Central Oregon Health Council

January 21, 2020
VIRTUAL
Video Conference Link In Calendar Invite
Conference Line: 1.669.900.6833
Meeting ID: 861.0355.0703#
Passcode: 492445#

12:00 – 12:20 Welcome—Brad Porterfield
• Public Comment
• Approval of Meeting Minutes
• Announcements

12:20 – 12:35 Health Equity Plan Follow Up—Miguel Herrada

12:35 – 12:55 CAC Chairperson Roles and Responsibilities—Gwen Jones & MaCayla Arsenault

12:55 – 1:15 CAC Demographics Follow Up—Gwen Jones

1:15 – 1:30 Mail Order Prescription—Kristen Tobias

Five Finger Voting:
0: No go! Serious concerns
1: Serious reservations and prefer to resolve concerns before supporting it
2: Some concerns, but will go along with it
3: Support the idea
4: Strong support, but will not champion it
5: Absolutely, best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter

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Central Oregon Health Council  
Community Advisory Council  
Chairperson Roles and Responsibilities

**Description:**

With the support of COHC staff, the Chairs of the Community Advisory Council will:

- Facilitate the identification, discussion, and ranking of issues of concern to members.
- Serve on the Board of Directors as full members.
- Inform the Board of Directors on Council recommendations related to....?
- Coordinate the meetings of the CAC to meet the minimum requirements of the most current CCO contract.
- Facilitate and chair any electronic communications and discussions.

**Term:** (needs to be aligned with CCO requirements)

... # of years  
Nominated and elected by ....  
Prior to serving as chair this person must have served on the CAC for at least 1 year  
Two seats  
Must be a member of PSCS OHP or a guardian of dependent on PSCP OHP

**Desired Personal and Professional Characteristics:**

- Ability to listen, analyze, think strategically and creatively, and work well with people individually and in a group.
- Ability to consider multiple viewpoints about controversial issues and to communicate the Community Advisory Council’s perspective effectively with members and stakeholders.
- Ability to prepare for, attend, and participate in board and committee meetings (including conference calls), ask questions, take responsibility, follow through on given assignments, and evaluate oneself.
- Willingness to develop certain skills if one does not possess them.
- Honesty; sensitivity to and tolerance of differing views; a friendly, responsive, and patient approach; community-building skills' personal integrity; a developed sense of values; and concern for the Association's development.
- Ability to facilitate discussions face-to-face and through electronic means among diverse partners.
Primary Responsibilities:

- Attend and participate in all meetings of the Board of Directors.
- Attend and participate in all meetings of the Community Advisory Council.
- Be informed about the CCO and COHC’s mission, vision, policies...?
- Assist the Board of Directors in carrying out its fiduciary responsibilities.
- Review agenda and supporting materials prior to CAC meetings.
- Prepare and present information at meetings on behalf of the CAC as needed.
- Serve as the Board of Directors liaison to the Community Advisory Council and prepare and present information at meetings of the Community Advisory Council on behalf of the Board of Directors.
- Serve as the Community Advisory Council liaison to the Board of Directors and prepare and present information at meetings of the Board of Directors on behalf of the Community Advisory Council.
- Support the coordination of the yearly joint meeting between CAC and the Board of Directors.
- Initiate and facilitate communications among the members of the Community Advisory Council throughout the term of office.
- Work with CAC and staff to identify new members of the CAC.

Time Commitment:

Resources and Support:

- Stipend and internet or mileage reimbursement is offered for meetings.
- COHC staff support for work related to CAC
- Opportunity to participate in yearly Oregon CCO conference
- CCO/CAC Chair website...here
COMMUNITY ADVISORY COUNCIL
REALD Data and Our Demographics

Purpose

- Definitions
- What is REALD data?
- Why is it important?
- How did REALD come into being?
- What are our CCO 2.0 Reporting Commitments?
- Who are we?
- How we compare to the Region?
- What does this mean for us?
Definitions

System
An organized collection of parts that work together to reach a goal
◦ institutions, structures, norms, culture, government, education, health care
Health Inequity

Systematic differences in the health status of different population groups.

These inequities have significant social and economic costs both to individuals and societies.

(World Health Organization)

Health Disparity

A particular type of difference in health that is caused by social, economic, and/or environmental obstacles.

Obstacles are linked to systematic discrimination.
What is REALD?

A set of standardized data and questions.

Race
Ethnicity
Language
and
Disability

Must be collected by Oregon Health Authority, the Department of Human Services and organizations that work with them.
Why is REALD Important?

Our historic and current systems cause avoidable health inequities in the lives of certain groups of people.

Our systems cause harm to people by discrimination against people’s race, ethnicity, language, ability, gender identity, sexual orientation.

These facts are clearly documented: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721a.pdf
How does REALD help reverse health and social inequities?

Identify and change structural social and health barriers imposed on people.

Better understand ALL the people we work with and serve.

Guide how we create services to meet the cultural and accessibility needs of the people we serve.

Guide how we invest our funds to address health inequities.
The Community Advisory Council should reflect the experience of the people living in Central Oregon.

Meet federal and state reporting commitments.

How did REALD come to be?
Before 2012...

A version of REALD existed.

Information was not as detailed.

Every organization collected it differently.

Information was impossible to compare.

Starting in 2012...

Community organizations led the work to collect more detailed data

- Asian Pacific American Network of Oregon (APANO)
- Oregon Health Equity Alliance (OHEA)
In 2013...
The current REALD standards were developed in partnerships with:
  ◦ Communities
  ◦ Researchers
  ◦ Based on local, state and national best practices

House Bill (HB) 2134
Oregon Administrative Rules (OARs) 943-070-0000 through 943-070-0070

What are the CAC’s reporting commitments?
Summer 2021

- REALD
- OHP membership
- Community partnerships
- Tribal partnerships
- Regional demographics
- Other

Who are we?
• CAC members and their eligible dependents
• Self-reported

PacificSource Community Solutions (PSCS) Oregon Health Plan (OHP) Membership Status

OHP Member Status

- CAC Member: 14 (64%)
- OHP Member: 3 (27%)
- Non-OHP: 2 (9%)

OHP Member Status

- OHP Member: 14 (36%)
- Non-OHP: 8 (63%)

Racial and Ethnic Identity

Activity
Age

- 16-18 (or younger): 27%
- 18-24: 9%
- 25-35: 5%
- 36-55: 23%
- 56-64: 18%
- 64+: 18%

Gender Identity

- Women: 64%
- Men: 32%
- Genderqueer, neither exclusively male or female: 5%
- Transgender Women or Transgender Men: 14%
- Non-binary or Additional gender category or other: 7%
How do we compare to the region?

Central Oregon Health Data Website
http://www.centraloregonhealthdata.org/
Race:
http://www.centraloregonhealthdata.org/demographicdata?id=285505&sectionId=940

Ethnicity:
http://www.centraloregonhealthdata.org/demographicdata?id=285505&sectionId=941

Disability:
http://www.centraloregonhealthdata.org/indicators/index/view?indicatorId=82&localeTypeId=2 (Adults)
http://www.centraloregonhealthdata.org/indicators/index/view?indicatorId=1052&localeTypeId=2 (Children)

Age:
http://www.centraloregonhealthdata.org/demographicdata?id=285505&sectionId=942

Sex:
http://www.centraloregonhealthdata.org/demographicdata?id=285505&sectionId=943

What does this mean for us?
Mail Order Prescriptions: Getting Your Input

Goal of this conversation:

Our OHP members use Mail Order Pharmacy benefits much less than members on our other health plans.

We want to learn why so we can help our OHP members access this benefits.
Summary of Mail Order Prescription (Rx)

- CVS Caremark will ship prescriptions for free to OHP member’s home or P.O. box
- 60-day supplies are available for some medications
- Prescriptions can be refilled by phone, through the app or through the CVS Caremark website.

Where you can currently find information:
DISCUSSION:

• Were you aware that this is a service available?
• Is Mail Order Rx a service that interests you? If not, why?
• Are there other reasons why our members might not use this service?
• What would be the most helpful to increase use of Mail Order Rx?
• Where would be most useful to find information about these types of benefits?

Thank You!
Present:
Brad Porterfield, Chair, Consumer Representative
Larry Kogosvek, Vice Chair, Consumer Representative
Mayra Benitez, Consumer Representative
Natalie Chavez, Jefferson County Health
Linda Johnson, Community Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Lauren Kustudick, Consumer Representative
Theresa Olander, Consumer Representative
Vicky Ryan, Crook County Health Department
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Ken Wilhelm, United Way of Central Oregon

Absent:
Jolene Greene, Consumer Representative
Tom Kuhn, Deschutes County Health Services
Jennifer Little, Klamath County Public Health
Cris Woodard, Consumer Representative

Others Present:
MaCayla Arsenault, Central Oregon Health Council
Rebeckah Berry, Central Oregon Health Council
Tania Curiel, Oregon Health Authority
Miguel Herrada, PacificSource
Gwen Jones, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Leslie Neugebauer, PacificSource
Kristen Tobias, PacificSource
Maria Waters, Oregon Health Authority
Renee Wirth, Central Oregon Health Council
Introductions
• Introductions were made and Brad Porterfield welcomed all attendees.

Public Comment
• Maria Waters announced her position at OHA is changing, and Tania Curiel will be stepping into her role.
• Elizabeth Schmitt shared that she has a prospective member interested in joining the CAC.

Approval of the Minutes
• Linda Johnson motioned to approve the minutes; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

Announcements
• Brad Porterfield shared that Tre Madden, a member of CAC, was in a serious car accident and will be moving back in with family.
• Brad welcomed Mandee Seeley back to the CAC, as her plans to move out of state have changed.
• MaCayla Arsenault announced that a set of presentation guidelines will be provided to guest speakers and noted she will be sending them out to the CAC for their review.
  ○ **ACTION**: MaCayla will share the CAC Presenter Guidelines with members.

Community Benefit Initiative Review
• MaCayla reviewed the process the CAC used to award grants earlier this year and asked for feedback to inform next year’s process.
• The group noted they liked dividing up the initial applications because it lightened the workload, and that all the decision-making was left to the members. The group noted the workload was quite large and applications took a long time to read, and that a second round of review of all proposals might be warranted next time. The group shared they appreciated the numerical objectivity of scoring, and requested applicants answer a question about sustainability next time.

Health Equity Plan
• Miguel Herrada reviewed the health equity plan, noting it will be for five years, and that the CAC will receive annual updates on it. He noted the plan includes efforts to open up access-related complaints, diversity of healthcare workers, helping members best understand their benefits, and more.

Dental Access
• Kristen shared that rural dental access is a challenge in every region where PacificSource supports Medicaid. Lauren Kustudick shared she is assigned to a dental care organization (DCO) that does not have an office in La Pine. Kristen explained that members can call PacificSource customer service and ask to switch to a different DCO.
She also noted that Non-Emergent Medical Transport (NEMT) is available to all members.

CAC Demographic Data
- Gwen Jones opted to move this agenda item to January’s meeting.
  - **ACTION:** Gwen will include the CAC Demographics on the next month’s agenda.

CAC Breakout Sessions
- Gwen and MaCayla invited members and staff of the COHC to join small groups and socialize to celebrate at the end of the year.

Closing
- Donna Mills thanked the CAC for their efforts this past year.