

Council Members

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



October 21, 2021

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 (CAC) <ul style="list-style-type: none">• Land Acknowledgement• Meeting Practices• Introductions• Public Comment• Approval of Meeting Notes |
| 12:20-12:30 | CAC Members Small Group Breakout Session |
| 12:30-1:00 | Emerging Issues Process Follow Up – Gwen Jones (COHC) |
| 1:00-1:10 | Board of Directors / CAC Actions from the Combined Meeting – Donna Mills (COHC) |
| 1:10-1:25 | Culturally and Linguistically Appropriate Services (CLAS) Standards Follow Up – Miguel Herrada (PacificSource) |
| 1:25-1:30 | Reminders & Announcements – Brad Porterfield (CAC) <ul style="list-style-type: none">• Diversity, Equity, Inclusion & Justice (DEIJ) Statement• 2021 Community Health Projects Applications – Review & Rank Process• Cover All People |

Five Finger Voting:

0: No go! Serious concerns

1: Serious reservations, 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

Land Acknowledgement

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modok, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”



COHC Community Advisory Council

Held virtually via Zoom

September 16, 2021

CAC Members Present:

Brad Porterfield, Chair, Consumer Representative
Regina Sanchez, Crook County Health Department
Ken Wilhelm, United Way of Central Oregon
Tom Kuhn, Deschutes County Health Services
Theresa Olander, Consumer Representative
Mayra Benitez, Consumer Representative
Conor Carlsen, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Jolene Greene, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Linda Johnson, Community Representative

CAC Members Absent:

Larry Kogosvek, Vice Chair, Consumer Representative
Mandee Seeley, Consumer Representative
Natalie Chavez, Jefferson County Health
Lauren Kustudick, Consumer Representative
Jennifer Little, Klamath County Public Health

COHC Staff Present:

Donna Mills, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Renee Wirth, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Kelsey Seymour, Central Oregon Health Council
Camille Smith, Central Oregon Health Council

Guests Present:

Rebecca Donell, Oregon Health Authority
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Carolyn Black, Oregon Health Insurance Marketplace

Introductions

- Introductions were made and Brad Porterfield welcomed all attendees.
- Cris Woodard has resigned from the CAC as she is in California taking care of family.
- This is Kelsey Seymour's last CAC meeting and her last day at COHC is 9/20.

Public Comment

- Brad welcomed public comment.
- No public comment.

Approval of the Consent Agenda, Notes

- Brad noted that the last 2 items on the August Notes make it sound like he is doing all the work but that there is a team of people involved. Proposed amending the notes to "Brad is leading the process..."
 - **ACTION:** Kelley Adams will amend the August notes to show that Brad is "leading the process" instead of "drafting a process".
- Ken Wilhelm motioned to approve the notes with the proposed edit; Theresa Olander seconded. All were in favor, the motion passed unanimously.

Combined Board and CAC Meeting Debrief

- Overall consensus is that the combined meeting was productive and all were pleased that the Board and CAC have coinciding views on action items and the next steps to move forward.
- Donna Mills relayed that there is a meeting with the facilitators on 9/28/21 and then the notes/action items/plan will be forwarded to everyone.

Emerging Issues Process Run Through

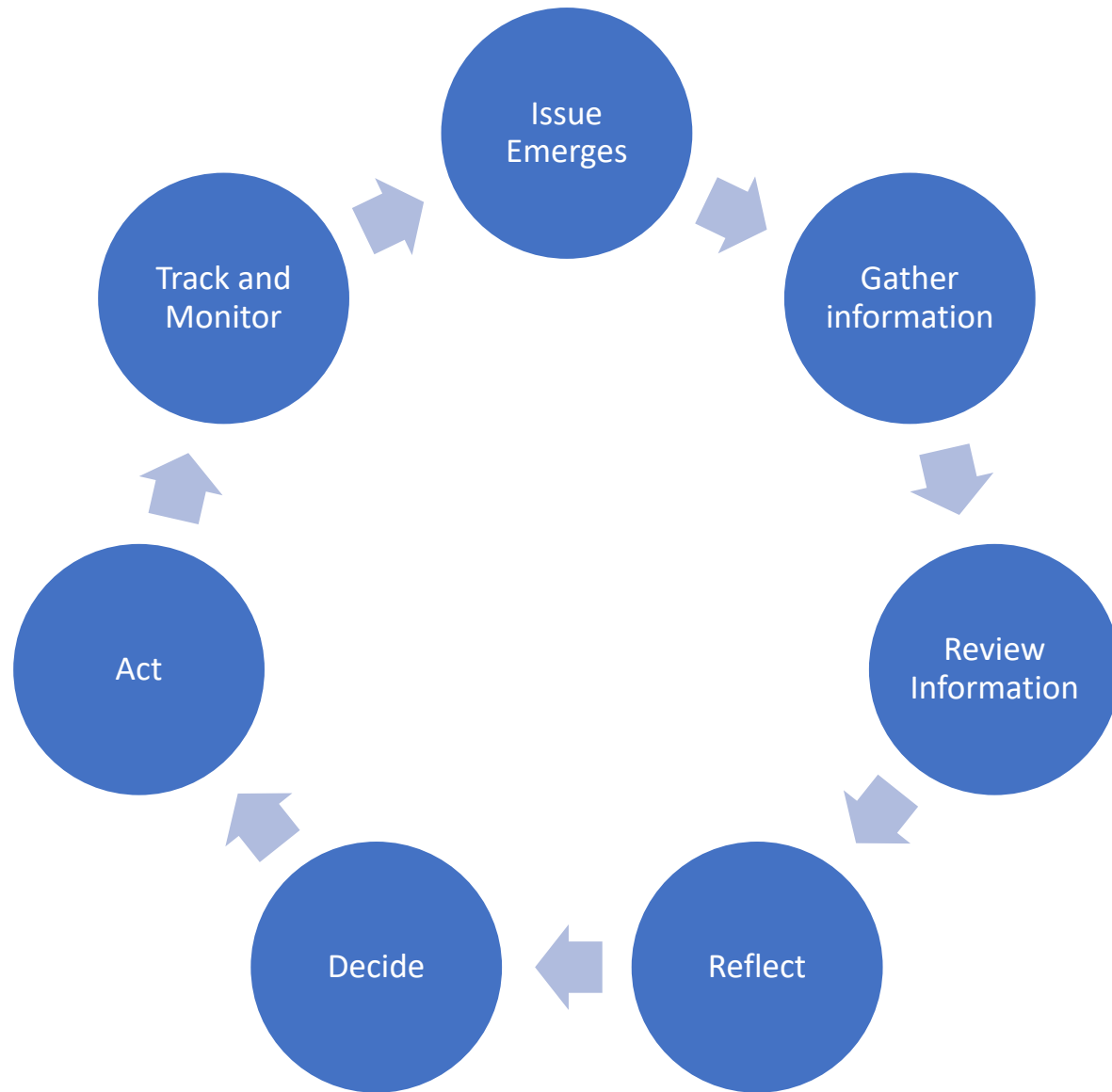
- Gwen Jones provided a quick review on why there is an Emerging Issues process. She also provided the link to the CAC folder on Google drive where members can view resources (Charter, Community Health Project progress) and the Emerging Issues Tracker and references.
- The Emerging Issues Tracker will allow members to see the progress of an issue and what steps are needed to move forward.
- While walking through the process for Periodontal Care 2 more emerging issues were brought up.
 - **EMERGING ISSUE:** Dental Care – change from 1x per year to 2x's
 - **EMERGING ISSUE:** OHP Hold Times
- The question of why periodontal care is not covered under OHP was brought up. Rebecca Donell needs to do more research specific to this question and will have more accurate information for the next meeting.
 - **ACTION:** Rebecca Donell to do more research on Periodontal Care benefits and why it is not covered under OHP.

- Rebecca Donell brought forward that there is a 10/6 meeting for HERC's Oral Health Advisory Panel. Anyone can sign up in advance for Public Comment.
 - **POSSIBLE ACTION:** The CAC, as a group, to advocate to the HERC.
- Rebecca Donell shared that the HERC has an opening for a dental seat. Nominations or applications are due 9/20.
- Kristen Tobias shared the data on chiropractic appeals prompting another emerging issue topic.
 - **EMERGING ISSUE:** Review Grievances & Appeals process from the members perspective
- OHA and PacificSource to answer questions.
 - **ACTION:** Kristen Tobias to answer the following questions:
 - Why are there more provider appeals vs member appeals? And why members are not winning appeals?
 - How many members are accessing chiropractic services?
 - **ACTION:** Rebecca Donell to answer the following questions:
 - What is above and below the line for chiropractic services? Explain what is covered vs not covered.

Flexible Services

- Kristen Tobias from PacificSource presented an update on Health-Related Services/Flex Funds. She provided examples of Flex Funds, the breakdown of service categories, and showed which organizations/clinics were making the requests.
- The 2021 budget of \$110,000 has already been exhausted. The budget is being reevaluated and will hopefully be increased in 2022.

PROCESS STEPS



PROCESS DETAILS

Step	Who	Details	Tool
Issue Emerges	Any CAC member during CAC meeting	What is the issue? Is it within CAC Scope?	CAC Charter
Gather Information	CAC subgroup or Staff	What does the Grievance and Appeal data tell us? Who is impacted? What do their experiences tell us? Are they involved in CAC? Is there RHIP or other COHC work happening here?	CAC Charter IA and PS Liaison At A Glance Emerging Issues Tracker
Review Information	CAC or subgroup reports to CAC	Is this long-term systemic issue? Does it need an immediate answer? Is it clinical? Treatment or preventative?	
Reflect	CAC or subgroup reports to CAC	How does this line up with CAC values of equitable access, responsivity to person's needs, consistent care?	CAC Charter
Decide	CAC	Is there CAC consensus about if and/or how CAC should address this? Why or why not? What is the proposed next step? What other issues are inline to be addressed? Which should be handled first? Second?	Focused Conversation Five Finger Voting
Act	Assigned to someone	Who will complete the next step? By when?	Escalation Map IA and PS Liaison At A Glance
Track and Monitor	Staff, CAC Chair and Co-Chair	Set agenda reminder and report outs. Record and update status on Emerging Issue Tracker. Repeat as needed as new information surfaces.	Emerging Issue Tracker



Health Equity Plan Progress



Our Time Today...

Purpose:

Inform CAC members of Health Equity Plan (HEP) progress

Agenda:

- Oregon Health Authority (OHA) Submission
- Culturally and Linguistically Appropriate Services (CLAS)
- Work in progress

Health Equity Plan Submission Updates

- The Oregon Health Authority (OHA) reviewed and provided feedback in March 2021
- OHA scored our HEP a total of 59 out of 62 points!
 - 52 goals across 8 areas
 - Feedback to have a more regional approach
- Strategies impact all PacificSource CCO regions
- Turned in HEP progress and updates on August 10th, 2021

CLAS Standards: Quick Recap

A tool for health care organizations to improve quality and help eliminate health care disparities.

“Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”

Source: www.ThinkCulturalHealth.hhs.gov

Standard Areas

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability

Source: www.ThinkCulturalHealth.hhs.gov

CLAS Assessment

- ☐ Purpose
 - See how PacificSource is doing on the 15 CLAS Standards areas
- ☐ Results
 - 13 areas of strength
 - 16 areas to work on
- ☐ Next Steps
 - Come up with a plan to improve in all departments

Health Equity Plan (HEP) Focus Area Progress



Work in Progress

1. Complaints & Appeals
2. Demographic Data
- 3/4. Culturally and Linguistically Appropriate Services (CLAS)
5. Workforce
6. Organizational Training & Education
- 7. Language Access**
- 8. Member Education & Accessibility**

Language Access

Improve access to interpretation services across healthcare settings.



Language Access

Completed:

- ✓ Provider manual updated to include the requirement to have policies and procedures related to language access
- ✓ Consultation to update our TTY language to “we accept all relay calls”

In process:

- ☐ Data tool that tracks interpreter services and reporting
- ☐ Ongoing member surveys about the quality of language services
- ☐ Seeking OHA approval to update TTY/relay call language across all CCOs

Member Education & Accessibility

Increase the use of plain language across communications



Member Education & Accessibility

Completed:

- ✓Created a plain language reference for PacificSource internal teams

In process:

- ☐New member handbook will have a plain language review
- ☐Identifying key member materials to update with plain language

Member Education & Accessibility

- **New Strategy:** Review quality and understandability of cultural translations for key member documents
- **Goals:**
 - To contract with a Latinx-serving community partner to do a cultural review of the Spanish member handbook
 - To contract with community partners to improve 5 member materials in 5 non-English languages

Questions



Central Oregon Health Council Commitment to Diversity, Equity, Inclusion & Justice

Every human deserves the basic right to health. Racism is a public health crisis.

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices, and ideologies that helped shape Oregon and continue today.

People of color and tribal nations experience pervasive and deep health disparities because of historical and ongoing colonialism and the invalidation of cultural and traditional health practices. By focusing on race, we create a framework to address the impacts of further inequities experienced by people who are also marginalized by ability, sexual orientation, gender, immigration status and people who live at the intersection of these and other identities. These persisting health inequities threaten the principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. This is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the well-being of all Central Oregonians. As a community-led organization, we pledge to collaborate with our partners to address the racial inequities within our communities and organizations.

The COHC commits to:

- engaging and learning with our diverse Central Oregon communities, especially populations who have been excluded, underrepresented, and underserved;
- listening and elevating the voices of communities who are most impacted by our work;
- co-creating with communities throughout our region to achieve more inclusive decision making to meet their diverse needs;
- applying a health equity analysis to build and revise our programs, policies, practices, and grants to be more culturally responsive;
- striving to provide regional leadership and advocacy for health equity through shared governance and accountability with our Coordinated Care Organization, the Regional Health Assessment and the Regional Health Improvement Plan;

- publicizing and referencing this commitment in all appropriate communications;
- evaluating how we follow through on this Commitment to Diversity, Equity, Inclusion, and Justice, and publicly sharing both our successes and failures.

We recognize we have a lot to learn and much work to do. We ask our partners, members, and staff to support us, join hands with us, and hold us accountable to this commitment.

Call to Action

The COHC calls on all its members, partners and leaders to develop, adopt, and implement similar commitments to diversity, equity, inclusion and justice. *Together, we must identify meaningful solutions to dismantle structural racism and other forms of oppression. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.*

Background (on CODEI page)

[Health equity](#) means that everyone has a fair and just opportunity to be as healthy as possible. [Social determinants of health](#) contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

[Structural racism](#) is a social determinant that has been fundamentally woven tightly into the fabric of American society. Structural racism has established and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the [Centers for Disease Control](#), [American Medical Association](#), and [American Public Health Association](#) have declared racism a serious public health emergency and threat. More agencies and states continue to join this [declaration](#).

The [Oregon Health Authority](#) and the Governor have prioritized health equity. The [State of Oregon Diversity, Equity and Inclusion Action Plan](#) aims to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding. The purpose of [Healthier Together Oregon: 2020-2024 State Health Improvement Plan](#) is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans consistent with [National CLAS Standards](#). Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the [2020-2024 Central Oregon Regional Health Improvement Plan \(RHIP\)](#). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

Our Journey To Date Towards Health Equity

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide actionable strategies to advance [diversity, equity and inclusion](#) in support of the goals of

the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). Since the inception of CODEI, the COHC has accomplished the following:

- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity

Cover All People (CAP) HB 2164

We all benefit when all people in Oregon have access to comprehensive health care coverage.

Cover All People is a program being developed collaboratively with community to provide health care coverage to medically underserved people including undocumented adults, DACA recipients, legal permanent residents and young adults who age out of Cover All Kids.

The program represents the next step in Oregon's journey to ensure everyone has health care coverage.

What does the bill do?



The bill authorizes OHA to develop and implement a program providing high quality **coverage at the same level as the Oregon Health Plan (OHP)** for all people at or below 138% of the Federal Poverty Level (FPL) regardless of immigration status, as well as pregnant adults up to 190% FPL.

Who can enroll in the CAP Program?

The **Cover All People Program** would initially narrow the pool of eligible participants based on available funding.

Input from community leaders and partners has helped to shape a proposed design for the 2021-2023 program to initially serve:

1. **Parents, guardians or relative-caregivers** of children/dependents that currently receive care through the Cover All Kids program.
2. Following that initial outreach, the next goal would be to include **children who "age out"** of the Cover All Kids program.



The program will ensure that adults in these categories receive timely and necessary physical, behavioral and oral health care by facilitating access to coordinated care **in the same manner offered to all other adults in Oregon at or below 138% of the FPL.**

The bill includes culturally responsive outreach components to ensure appropriate enrollment and navigation support.

How does the CAP Program impact health and economic outcomes in Oregon?

Healthy parents play a critical role in the wellbeing of their children. Cover All People helps achieve our goals of healthy adults and healthy families in Oregon. It helps reduce costs to people in the future by extending comprehensive health care coverage benefits. Access to health care coverage results in:

IMPROVED HEALTH OUTCOMES FOR KIDS

- When children's parents are insured, children gain better access to health care and improve their health and well-being.ⁱ

- **Medicaid expansions targeted at low-income adults are associated with increased receipt of recommended pediatric preventive care for their children.** A 2017 study found that children are 29% more likely to have an annual well-child visit if their parents are enrolled in Medicaid.ⁱⁱ This research confirms that coverage gains for parents improve children's access to care. This means that extending coverage to CAK parents will increase the likelihood that CAK children access services.
- **Children's health and development depends in part on their parents' health and well-being.**ⁱⁱⁱ Children's relationships with their parents can influence their brain structure and function. For example, maternal depression can negatively affect children's cognitive and social-emotional development as well as their educational and employment outcomes.^{iv}

STRONGER ECONOMY

- On average, states which expand coverage have outpaced those states that haven't in terms of rate of job gains. Having quality health coverage like OHP is **linked to obtaining and maintaining employment**, which benefits the economy in general.
- **Health insurance coverage reduces individual debt** (medical and non-health-related) or delayed care for low-income families, allowing individuals to spend more in the economy, and supports greater productivity in the workplace. Research suggests that gaining comprehensive coverage improves the affordability of care and financial security among low-income patients and their families.^v
- OHP has some of the lowest rates in the nation for Emergency Department visits (ED) per 1,000 member months and scores in the top quartile of all states in follow-up after ED visit for adults with mental illness due to our coordinated care model. **Extending the CCO level of care coordination to adults in this population will continue to result in better care at lower costs.**

Cover All People Program 2021-2023

Quick Facts:

- Likely covers ~1000-2000 adults
- Program starts by March 31, 2022, through June 30, 2023
- Provides comprehensive coverage to wrap around CAWEM
- Could be provided through CCOs
- Partnering with community to further develop the design
- Invests in necessary changes to MMIS and ONEligibility
- COST: \$10 million program



^{i i} <https://www.cbpp.org/sites/default/files/atoms/files/10-20-06health.pdf>

ⁱⁱ Maya Venkataramani et al., "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," Pediatrics, December 2017, <https://pediatrics.aappublications.org/content/140/6/e20170953>.

ⁱⁱⁱ Georgetown Center for Children and Families, "Healthy Parents and Caregivers are Essential to Children's Healthy Development," December 2016, <https://ccf.georgetown.edu/wp-content/uploads/2016/12/Parents-and-Caregivers-12-12.pdf>.

^{iv} Joan Alker and Alisa Chester, "Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression," Georgetown Center for Children and Families, July 21, 2016, <https://ccf.georgetown.edu/2016/07/21/medicaid-expansion-promotes-childrens-development-and-family-success-by-treating-maternal-depression/>.

^v Madeline Guth, Rachel Garfield, Robin Rudowitz, "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review" Mar 17, 2020. <https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/>