamette Valley Community Health        |
| <input type="checkbox"/> InterCommunity Health Network (IHN CCO)                                       | <input type="checkbox"/> Yamhill Community Care                    |
| <input type="checkbox"/> Jackson Care Connect  | <input type="checkbox"/> I do not have a CCO                       |
|  | <input type="checkbox"/> I don't know                              |

**Please describe yourself (pick all that apply):**

- I am an OHP member**
- My child is an OHP member**
- I have other family members on OHP**

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**These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and disability background so that we can find and address health and service differences.**

1. Do you need written materials in an alternate format (Braille, large print, audio recordings, etc.)?

- Yes     No     Don't know/Unknown     Don't want to answer/Decline

If yes, which format? \_\_\_\_\_

## Race and Ethnicity

2. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

\_\_\_\_\_

3. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

### American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

### Hispanic or Latino/a

- Hispanic or Latino/a Central American
- Hispanic or Latino/a Mexican
- Hispanic or Latino/a South American
- Other Hispanic or Latino/a

### Asian

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

### Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Micronesian\*
- Native Hawaiian
- Samoan
- Tongan\*
- Other Pacific Islander

### Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

### Middle Eastern/Northern African

- Northern African
- Middle Eastern

### White

- Eastern European
- Slavic
- Western European
- Other White

### Other Categories

- Other (please list) \_\_\_\_\_
- Don't know/Unknown
- Don't want to answer/Decline

4. If you selected more than one racial or ethnic identity above, please **CIRCLE the ONE that best represents your racial or ethnic identity.**

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Contact:

Program:

Phone:

Email:

## Language

5. In what **language** do you want us to:

**Speak** with you \_\_\_\_\_

**Write** to you \_\_\_\_\_

6. Do you need a **sign language** interpreter for us to communicate with you?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, which type do you need us to communicate with you?

(ASL, PSE, tactile interpreting, etc.)

\_\_\_\_\_

7. Do you need an **interpreter** for us to communicate with you?

Yes

Don't know/Unknown

No

Don't want to answer/Decline

8. How well do you speak English?

Very Well  Not at all

Well  Don't know/Unknown

Not Well  Don't want to answer/Decline

**Disability** Your answers to the questions below help us find health and service differences among people with disabilities or limitations. Your answers are confidential.

9. Are you **deaf** or do you have **serious difficulty hearing**?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_

10. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_

11. Does a **physical, mental, or emotional condition limit your activities** in any way?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_

12. What is your age today? \_\_\_\_\_

Please stop now if the person is under age 5

13. Do you have serious difficulty **walking or climbing stairs**?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_

14. Do you have **difficulty dressing or bathing**?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_

15. Because of a **physical, mental, or emotional condition**, do you have serious difficulty:

a. **Concentrating, remembering or making decisions**?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_

Please stop now if you/the person is under age 15

b. **Doing errands alone** such as visiting a doctor's office or shopping?

Yes  Don't know/Unknown

No  Don't want to answer/Decline

**If yes**, at what age did this condition begin? \_\_\_\_\_



**Central Oregon Community Advisory Council**  
**OHA Update**  
**May 2018**

Submitted by Cyndi Kallstrom, Innovator Agent  
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Cell: 503-312-4725

1. Webinar: CAC event overview. This is a one-hour webinar highlighting the 4/17/18 CAC event in Salem for those who were unable to attend the event. May 16 from 9-10 a.m. Register at: <https://attendee.gotowebinar.com/register/4437196112180167426>
  
2. CCO 2.0:
  - OHP member survey: <https://www.surveygizmo.com/s3/4337245/CCO-2-0-OHP-Member-Survey> Open until June 15<sup>th</sup>!
  - An introductory webinar to CCO 2.0 is available at [https://m.youtube.com/watch?v=W8QNAr\\_DOIA&feature=youtu.be](https://m.youtube.com/watch?v=W8QNAr_DOIA&feature=youtu.be)
  - 'The Oregon Health Policy Board (OHPB) has developed a website for information about CCO 2.0: The Future of Coordinated Care. Reports, Resources, Public meeting schedules and timelines are listed and will continue to be updated. Go to: [www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx](http://www.oregon.gov/oha/OHPB/Pages/CCO-2-0.aspx)



**COHC Community Advisory Council**  
**Deschutes County Health Services (Stan Owen Room)**  
**Bend, Oregon**  
**April 12, 2018**

**Present:**

Bruce Abernethy, Bend-LaPine School District  
Larry Kogovsek, Consumer Representative  
Tom Kuhn, Deschutes County Health Services (Ex-Officio)  
Linda McCoy, Chair, Consumer Representative  
Mylum O’Shinn, Consumer Representative  
Elizabeth Schmitt, Consumer Representative  
Elaine Knobbs-Seasholtz, Mosaic Medical  
Vicky Ryan, Crook County Health Department (Ex-Officio)  
Emily Wegner, Jefferson County Health (Ex-Officio)  
Jeffrey White, Consumer Representative  
Ken Wilhelm, United Way of Deschutes County  
Cris Woodard, Consumer Representative

**Absent:**

Nicole Rodrigues, Community Representative  
Julie Rychard, Full Access High Desert

**Others Present:**

MaCayla Arsenault, Central Oregon Health Council  
Donna Mills, Central Oregon Health Council  
Krishna Patel, ReThink Health  
Pedja Stojicic, Rethink Health  
Kelsey Seymour, Central Oregon Health Council

**Introductions**

- Introductions were made and Pedja Stojicic welcomed all attendees.
- Krishna Patel lead the CAC in a mad lib exercise that embodied their written statement of purpose.

**Resident Engagement Introduction**

- Donna Mills shared that today's meeting is intended to address the function of the CAC, and that she recommended the Resident Engagement training after going through it with the Health Value Team.

### **Review of CAC Roles and Activities**

- Krishna Patel reviewed the CAC roles and activities as they are listed in the charter. Pedja asked the CAC which organizations are doing community engagement already.
- Mylum O'Shinn suggested that the CAC needs to be a non-partisan group serving all residents despite political views.
- Elaine suggested the CAC become known as an actionable resource for community members to voice their healthcare concerns.
- Linda shared that her vision for the CAC's is as a conduit from the community to the Board.
- Cris Woodard shared her experience with OHP and noted the CAC is poised to help others who are in situations like hers.
- Ken Wilhelm suggested that Central Oregon residents are predisposed to be engaged.

### **Thick and Thin**

- Pedja asked the CAC to assign community engagement qualities to local organizations.

### **Power, Trust, and Sense of Belonging**

- Pedja asked the CAC to split into groups to brainstorm ways to create power, trust and sense of belonging within the CAC.
- After the exercise was complete, Larry Kogosvek shared that his group discussed becoming more like activists and focusing on a concrete project. Bruce shared that his group felt there was already a high level of trust in the group, and they are optimistic that there are easily implemented ways to create both power and belonging.
- Tom Kuhn mentioned that his concern is seeing the advisory role coming into play infrequently.

### **Next Steps**

- Larry suggested being more assertive with advice. Ken added that the CAC's advice should be both solicited and unsolicited.
- Bruce suggested including personal stories as a part of the agenda.
- Elizabeth asked for regular examples on the influence the CAC has on the Health Council's work.
- Mylum shared he feels the CAC is serving multiple agendas, and that the agenda should be consistent at each meeting.