Council Members

- **Brad Porterfield, Chair**
  Consumer Representative,
  Latino Community Association
- **Elizabeth Schmitt, Vice-Chair**
  Consumer Representative
- **Mayra Benitez**
  Consumer Representative
- **Conor Carlsen**
  Consumer Representative
- **Miranda Hill**
  Klamath County
  Representative
- **Linda Johnson**
  Community Representative
- **Elaine Knobbs-Seasholtz**
  Mosaic Community Health
- **Tom Kuhn**
  Deschutes County Health
  Services
- **Mandee Seeley**
  Consumer Representative
- **Stacy Shaw**
  Consumer Representative,
  Crook County Health Strategist

CENTRAL OREGON HEALTH COUNCIL

COMMUNITY ADVISORY COUNCIL

January 18, 2024
VIRTUAL
Video Conference Link In Calendar Invite
Conference Line: 1.669.900.6833
Meeting ID: 864 9263 5310#
Passcode: 933436#

12:00-12:20 **Welcome – Brad Porterfield (CAC)**

- **Land Acknowledgement**
- **Meeting Practices**
- **Introductions**
- **Public Comment / Patient Story**
- **Announcements**
- **Approval of Meeting Notes – December**

12:20-12:30 **CAC Members Small Group Breakout Session**

12:30-12:45 **Updates on RHA and RHIP –MaCayla Arsenault (COHC)**

12:45-1:30 **2024 Planning – Brad Porterfield (CAC) & MaCayla Arsenault (COHC)**

"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 on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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."

Community Advisory Council (CAC)
Meeting Changes: What to Expect

We want the CAC to be a warm and welcoming place for all. We want to ensure all CAC members feel comfortable to fully participate and contribute. To do this we are making some adjustments to how our CAC meetings are run. These changes are:

- Making the meetings less institutional and formal to create a warmer and more welcoming atmosphere. Examples are using more plain language, having more conversations and less presentations, and simpler voting instead of motioning.

- Renaming each attendee in Zoom with their role; either a CAC Member, Support Staff, or Guest. This will help easily identify who's who in the virtual space especially for guests and those members who are new.

- Asking all supporting staff from COHC, PacificSource, and the OHA to share why they are attending and what their role is in supporting the Community Advisory Council.

- Inviting all CAC members in attendance to share input during discussions and before decisions are made. We want to prioritizing Consumer Representatives and make sure all voices are heard. Guests in attendance are invited to contribute to the conversation when requested by the CAC Chair or Vice Chair.

- Building relationships between CAC members. We will be setting aside time at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they'd like.

COMMUNITY ADVISORY COUNCIL

December 21, 2023

SPC Redmond Hotel
521 SW 6th Street
Redmond, Oregon 97756

CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Conor Carlsen, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Community Health
Mayra Benitez, Consumer Representative
Miranda Hill, Klamath County Public Health

COHC Staff Present:
Gwen Jones, Program Manager
Kelley Adams, Admin Assistant & Grant Platform Manager
Camille Smith, Executive Assistantt & Operations Manager
MaCayla Arsenault, Program Manager
Miguel Herrada, Program Manager
Bradley Garner, Admin Assistant

Meeting Practices

- Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (see the meeting packet).

Introductions

- Brad Porterfield welcomed all attendees and Kelley Adams facilitated introductions. To save time at the meetings, only CAC members and those who are new, changed roles, or guests will verbally introduce themselves. Everyone else will use the Chat to enter their name and role.

Announcements

- Carmen Madrid has resigned as Executive Director for COHC
- Larissa Charlton is no longer the CAC representative for Jefferson County
- Upcoming combined meeting is scheduled for February 8'th, location is to be determined.
- MaCayla reminded the CAC about the OHA Waiver 1115 feedback sessions. The 1115 Medicaid Waiver Feedback Sessions for CAC members are on January 5'th from 9:00 AM – 10:30 AM and January 8'th from 5:00 PM – 6:30 PM; available via Zoom by the link in the reminder email.

Approval of Meeting Notes

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from November. There were no objections to the meeting notes, so they are approved.

Community Heath Projects Slideshow

- Kelley put together a slide show to show the amount of funding that the CAC has invested into the community over the last 4 years. There are also slides showing the appreciation from organizations and updates on the final results from projects. On behalf of COHC, there are gifts for each CAC member as a thank you for the time, effort, and dedication to being a CAC member.

Public Comment/Patient Story

- Brad welcomed public comment. The group discussed challenges observed in access to reproductive care, including people outside the community seeking care that is either being denied, impeded or negatively stigmatized.
- Options for addressing non-emergency transportations as barrier for adequate care
- CAC members discussed observed challenges in prenatal and neonatal care including access to prenatal vitamins as a challenge that can be addressed to improve outcomes for both newborns and mothers.
- COHC staff to follow-up with Kristen Tobias regarding how to access prenatal vitamins.

Survey Responses and Feedback

- The CAC responded to the results of the 2023 CAC Reflection Survey reflecting on accomplishments, strengths, and weaknesses experienced.

2024 Goals & Focus Sticky Wall Activity

- CAC members responded individually to requests for three goals for the CAC in 2024 and what should be the focuses for the CAC in 2024. Responses included:
    - Goals for recruitment
    - Having a stronger focus on prevention
    - Continued engagement with COHC Board
    - Having more person meetings
    - Impactful action on dental access for OHP members and include more providers
    - Include more stories from the community
    - Feedback on community projects
    - Increased engagement with consumer representatives
    - Increase public awareness and visibility of CAC and COHC
    - Field trips and meetings around the region
    - Operationalize OHP consumer feedback reports for CAC review and consideration
    - Raise consumer voices
    - Identify gaps in transportations, reproductive care, coordination of services

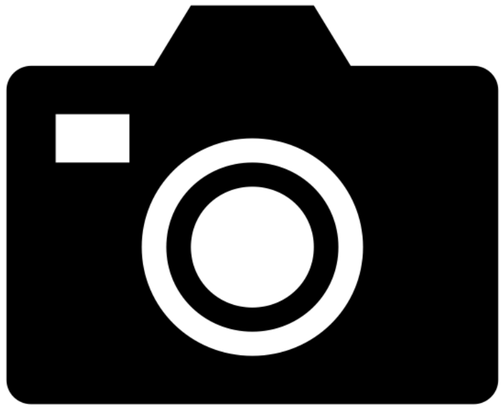
RHA and RHIP Process Update

1.18.24
COHC Community Advisory Council

Overview

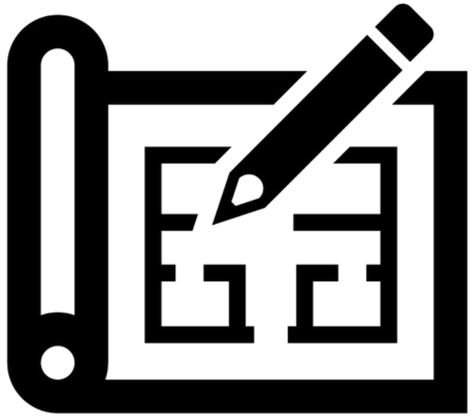
- Define RHA
- Define RHIP
- Define prioritization
- RHA to RHIP processes overview

Regional Health Assessment



The Regional Health Assessment (RHA) describes health-related strengths and challenges in the region at a point in time.

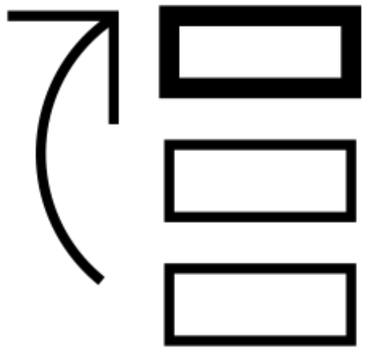
Regional Health Improvement Plan



The Regional Health Improvement Plan (RHIP) is a long-term systematic effort to address public health problems.

- Legislative responsibility
- Fulfills requirements for many regional entities
- Required every 3 - 5 years
- Collaborative regional approach
- Mobilizing for Action through Planning & Partnerships (MAPP) 2.0 by
- National Association of County & City Health Officials (NACCHO)

Prioritization



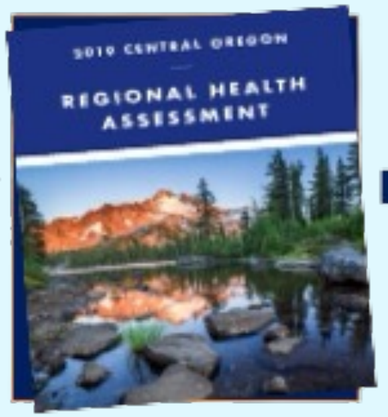
Identifying which of the many areas of health the region will focus.

Tools include: the health assessment, state and federal priorities, best-practice prioritization tools, community feedback.

The STEPPINGSTONE between the RHA and the RHIP.

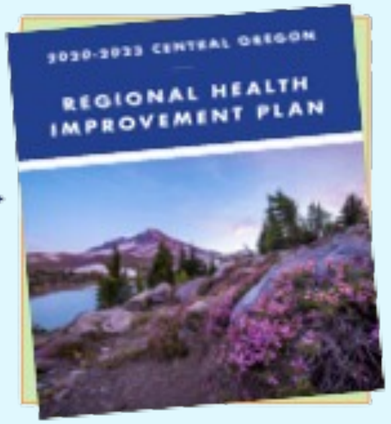
RHA to RHIP Process Overview

Data Collection and Descriptive Analysis



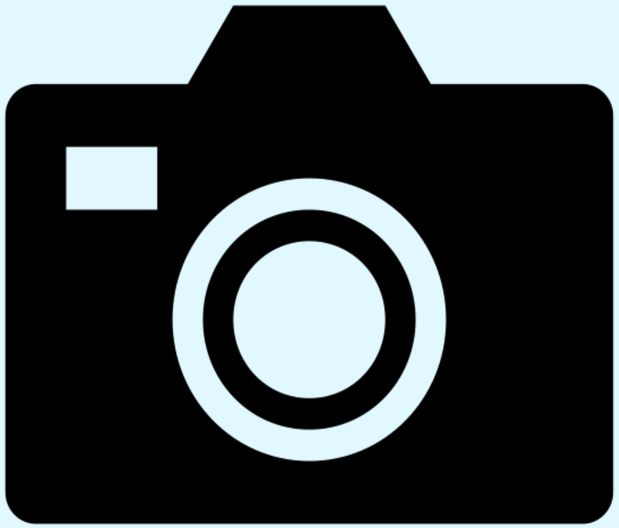
Prioritization

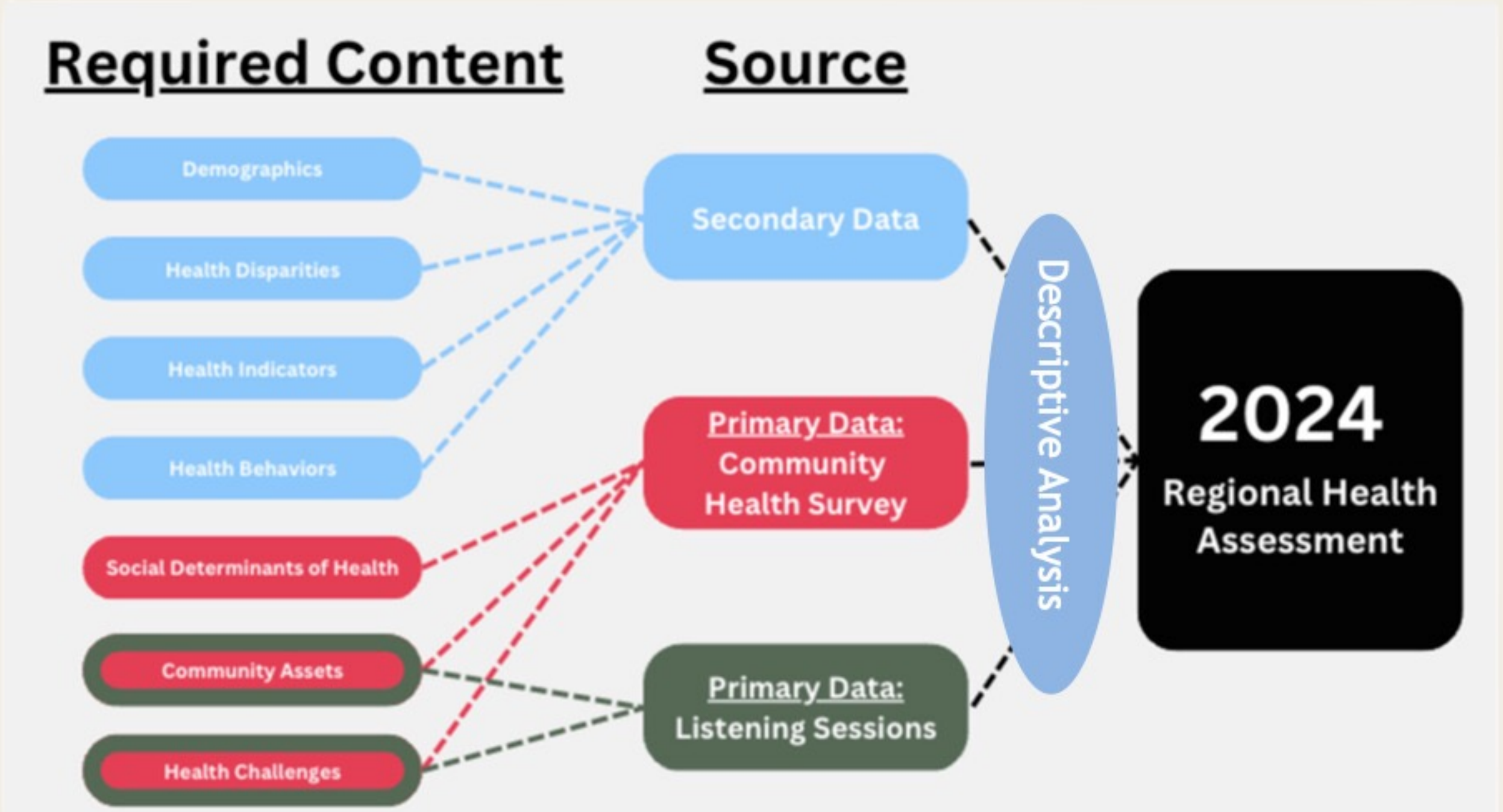
Goals and Strategies



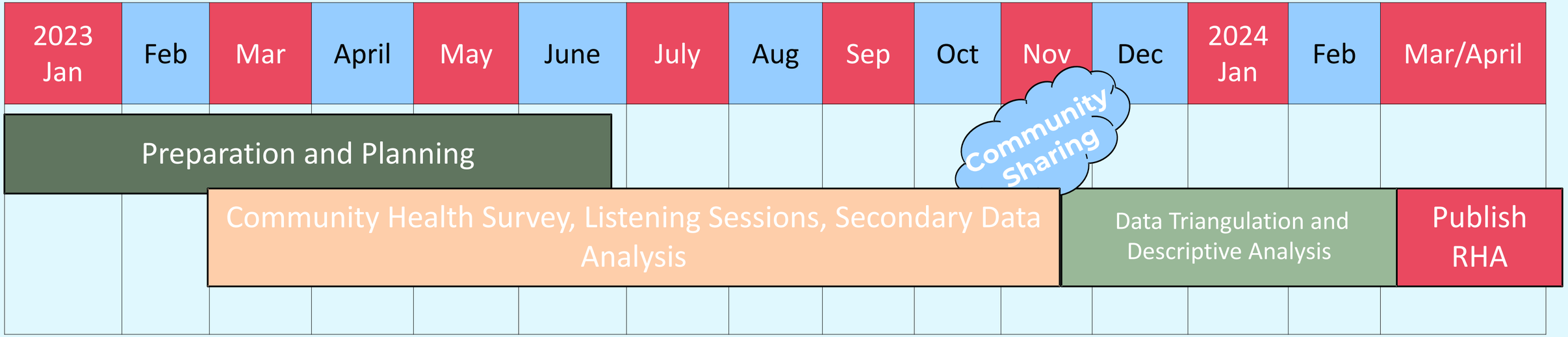
Regional Health Assessment

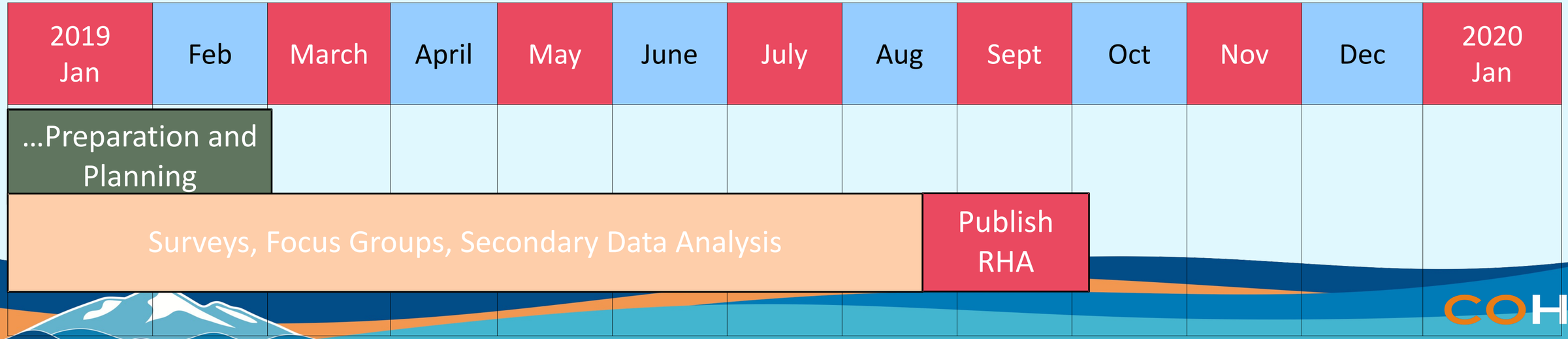
- Contents of the RHA
- Work Plan timeline
- Timeline comparison
- Highlights
- Details




Required Content
Source
Demographics
Health Disparities
Health Indicators
Health Behaviors
Social Determinants of Health
Community Assets
Health Challenges
Secondary Data
Primary Data:
Community
Health Survey
Primary Data:
Listening Sessions
Descriptive Analysis
2024
Regional Health
Assessment

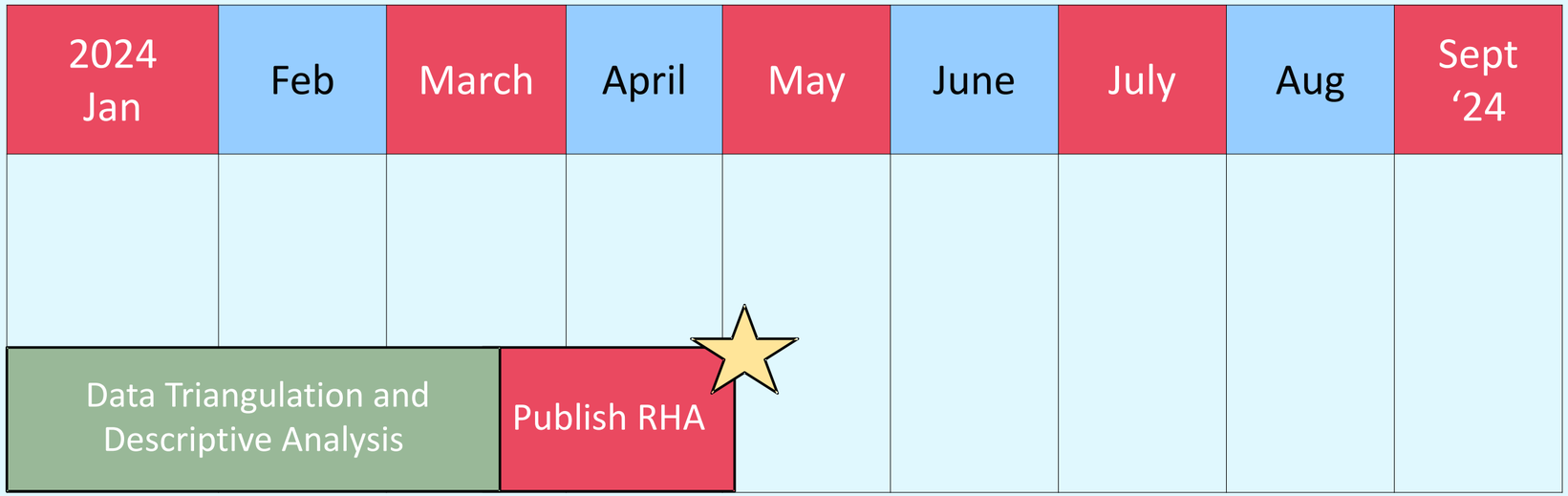
RHA Work Plan Timeline Comparison



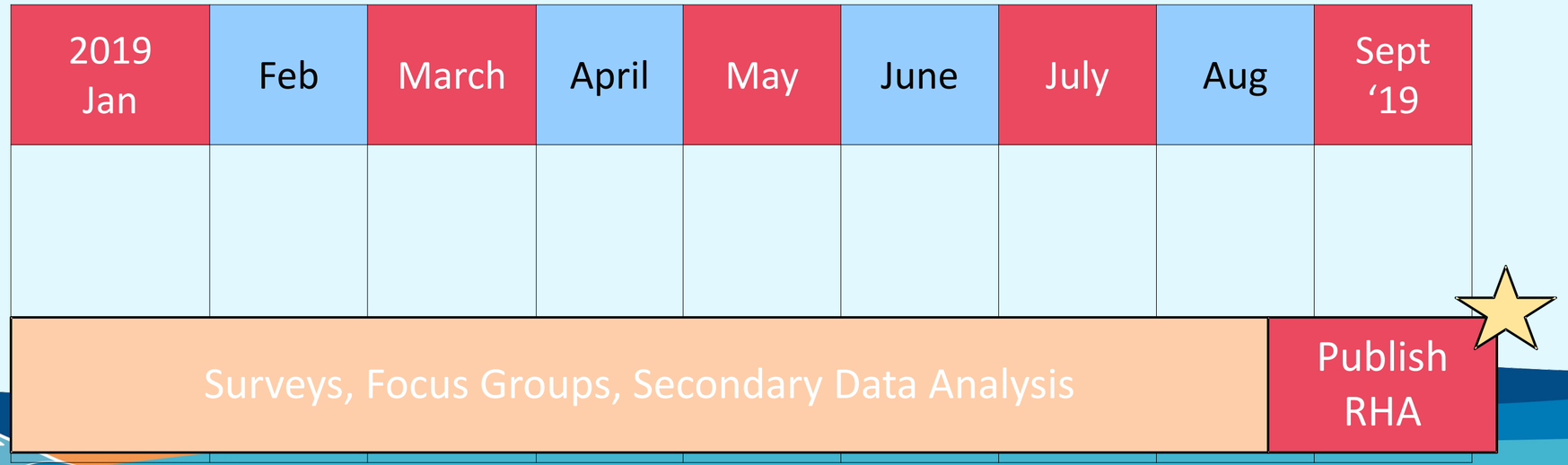


RHA Completion Comparison

2024 RHA



2019 RHA



RHA Comparison Highlights

2024 RHA

- MAPP 2.0 - new emphasis on health equity, health disparities and involvement of the public
- One Community Health Survey - 3800 respondents across all counties and subpopulations
- Focus groups led by trained community partner organizations
- Data Triangulation and Descriptive Analysis includes secondary data (indicators), focus group findings and community health survey findings

2019 RHA

- MAPP 1.0
- Three surveys = 800 respondents
- Focus groups hosted by COHC staff
- Data Triangulation and Descriptive Analysis included secondary data (indicators)

RHA in Detail - Values and Preparation of Work

- Built and defined a comprehensive list of values and guiding principles to guide the work https://drive.google.com/file/d/14raHJfnOELZn2XOjRE5gRCEnMtm3o6vT/view

- Reviewed/updated/defined or built the available and needed, secondary level indicators that represent the entire universe needed for the RHA

- Combined quantitative and qualitative data on the status of the community (demographics, health status and health inequities) to identify inequities beyond health behaviors and outcomes, including their association with SDOH and Social Determinants of Equity (SDOE)

- Defined the appropriate collection methods according to the characteristics of the diverse communities, developing the materials and making sure the community partners are ready to use them, and bring back the results to the RHA

- Considered culture and context for the collection of the information and build a process that is culturally appropriate and inclusive

RHA in Detail - Values and Preparation of Work Cont'd

Built the structure needed to do the RHA in a collaborative way and to make sure we engaged the community on the assessment

- RHA Core Group
- RHA Steering Committee
- Connected with subject matter experts
- Connected partners (critical community organizations, local public health system, partners who advocate on behalf of community members impacted by public health issues, partners that have access to data or populations experiencing inequities)
- Included community members from BIPOC (Black, Indigenous, and people of color); LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, and other gender-affirming identities); immigrant, migrant communities, tribal organizations and governance for collaboration
- Connected community champions, including people who advocate on behalf of their community

RHA in Detail - Community Engagement Investment

Community engagement investment to have improved sources of first-degree information and future community collaborations

- Built/elevated the community structure to operate the RHA and prepare the work for the RHIP. Identify the needed community partners, train them, assure they have the resources to operate, and deliver the information for the RHA
  - Engaged community champions to help promote the RHA and create trust among partners
  - Offered incentives to increase participation in the community survey and focus groups
  - Sought approval and follow community/cultural protocols before collecting data

- Engaged the local community in data-collection methods, working with community members as data collectors and engaging community-based partners that work with community members to organize and facilitate data collection

RHA in Detail - Community Engagement Investment

Met community members where they are to inform data collection through events with the leadership of a trusted organization

- Number of people on the focus groups, discussions and panels:
  - 13 focus groups, 2 panels, and four walk-along interviews (475 pages, 22 hours of audio)
  - 119 people participated in the 13 focus groups
  - 51 participated in the 2 panel discussions
  - 35 participated in the 4 walk-along interview groupings
  - 17 of these data collection efforts were conducted in English, 21 in Spanish, and 1 in a mix of English and Spanish to suit the needs of the participants

RHA in Detail - Community Engagement Investment cont'd

- Final report from the Focus Groups
  https://drive.google.com/file/d/1phr1_fEJWEb1zPdRLODFtDVx5xEzuWez/view?usp=drive_link

- Results from Community Health Survey
  https://drive.google.com/file/d/1l0N0fwzyWdBldTUMFAGRUAXecfz60xzV/view?usp=sharing

- Considered cultural differences to ensure equitable, inclusive data collection. Engaged stakeholders and community members who represent or are members of underserved populations to help understand cultural differences and best practices to support data collection.

- Partner with local universities and faculty in public health to support data collection.

- Collaborate with Federally Qualified Health Centers, and other health related organizations to collect and share their information. Coordinating our efforts on data-collection to expand the reach and reduce duplication.

RHA in detail - Preliminary Results

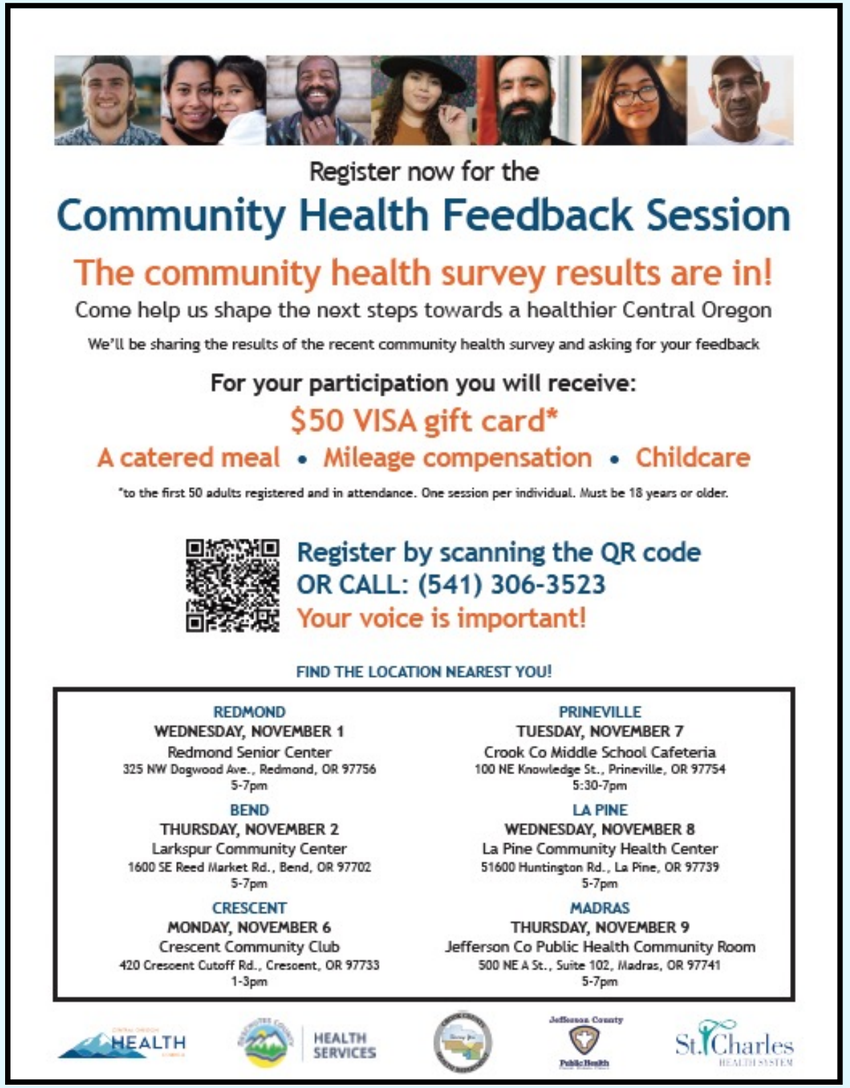
- Included non-numerical information through the survey and the focus groups, interviews and panel discussions to complement the quantitative data and provide a more balanced narrative to the RHA

- Contracted with expert researchers (like the University of Wyoming) to ensure that the collection and analysis of the qualitative data brings out information that is reliable and can be used to formulate health care interventions and strategies

- Brought back the preliminary results of the survey and the focus groups to the communities to verify the pertinence and accuracy of the collected information. A total of 6 Community Health Feedback Sessions were conducted in Redmond, Bend, Crescent, Prineville, La Pine and Madras. Some 350 people attended and were helped by more than 50 volunteers in total.

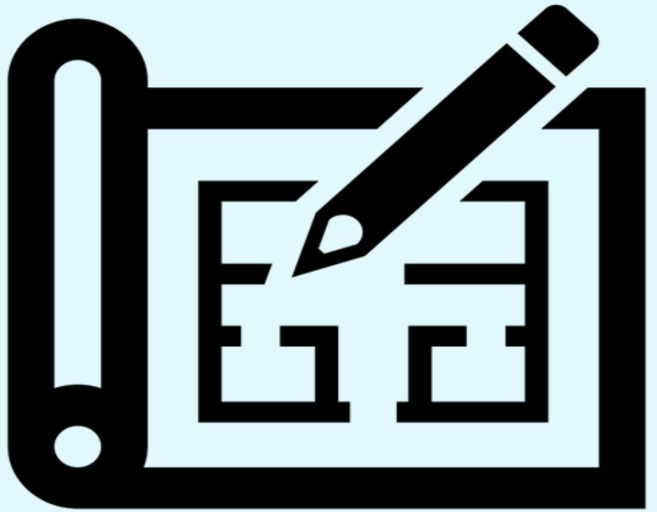
News Coverage of Community Participation

- https://centraloregondaily.com/central-oregon-community-health-survey/

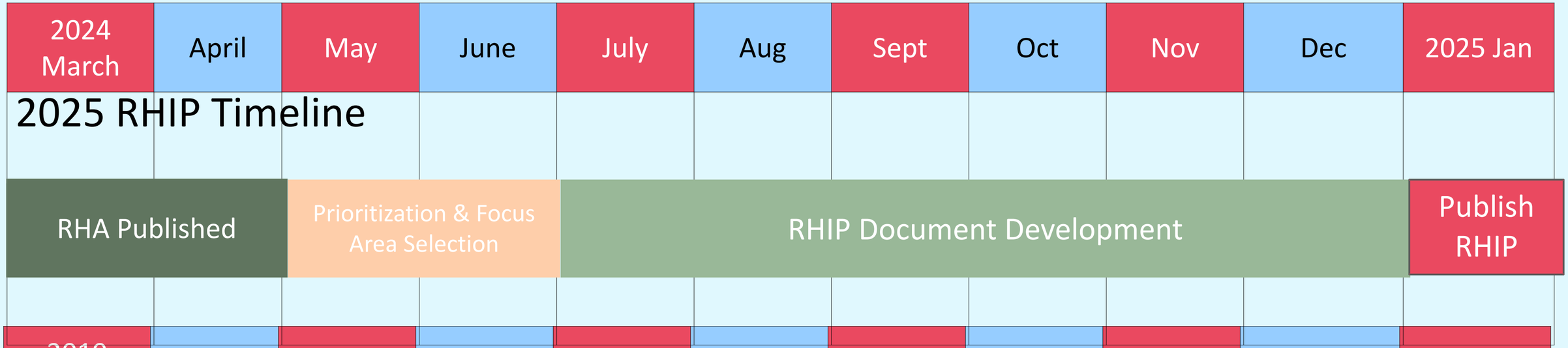


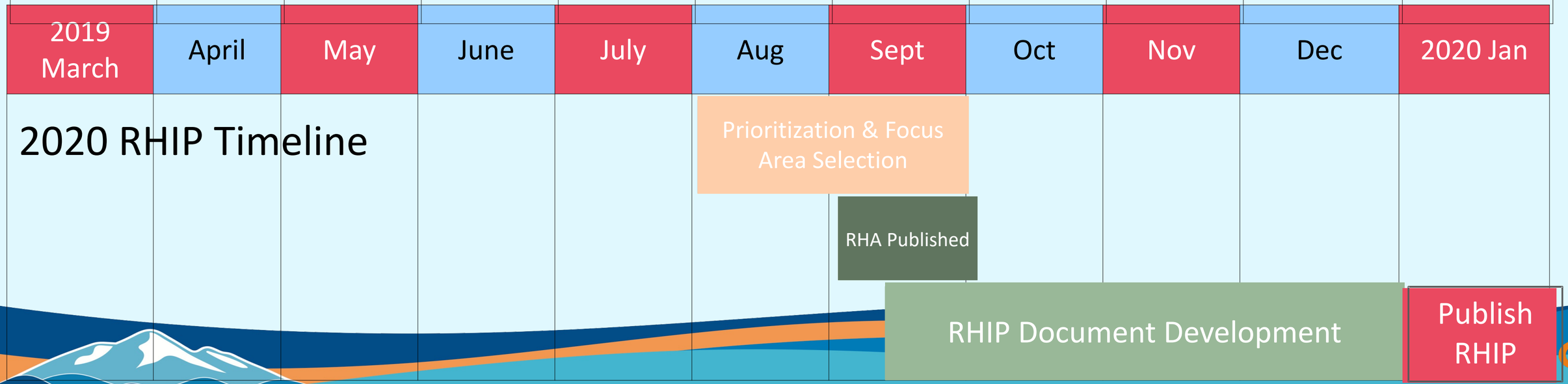
Regional Health Improvement Plan

- Timeline
- Comparison timeline
- Process overview
- Comparative highlights



RHIP Timeline Comparison





2025 RHIP Process

December 2023 – January 2024

- RHIP Process Planning with COHC staff and expanded to CORE and Steering Committees

May - June

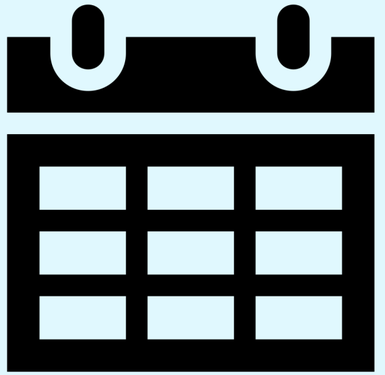
- RHIP Focus Area prioritization & selection
  - CAC & Board will select 2025 RHIP Priority Areas with community and partner input

July-December

- Development of RHIP
  - Involve COHC workgroups, CAC, and partners in metric and strategy selection

January 2025

- Publish RHIP



RHIP Comparison Highlights

2025 RHIP

- Six months to write and publish
- Content created by content specialists, existing workgroup partners, CAC, community members
- Includes background, metrics, goals, root causes, evidence-based practices, emerging practices and mutually-agreed upon strategies.
- 2025 RHIP Workgroups will be aligned and ready to start when RHIP is finalized and released

2020 RHIP

- Three months to write and publish
- Content created by small groups of content specialists
- Included background, goals, metrics, evidence-based and best practices
- 2020 RHIP workgroups developed for focus areas
- 9 months to align community partners for action and investment

Thank You

2023 CAC Reflection Survey Results

What's the greatest accomplishment of the CAC this year?

- Growth of members feeling comfortable engaging and educating the Board.
- CAC community grant RFP - awarding counties per poverty percentile, keeping resources in the community. Engagement with BOD.
- Having more integration with the COHC Board
- Funding this fall
- I think every year it is being able to fund our communities.
- Probably our work distributing over $2M to organizations addressing social determinants of health. Continuing to work to improve dental access is a close second.

What do you feel most proud about as a CAC member (individual)?

- Seeing the work we have done to advocate for OHP members who have inadequate access to dental services.
- Bringing community stories to the group
- I feel like being a CAC member is an important service and fills an important role.
- Belong in community projects
- Making a difference and creating better health equities.
- Creating a safe and productive space for consumer reps and community members to share ideas and concerns aimed at improving our healthcare system.

What do you feel most proud about as the CAC (as a group)?

- Maturity as a group, ready to take on a mutual project with the Board.
- Collective collaboration
- Getting to know the other CAC members through intentional breakout interactions
- Dental improvement
- Giving a voice to OHP members.
- Working with other OHP consumer reps and community members to listen to and respond to priority member issues.

What are the CAC's strengths?

- Active, vocal members who are willing to make their needs known.
- Commitment to the community

- It is a very collaborative and caring group that shows general concern for our Central Oregon community health.
- working together on community projects
- We have a diverse group as far as age, gender identity, and background.
- Good-hearted, smart people who care about improving our health system and the lives of our community members.

What are the CAC's weaknesses?

- It's hard sometimes to schedule meetings given the competing schedules everyone has, so time is limited.
- Feeling like there are barriers are too significant to overcome.
- Some interactions with the COHC Board have not been good
- Not always following through
- We are missing some crucial voices in terms of diversity.
- A lack of understanding about how our health system really works and what the levers of change are.

How do you feel about the CAC impact? (1 Being Not Impactful, 5 Being Extremely Impactful)

- Average: 3.5