

## Council

- Brad Porterfield, Chair,  
Consumer Representative  
Latino Community  
Association
- Larry Kogovsek, Vice  
Chair, Community  
Representative
- Mayra Benitez  
Consumer Representative
- Natalie Chavez  
Jefferson County Health  
Department
- Jolene Greene  
Consumer Representative
- Linda Johnson  
Community  
Representative
- Elaine Knobbs-Seasholtz  
Mosaic Medical
- Lauren Kustudick  
Consumer Representative
- Tom Kuhn  
Deschutes County
- Jennifer Little  
Klamath County
- Theresa Olander  
Consumer Representative
- Elizabeth Schmitt  
Consumer Representative
- Mandee Seeley  
Consumer Representative
- Ken Wilhelm  
United Way
- Cris Woodard  
Community  
Representative
- Regina Sanchez  
Crook County Health  
Department



April 15, 2021

**VIRTUAL**

*Video Conference Link In Calendar Invite*

**Conference Line: 1.669.900.6833**

**Meeting ID: 861.0355.0703#**

**Passcode: 492445#**

- 12:00 – 12:15**    **Welcome—Brad Porterfield**
- Public Comment
  - Approval of Meeting Minutes
- 12:15 – 12:20**    **Highlights from COHC Board Meeting—Brad Porterfield**
- 12:20 – 1:15**    **Community Health Projects Process Development—MaCayla Arsenault & Gwen Jones**
- 1:15 – 1:30**    **Health Related Services Overview**
- Case Management Services—Molly Taroli
  - Flexible Services—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*

The Central Oregon Health Council encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible please call (541) 306-3523 or email [macayla.arsenault@cohealthcouncil.org](mailto:macayla.arsenault@cohealthcouncil.org)

## COMMUNITY HEALTH PROJECTS

(Community Benefit Initiative)

1

## COMMUNITY HEALTH PROJECTS

Community-level projects focused on improving population health and health care quality

- Focused on addressing Social Determinants of Health and Equity

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## WHAT DO COMMUNITY HEALTH PROJECTS DO?

- Address Social Determinants of Health
- Improve health outcomes
- Reduce health disparities
- Promote the efficient use of resources
- Support the current Regional Health Improvement Plan
- Promote and increase wellness and health activities
- Improve overall community well-being

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## REFLECTION ON 2020'S PROCESS

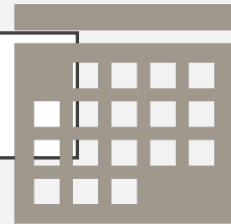
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## 2020 COMMUNITY HEALTH PROJECTS BUDGET REFLECTION

- About \$250,000 per year to invest
- Additional \$700,00 funds to invest.
- 2020 Funds to invest: ~\$950,000
- *Funds must be spent by December 31 of each year.*

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## COMMUNITY HEALTH PROJECTS



- 2020 Timeline Reflection
  - **July:** Request for Proposals (RFP) was sent out
    - Award ranges from \$5,000 to \$50,000
  - **August:** Finalize proposal scorecard
  - **September:** Proposal results and initial decisions
  - **October:** Final funding decision

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## REFLECTION: 2020 PROPOSALS

- 42 Proposals submitted
- Totaling amount of asks \$1,669,956.31
- Total amount of available funding ~\$950,000

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	Organization Name	Project Name	Amount	Rank within Review Group	Cook	Duchene	Jefferson	Northern, Kimball	Warm Springs	Education	Economic Stability	Social and Community Health	Health and Health Care	Ways to Measure Health Improvement
APPROVED	Boys & Girls Clubs of Bend	Education & Social-Emotional Support for Low-Income Youth	\$50,000.00	-		X				X	X	X	X	X
	Cascade Peer and Self-Help Center	CPASHC Accessibility	\$13,000.00	-	X					X	X	X	X	
	Central Oregon Pediatric Associates	Integrating Community Health Workers (CHWs) into Pediatric Primary Care to Improve Health Equity	\$50,000.00	-	X	X	X	X	X			X	X	
	Crook County Health Department	Improving Access to the Diabetes Prevention Program for Underserved Populations	\$45,402.00	-	X	X	X							
	Friends of the Children	Supporting Under-Served Children & Their Families through the Pandemic	\$50,000.00	-	X	X	X			X	X	X		
	Healing Hands Therapeutic Riding Center	Stay in the Saddle Scholarship Program	\$44,400.00	-	X	X	X						X	
	High Desert ESD	Connects Families Migrants	\$50,000.00	-	X	X	X				X	X		
	High Desert Food and Farm Alliance	SupportRx by the High Desert Food & Farm Alliance	\$49,804.00	-	X	X	X				X	X	X	
	Ledine Vision Care	Vision and Learning	\$6,840.00	-	X					X	X	X	X	
	Mosaic Medical	Improving communication and language access services for Mosaic Medical patients	\$43,000.00	-	X	X	X				X	X	X	
	Mountain Star Family Hotel/Nursery	Early Childhood Library Project	\$40,000.00	-	X	X	X			X	X	X	X	
	Remark Learning Center	Remark Learning Center's MABLE Tutoring Project for Struggling Youth	\$48,469.31	-	X	X	X	X	X	X	X	X	X	
	Volunteers in Medicine Clinic of the Cascades	Tuberculosis Education Addressing Physical Health for Low-income Latino Families	\$50,000.00	-	X	X	X						X	
	Central Oregon Environmental Center	Garden for Every School Program	\$17,500.00	-	X	X	X					X	X	
UNDECIDED	Jefferson County Public Health Department	Healthy Futures for Warm Springs Children	\$50,000.00	-		X	X	X	X	X	X		X	
	Family Access Network	FAN Advocate Services in Central Oregon	\$30,000.00	7	X	X	X				X			
	Heller & Associates	Equity Housing Project	\$48,400.00	4	X						X			
	Thrive Central Oregon	Thrive Central Oregon: COVID support	\$34,017.00	6	X	X	X	X	X		X	X		
	Bendix247	Central Oregon Children's Accelerator	\$50,000.00	8	X	X	X			X	X	X		
	DAWNShouse	Transition Program	\$34,800.00	5	X						X		X	
	Habitat for Humanity La Pine Survivor	Critical Home Repairs and Health and Housing Data System	\$38,000.00	7	X	X	X				X	X	X	X
	Heartside Medicine Family Care	DirectCare County Mobile Immunization, Education, and Health Access	\$50,000.00	6	X							X	X	X
	Jefferson County Public Health Department	Jefferson County Springs Exchange Program	\$50,000.00	5	X	X	X	X				X	X	
	Our Community Land Trust	Advancing Our DEIBure in support of Affordable, Sustainable, and Equitable Homeownership	\$9,750.00	8	X	X	X						X	
	SEARCH	Outreach Support	\$25,000.00	7	X					X	X	X	X	X
	Shaghen's House Ministries	2020-21 Redwood Winter Shelter ("RWIS") of Shaghen's House Ministries	\$35,000.00	5	X						X	X	X	X
	The Child Center	Expanded Access for Mental and Behavioral Health Services for Youth and Children	\$25,000.00	6	X					X		X	X	
	Warm Springs Community Action Team	Economic Resilience and Healthy Families in Warm Springs	\$50,000.00	4				X			X			
DECLINED	Neighborhood Impact	Healthy Homes	\$50,000.00	-	X	X	X	X			X	X		
	Summit Medical Group Oregon/BMC	Behavioral Health Care Navigation	\$36,171.00	-	X	X	X	X			X	X	X	
	Capitol Dental	Bridge Behavioral Health and Oral Health through BOCHWs	\$50,000.00	-	X	X	X					X	X	
	Council on Aging of Central Oregon	Providing Additional Meals to Seniors Throughout Central Oregon	\$50,000.00	-	X	X	X	X					X	
	Families Forward	Moving Forward Fund	\$45,000.00	-	X	X	X				X	X	X	X
	Heaven House	Heaven House Wellness Care Fund - Pilot Program	\$50,000.00	-	X	X	X	X		X	X	X	X	
	Healthy Beginnings	Virtual Comprehensive Health Project	\$32,350.00	-	X	X	X	X					X	
	Jefferson County Faith Based Network	Jefferson County Faith Based Network - ED Salary	\$45,000.00	-				X	X			X		
	La Pine Community Health Center	The Expanded Patient Information Project	\$10,300.00	-	X	X	X	X			X	X	X	
	SMART Reading	SMART Reading program	\$10,000.00	-	X	X	X	X	X					
	St Charles Health System, Inc.	The New Normal - Living in a Covid World	\$50,000.00	-	X	X	X	X	X			X	X	
	Stroke Awareness Oregon	Central Oregon Stroke Outreach	\$33,053.00	-	X	X	X	X				X	X	
	The Center Foundation	OKWills	\$50,000.00	-	X	X	X	X			X	X	X	
	The Living Plate, Inc.	Food Transport/Driver	\$50,000.00	-	X	X	X				X	X	X	X

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Organization Name	Project Name	Award Amount	Funding Total	Rank within Review Group	Cook	Deschutes	Jefferson	Northern Klamath	Warm Springs	Education	Economic Stability	Social and Community Health	Health and Health Care	Neighborhood and Built Environment
Warm Springs Community Action Team	Economic Resilience and Healthy Families in Warm Springs	\$50,000.00	\$50,000.00	9.3					X		X			
Jefferson County Public Health Department	Jefferson County Syringe Exchange Program	\$50,000.00	\$100,000.00	8.8	X		X		X			X	X	
Thrive Central Oregon	Thrive Central Oregon- COVID support	\$34,017.00	\$134,017.00	8.7		X	X	X	X		X	X		
Shepherd's House Ministries	2020-21 Redmond Winter Shelter ("RWS") of Shepherd's House Ministries	\$35,000.00	\$169,017.00	8.1		X						X	X	X
Habitat for Humanity La Pine Sunriver	Critical Home Repairs and Health and Housing Data Systems	\$38,000.00	\$207,017.00	7.9	X	X		X			X	X		X
Family Access Network	FAN Advocate Services in Central Oregon	\$30,000.00	\$237,017.00	7.5			X				X			
The Child Center	Expanded Access for Mental and Behavioral Health Services for Youth and Children	\$25,000.00	\$262,017.00	6.3		X				X		X	X	
DAWNS House	Transitions Program	\$34,600.00	\$296,617.00	6.1		X					X		X	
Hearthside Medicine Family Care	Deschutes County Mobile Immunization, Education, and Health Access	\$50,000.00	\$346,617.00	6.1		X						X	X	X
REACH	Outreach Support	\$25,000.00	\$371,617.00	6.1		X				X	X	X	X	X
Pfeifer & Associates	Equity Housing Project	\$48,400.00	\$420,017.00	6.0		X					X			
BendNEXT	Central Oregon Childcare Accelerator	\$50,000.00	\$470,017.00	5.0	X	X	X			X	X	X		
Kôr Community Land Trust	Advancing Kôr's DEI Efforts in support of Affordable, Sustainable, and Equitable Homeownership	\$9,750.00	\$479,767.00	4.9		X	X							X
<b>Total to spend:</b>	<b>\$321,584.69</b>													
<b>Total remaining after green section funded:</b>	<b>\$59,567.69</b>													

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LET'S MAKE DECISIONS ON 2021  
COMMUNITY HEALTH PROJECTS  
PROCESS

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## 2021 BUDGET

- 2021 Budget is \$370,000
- Funds must be spent by December 31, 2021

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## NARROWED FOCUS CONSIDERATIONS



- Geographic Area
- Prioritized Population
- Regional Health Improvement Plan Focus Area
- Other Considerations?

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## PROCESS FOR APPLICATION REVIEW

- Full group review and score all applications?
- Two rounds of small group review score of applications?
- Other options?

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	ONLY Request For Proposal (RFP)	Letter Of Interest (LOI) & RFP
<b>What</b>	CAC releases a Request for Proposal (RFP) to solicit applications for grants that address specific strategic directions and future state measures.	CAC releases a request for Letters of Interest (LOI) to ask community partners to submit program ideas. CAC then chooses only some to apply. (2 Steps)
<b>Pros</b>	<ul style="list-style-type: none"> <li>• RFP to funding is ~3 months</li> <li>• Application is very detailed</li> </ul>	<ul style="list-style-type: none"> <li>• Short application</li> <li>• Less initial burden on applicant</li> <li>• Less for the workgroup to review</li> <li>• CAC only solicits applications from a few they are serious about</li> <li>• Scan of community needs/assets</li> <li>• Questions from LOI are prepopulated into full application</li> </ul>
<b>Cons</b>	<ul style="list-style-type: none"> <li>• Long application</li> <li>• More burdensome to applicant, especially if they are not funded</li> <li>• More for the workgroup to review</li> </ul>	<ul style="list-style-type: none"> <li>• LOI to funding is 4-5 months</li> <li>• Initial decisions are made based only on high level project overview</li> </ul>

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## AWARD RANGE?

- 2020 award range was \$5,000-\$50,000
- Pro's & Con's

## Social Determinants of Health **New**

### Goal

Create social and physical environments that promote good health for all.

### Overview

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

Healthy People 2020 highlights the importance of addressing the social determinants of health by including “Create social and physical environments that promote good health for all” as one of the four overarching goals for the decade.<sup>1</sup> This emphasis is shared by the World Health Organization, whose Commission on Social Determinants of Health in 2008 published the report, *Closing the gap in a generation: Health equity through action on the social determinants of health*.<sup>2</sup> The emphasis is also shared by other U.S. health initiatives such as the National Partnership for Action to End Health Disparities<sup>3</sup> and the National Prevention and Health Promotion Strategy.<sup>4</sup>

The Social Determinants of Health topic area within Healthy People 2020 is designed to identify ways to create social and physical environments that promote good health for all. All Americans deserve an equal opportunity to make the choices that lead to good health. But to ensure that all Americans have that opportunity, advances are needed not only in health care but also in fields such as education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Making these advances involves working together to:

- Explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas.
- Maximize opportunities for collaboration among Federal-, state-, and local-level partners related to social determinants of health.

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## Understanding Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.”<sup>5</sup> In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Examples of *social determinants* include:



View HP2020 Data for:  
[Social Determinants of Health](#)

### Midcourse Review Data Are In!

[Check out our interactive infographic](#) to see progress toward the Social Determinants of Health objectives and other Healthy People topic areas.

## Learn More

[CDC Social Determinants of Health Secretary's Advisory Committee Social Determinants of Health Report](#)

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Examples of *physical determinants* include:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.

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## Healthy People 2020 Approach to Social Determinants of Health

A “place-based” organizing framework, reflecting five (5) key areas of social determinants of health (SDOH), was developed by Healthy People 2020.

These five key areas (determinants) include:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment



Each of these five determinant areas reflects a number of key issues that make up the underlying factors in the arena of SDOH.

- Economic Stability
  - Employment
  - Food Insecurity
  - Housing Instability
  - Poverty
- Education
  - Early Childhood Education and Development
  - Enrollment in Higher Education
  - High School Graduation
  - Language and Literacy
- Social and Community Context
  - Civic Participation
  - Discrimination
  - Incarceration
  - Social Cohesion
- Health and Health Care
  - Access to Health Care
  - Access to Primary Care
  - Health Literacy
- Neighborhood and Built Environment
  - Access to Foods that Support Healthy Eating Patterns
  - Crime and Violence
  - Environmental Conditions
  - Quality of Housing

This organizing framework has been used to establish an initial set of objectives for the topic area as well as to identify existing Healthy People objectives (i.e., in other topic areas) that are complementary and highly relevant to social determinants. It is anticipated that additional objectives will continue to be developed throughout the decade.

In addition, the organizing framework has been used to identify [an initial set of evidence-based resources and other examples](#) of how a social determinants approach is or may be implemented at a state and local level.

## Emerging Strategies To Address Social Determinants of Health

A number of tools and strategies are emerging to address the social determinants of health, including:

- Use of Health Impact Assessments to review needed, proposed, and existing social policies for their likely impact on health<sup>5</sup>
- Application of a “health in all policies” strategy, which introduces improved health for all and the closing of health gaps as goals to be shared across all areas of government<sup>4, 7</sup>

## References

<sup>1</sup>Secretary’s Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States. July 26, 2010. Available from:

<http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>

<sup>2</sup>World Health Organization, Commission on Social Determinants of Health. Closing the Gap in a Generation: Health equity through action on the social determinants of health. Available from: [http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en) 

<sup>3</sup>National Partnership for Action: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011; and The National Stakeholder Strategy for Achieving Health Equity, 2011. Available from: <http://minorityhealth.hhs.gov/npa>

<sup>4</sup>The National Prevention and Health Promotion Strategy. The National Prevention Strategy: America’s Plan for Better Health and Wellness, June 2011. Available from: <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

<sup>5</sup>The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care, 2002.

<sup>6</sup>Health Impact Assessment: A Tool to Help Policy Makers Understand Health Beyond Health Care. Annual Review of Public Health 2007;28:393-412. Retrieved October 26, 2010. Available from:

<http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.28.083006.131942> 

<sup>7</sup>European Observatory on Health Systems and Policies. Health in All Policies: Prospects and potentials, 2006. Accessed on June 16, 2011.

Available from: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/109146/E89260.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf) [PDF - 1.23 MB] 





# What is Health Equity?

May 1, 2017 | Publisher: [Robert Wood Johnson Foundation](#)

Author(s): [Braveman P](#), [Arkin E](#), [Orleans T](#), [Proctor D](#), and [Plough A](#)



While the term health equity is used widely, a common understanding of what it means is lacking.

## What is health equity?

In a report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

The definitional concepts presented in the report are based on widely recognized ethical and human rights principles and supported by knowledge from health sciences.

Consensus around definitions for an issue such as health equity can help bridge divides and foster productive dialogue among diverse stakeholder groups. Conversely, a lack of clarity can lead to detours, and pose a barrier to effective engagement and action.

Also included in the report are examples of specific terms related to health equity that often arise in discussions around the concept.

[Download executive summary \(PDF\)](#) →

[Download report \(PDF\)](#) →

## Recommended

### Topics

[Health Disparities](#) →

[Social Determinants of Health](#) →

### Related

[Early Childhood is Critical to Health Equity](#) →

[Public Perceptions of Infant Brain Development](#) →

[About this grant](#) →

## Key Findings

Health equity surrounds and underpins RWJF’s vision of a society in which everyone has an equal opportunity to live the healthiest life possible. The authors, including RWJF staff members, put forth these four key steps to achieve health equity:

- **Identify important health disparities.** Many disparities in health are rooted in inequities in the opportunities and resources needed to be as healthy as possible. The determinants of health include living and working conditions, education, income, neighborhood characteristic, social

## LEARN HOW WE WORK TOWARD

[Achieving Health Equity](#)

inclusion, and medical care. An increase in opportunities to be healthier will benefit everyone but more focus should be placed on groups that have been excluded or marginalized in the past.

- **Change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.** Eliminate the unfair individual and institutional social conditions that give rise to the inequities.
- **Evaluate and monitor efforts using short- and long-term measures** as it may take decades or generations to reduce some health disparities. In order not to underestimate the size of the gap between advantaged and disadvantaged, disadvantaged groups should not be compared to the general population but to advantaged groups.
- **Reassess strategies in light of process and outcomes and plan next steps.** Actively engage those most affected by disparities in the identification, design, implementation, and evaluation of promising solutions.

The authors note that equity is not the same as equality. To equalize opportunities, those with worse health and fewer resources need more efforts expended to improve their health.

SHARE

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**Improving the health and well-being of all in America.**

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**Case Management**  
**Member Support Specialists**  
**Health Related Services/Flex Funds**



1

## Member Support Specialists

**Member Support Specialists (MSS)** connect members with the care and resources they need by removing barriers.

- **Housing** – Connect members with ways to pay rent, mortgage, or other housing related costs.
- **Food** – Arrange for meal delivery services to keep members from going hungry.
- **Transportation** – Help members get rides to and from appointments.
- **Utilities** – Help members get clean water, electricity, or heat.

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## Member Support Specialists

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- **Finding a provider** – Help members find the right provider for their healthcare needs.
- **Appointments** – Work with providers to schedule appointments and provide helpful reminders.
- **Follow-through** – Arrange home care, prescriptions, and treatment plans.
- **Equipment** – Help getting the things you need to help with your medical care.

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## Contact Information

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Member Support Specialist Team

Hours: Monday – Friday 8:00am – 5:00pm

**Phone:** 541-330-2507

**E-mail:**  
 MedicaidMSS@pacifcsource.com



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## Health Related Services Funds Flex Funds

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**Health Related Services** are used to pay for things that help improve member's health, but are not paid for by OHP.

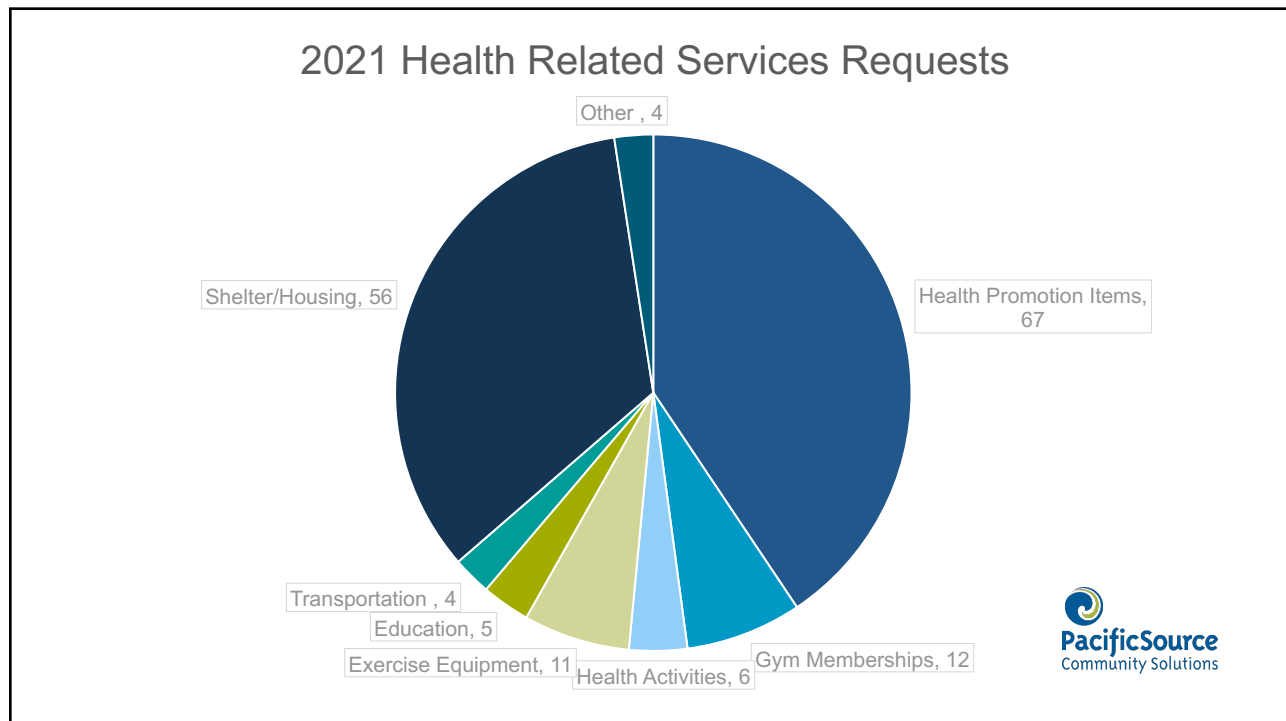
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## What have Health Related Services paid for in the past?

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- Weighted blankets
- Baby monitors
- Car seats
- Club and camp fees for children
- Gym memberships and fitness classes
- Emergency shelter
- Exercise equipment and fitness trackers

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## Who Can Make a Request for Health Related Services?

Healthcare providers and community partners can help members fill out the request form.

Examples:

- Primary Care Providers
- Surgeons
- Dental Providers
- Community Health Workers
- Specialty Providers
- Behavioral Health Providers
- Hospital Discharge Planners



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## Timeline for Health Related Services Requests

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- Most request decisions are made in 1-3 weeks. In some cases, it may take up to 120 days.
- Urgent requests will have a decision within 1-3 business days.

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## Contact Information

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Member Support Specialist Team

Hours: Monday – Friday 8:00am – 5:00pm

**Phone:** 541-284-7964

**E-mail:**  
healthrelatedservices@pacifcsource.com



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# Questions?

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# Member Support Specialists

## Connecting you with the care you deserve

When it comes to great service, our Member Support Specialists go above and beyond to give you the care you deserve. They work hard to remove roadblocks, and help members through the often-complicated world of healthcare.

Here's a sample of some of the ways Member Support Specialists help PacificSource members with their needs:

### Basic needs

**Housing**—Help connecting you with ways to pay rent, mortgage, or other housing-related costs.

**Food**—Help arranging meal delivery services to keep members from going hungry.

**Transportation**—Help getting rides to and from doctor's appointments.

**Utilities**—Help getting clean water, electricity, or heat by connecting you with aid for utility bills, firewood, and more.

### Medical help

**Finding a doctor**—Help finding the right doctor for your medical needs.

**Appointments**—Working with your doctors to help you schedule appointments and provide helpful reminders.

**Follow-through**—Arranging home care, prescriptions, and treatment plans.

**Equipment**—Help getting all the things you need to help with your medical care, from crutches to wheelchairs to CPAP machines to blood glucose monitors.

### More extraordinary help

- Wheelchair ramps
- Yard cleanup
- Service dogs
- Translation
- Assistance with copays
- Support groups
- Incontinence supplies
- Help with Social Security disability insurance
- A better understanding of insurance benefits
- More information about your medical conditions

### Free and confidential

Choosing to work with a Member Support Specialist is completely up to you. There is no obligation or cost to participate. And your interaction will remain confidential. No need is deemed too great or small.

### Find out more

If you have questions or want to sign up, please call a Member Support Specialist Monday-Friday, 8:00 a.m. - 5:00 p.m. at:

### Phone

#### Toll-free

Medicare members call:  
888-862-9725

All other members call:  
888-691-8209

**TTY** (800) 735-2900

### 24-Hour NurseLine

#### Toll-free

(855) 834-6150

**TTY** (844) 514-3774

**PacificSource.com**





# Especialistas de Apoyo a Miembros

## Ayuda para obtener los cuidados que usted se merece

Cuando se trata de ofrecer un excelente servicio, nuestros Especialistas de Apoyo a Miembros se esfuerzan por brindarle los cuidados que usted se merece. Ellos trabajan arduamente para eliminar los obstáculos y ayudan a los miembros a resolver las cuestiones relacionadas con el cuidado de la salud.

Estas son algunas maneras en las que los Especialistas de Apoyo a Miembros ayudan a los miembros de PacificSource con sus necesidades:

### Necesidades básicas

**Vivienda**—Ayuda para encontrar recursos relacionados con el pago de la renta, la hipoteca u otros gastos relacionados con la vivienda.

**Alimentos**—Ayuda para coordinar los servicios de reparto de comida a fin de evitar que los miembros pasen hambre.

**Transporte**—Ayuda para transportarse a las consultas con el médico y de regreso a casa.

**Servicios Públicos**—Ayuda para obtener agua limpia, electricidad o calefacción y recursos para pagar las facturas de los servicios públicos, conseguir leña y más.

### Ayuda médica

**Encuentre a un Médico**—Ayuda para encontrar al doctor adecuado dependiendo de sus necesidades médicas.

**Consultas**—Los especialistas trabajan con los médicos para programar sus citas y le proporcionan útiles recordatorios.

**Seguimiento**—Ayuda para organizar los cuidados en el hogar, las prescripciones y los planes de tratamiento.

**Equipo**—Ayuda para obtener el equipo que usted necesita para sus cuidados médicos, incluyendo muletas, sillas de ruedas, máquinas CPAP y monitores de glucosa en sangre.

### Más ayuda extraordinaria

- Rampas para sillas de ruedas
- Limpieza de patios y jardines
- Perros de servicio
- Traductores
- Ayuda con los copagos
- Grupos de apoyo
- Suministros para la incontinencia
- Ayuda con el seguro de discapacidad del Seguro Social
- Ayuda para comprender sus beneficios del seguro
- Más información sobre sus padecimientos médicos.

### Gratuito y confidencial

Usted decide si desea trabajar con un Especialista de Apoyo a Miembros. Su participación no es obligatoria ni tiene costo alguno. Todas sus interacciones con los especialistas serán confidenciales. Ninguna necesidad es demasiado grande o pequeña.

### Obtenga más información

Si usted tiene alguna duda o si desea inscribirse, por favor comuníquese con un Especialista de Apoyo a Miembros de lunes a viernes de 8:00 a.m. a 5:00 p.m.:

### Teléfono

#### Sin costo

Los miembros de Medicare deben llamar al: (888) 862-9725

Todos los demás miembros deben llamar al: (888) 691-8209

**TTY** (800) 735-2900

### Línea de Enfermería las 24 Horas del Día

#### Sin costo

(855) 834-6150

**TTY** (844) 514-3774

**PacificSource.com**





**COHC Community Advisory Council**

**Held virtually via Zoom**

**March 18, 2021**

**Present:**

Brad Porterfield, Chair, Consumer Representative  
Linda Johnson, Community Representative  
Jolene Greene, Consumer Representative  
Larry Kogosvek, Vice Chair, Consumer Representative  
Lauren Kustudick, Consumer Representative  
Theresa Olander, Consumer Representative  
Regina Sanchez, Crook County Health Department  
Elizabeth Schmitt, Consumer Representative  
Mandee Seeley, Consumer Representative  
Cris Woodard, Consumer Representative  
Ken Wilhelm, United Way of Central Oregon

**Absent:**

Mayra Benitez, Consumer Representative  
Natalie Chavez, Jefferson County Health  
Elaine Knobbs-Seasholtz, Mosaic Medical  
Tom Kuhn, Deschutes County Health Services  
Jennifer Little, Klamath County Public Health

**Others Present:**

MaCayla Arsenaault, Central Oregon Health Council  
Tania Curiel, Oregon Health Authority  
Rebecca Donell, Oregon Health Authority  
Miguel Herrada, PacificSource  
Gwen Jones, Central Oregon Health Council  
Donna Mills, Central Oregon Health Council  
Leslie Neugebauer, PacificSource  
Kelsey Seymour, Central Oregon Health Council  
Kristen Tobias, PacificSource  
Renee Wirth, Central Oregon Health Council

**Introductions**



- Introductions were made and Brad Porterfield welcomed all attendees.

#### **Public Comment**

- Brad welcomed public comment. Leslie Neugebauer shared that Jennifer Little from Klamath County Public Health recently reached out to find out if Central Oregon could help promote a COVID-19 vaccination pop-up clinic in Crescent, Oregon. She shared that PacificSource called 137 people in one day, and that appointments filled up within 2 and a half days. She noted the story made the news, and that she was invited to promote the event on Crescent's local radio station.

#### **Approval of the Minutes**

- Linda Johnson motioned to approve the minutes; Ken Wilhelm seconded. All were in favor, the motion passed unanimously.

#### **Approval of the Consent Agenda**

- Linda shared the Board is finalizing their policy book, which will include the roles and responsibilities of the Board's Chair and Vice Chair, and that she will be reviewing both to ensure consistency.
- Lauren Kustudick motioned to approve the consent agenda; Larry Kogosvek seconded. All were in favor, the motion passed unanimously.

#### **Emailed Material and Announcement Questions**

- MaCayla shared the requested changes have been added to the CAC's Chair & Vice Chair Roles and Responsibilities document.
- MaCayla noted the survey respondents indicated they'd prefer to meet in small groups outside of the main meeting and keep the main meeting to just 90 minutes. She added that consumer members voted mostly in favor of using PEX cards instead of receiving paper checks.
- MaCayla shared that the social determinant of health the CAC indicated they're most interested in funding this year is Economic Stability.

#### **CLAS Standards**

- Miguel Herrada reviewed the Culturally and Linguistically Appropriate Services (CLAS) Standards and asked the CAC how these could be used to evaluate equity. He explained the standards promote respecting and incorporating diverse cultural beliefs and communication needs, and that they are about much more than language access. A discussion of the logistics of the use of interpreters ensued.

#### **Process Development: How CAC Manages Emerging Issues**

- Gwen invited the CAC to join small groups to discuss ideas for addressing emerging issues.

- When the group returned, they agreed the first emerging issues they address should be dental access for Oregon Health Plan (OHP) recipients, and also drug and alcohol detox access.