

## Council Members

- Theresa Nguyen  
Jefferson County Public Health
- Mayra Tepayotl-Alvarez  
Consumer Representative
- Conor Carlsen  
Consumer Representative
- Miranda Hill  
Klamath County  
Representative
- Linda Johnson  
Community Representative
- Jessica Jacks  
Deschutes County Health  
Services
- Elaine Knobbs-Seasholtz  
Mosaic Community Health
- Aimé Maxwell  
Consumer Representative
- Lucia Orozco  
Consumer Representative
- Brad Porterfield,  
Consumer Representative
- Christie Rudder  
Consumer Representative



## COMMUNITY ADVISORY COUNCIL

March 20, 2025

VIRTUAL

*Video Conference Link in Calendar Invite*

Conference Line: 1.669.900.6833

Meeting ID: 864 9263 5310#

Passcode: 933436#

- |             |  |
|-------------|--|
| 12:00-12:25 | <b>Welcome – Gwen Jones</b> <ul style="list-style-type: none"><li>• Land Acknowledgement</li><li>• Meeting Practices</li><li>• Introductions</li><li>• Public Comment / Patient Story</li><li>• Announcements &amp; Updates</li><li>• Approval of Meeting Notes – February</li></ul> |
| 12:20-12:30 | <b>CAC Chair Nomination Discussion/Elections – Gwen Jones (COHC)</b>   |
| 12:45-12:55 | <b>Jefferson County 2023 CHP funds reallocation request–Kelley Adams (COHC)</b>  |
| 12:55-1:20  | <b>Community Health Projects RHIP Objective Selection– Gwen Jones (COHC), Kelley Adams (COHC)</b>  |
| 1:20-1:30   | <b>CAC-JEDI Collaboration on Community Health Projects – Brad Porterfield (CAC), Miguel Herrada (COHC)</b>   |
| 1:30-1:40   | <b>CAC's 2025 Planning– Gwen Jones (COHC)</b>  |
| 1:40-2:00   | <b>Social Determinants of Health: Social Needs Screening and Referrals - Christine Lynch (PacificSource)</b>   |

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

## **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

February 20<sup>th</sup>, 2025

*Held virtually via Zoom*

### **CAC Members Present**

Brad Porterfield, Chair, Consumer Representative  
Stacy Shaw, Vice-Chair, Consumer Representative  
Jessica Jacks, Deschutes County Health Services  
Linda Johnson, Community Representative  
Christie Rudder, Consumer Representative  
Lucia Orozco, Consumer Representative  
Mayra Tepáyotl-Alvarez, Consumer Representative  
Miranda Hill, Klamath County Public Health  
Aimé Maxwell, Consumer Representative

### **CAC Members Absent**

Theresa Nguyen, Jefferson County Public Health  
Conor Carlsen, Consumer Representative  
Elaine Knobbs-Seasholtz, Mosaic Community Health

### **COHC Staff Present**

Ariane Powell, Central Oregon Health Council  
MaCayla Arsenault, Central Oregon Health Council  
Gwen Jones, Central Oregon Health Council  
Avery Grace, Central Oregon Health Council  
Kelley Adams, Central Oregon Health Council  
Bradley Garner, Central Oregon Health Council  
Carol Martin, Central Oregon Health Council  
Camille Smith, Central Oregon Health Council

### **Support & Guests Present**

Katie Ortgies, Oregon Health Insurance Marketplace  
Dustin Zimmerman, Oregon Health Authority  
Jennifer Wilson, Advantage Dental  
Casey Munck, NAMI Central Oregon  
Janet Basney, Central Oregon Guardian Assistance Program  
Kristin Tobias, PacificSource  
Kat Mastrangelo, Volunteers in Medicine (VIM)  
**Amy Martin, Oregon Health Authority – need to check attendance**

## **Introductions**

- Brad Porterfield welcomed all attendees. All participants introduced themselves to save time at the meetings

## **Land Acknowledgement**

- Mayra Tepáyotl-Alvarez read the Land Acknowledgement.

## **Meeting Practices**

- Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all.

## **Public Comment/Patient Story**

- Brad Porterfield welcomed public comments or patient stories:
  - Brad Porterfield has been advocating for a friend who recently had a stroke, his rehabilitation care been great but an unknown payment mess up of skilled nursing care costs resulted in a \$6700 bill for a break in coverage he did not know about. If anyone has experience in finding this and a solution please contact Brad. The communication between entities has been awful so being an advocate has been difficult.
  - Christie Rudder – noted the comments of Brad and passed this link to him to follow up with the Oregon Ombuds Program  
<https://www.oregon.gov/oha/erd/pages/ombuds-program.aspx>

## **Announcements**

- Mandee Seeley has moved to the East Coast to look after a relative and will not be returning. She has tendered her resignation from CAC. Avery Grace thanked Mandee Seeley for her long service to the CAC and her input to the RHA and RHIP process.
- Dustin Zimmerman is moving to a new job and Miranda Miller will be replacing him. He will be with her for the first couple of meetings to walk her through the process.
- Casey Munck noted that NAMI has two job openings in Crook and Jefferson counties for NAMI. It has been a challenge to get applications from the areas, so she asked if anyone knows anyone who may be interested to send them the link -  
<https://namicentraloregon.org/about-nami-central-oregon/job-openings/>
- Stacy Shaw stated she wanted to have it in notes that the cancellation of the last meeting was shocking for her. She hoped that leadership of the CAC would be involved in any other cancellations of meetings.

## **Approval of December Meeting Notes**

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from December. There were no objections to the meeting notes, so they are approved.
- Stacy Shaw noted on the Dental Task Force notes that when she reviewed them, she did not see mention about concerns raised at the Task Force meeting, by both Brad and Stacy, about the Pilot Project being started by the Board without CAC involvement. She asked for a note to be added to the minutes to say this. Arianne Powell stated that the notes from the Dental Task Force meeting are simply notes and not minutes and are not part of the approval of minutes during CAC meetings.

## **RHIP Endorsement Discussion & Vote**

Gwen Jones gave a presentation on the RHIP and how to access it. Following discussion on the reflections, the CAC endorsed the RHIP.

Comments:

- Linda Johnson - noted that the robust involvement by CAC members within the community was to be applauded.
- Brad Porterfield – liked the intentionality over the locations around the whole community, covering the costs and the invitations to people, with meals, stipends, travel costs, and child care reimbursement.
- Jessica Jacks – shared the broad community involvement with others and lauded the COHC process at other meetings.
- Miranda Hill – very appreciative of the N. Klamath involvement and the community was very grateful to be included.
- Stacy Shaw – participated in the RHIP sessions as a Jefferson County representative, and also lauded the COHC for going to the communities who are most economically disadvantaged and hopes it can be continued.
- Christie Rudder – endorsed the plan as a good basis for what we are striving towards, but it will be hard to ignore the current political situation and achieve it.
- Avery Grace – noted the implementation of the plan will need us to pivot with changing circumstances within the region to reach our goals.

## **CAC's role and Forms of Advocacy**

MaCayla Arsenault presented on the CAC Charter and discussed what that exactly is. She noted that with regard to Advocacy, our models look different than other areas. Here, the CAC works through and with the Board on Advocacy. However, CAC members can advocate as individuals as they wish.

Avery posted a short note in the chat:

### **CAC Duties**

**1. What is a CAC?** A Community Advisory Council is a CCO-convened council that meets regularly to ensure the CCO is addressing the health care needs of consumers and the community.

### **2. What are the primary duties of a CAC?**

- Identify and advocate for preventive care practices to be utilized by the CCO.
  - Oversee a Community Health Assessment (CHA) and adopt a Community Health Improvement Plan (CHP), in accordance with ORS 414.5772
  - Annually, publish a report on the progress of the community health improvement plan
- Have a role in:
- Health-related Services (HRS) community benefit initiative (CBI) spending decisions; and Supporting Health for All Through Reinvestment (SHARE) Initiative spending decisions

COHC is contracted by PacificSouce (CCO) to do things – for instance forming the CAC.

Jessica Jacks posted questions in the chat:

- When reviewing the Charter I was curious to learn more about these specific statements:
  - *CAC is chartered by the COHC Board of Directors to advise and make recommendations on the strategic direction of the organization.*

- I'd like to know more about how CAC is informing the strategic direction and the definition of organization.
- *CAC is identified as offering guidance and feedback on COHCs workplan.*
  - I'd like to know what the COHC workplan is. Is it the RHIP?
- *CAC is identified as required to provide a report to the COHC Board of Directors when requested and no less than annually.*
  - I'd like to see a past report and understand when we are expected to do this and what it includes.

## **2025 CAC Planning – Priorities & Strategies**

Avery Grace shared a change in the grant funding cycle.

- RFP and score card developed in line with the RHIP priorities.
- This year the RFP will be announced in April instead of July.
- More accelerated timeline this year.
- Small workgroup making the new RFP – get to choose within the 6 focus areas.
  - Comments
    - Jessica – reflection is excited about alignment to the RHIP will be going deeper with the community process
    - Stacy - very quick turn around – feeling the cancelled meeting
- Reviewed CAC's 2024 plans
  - What's missing and CAC needs to focus on?
  - Suggestions for next year from survey:
    - Greater Social Media presence or attending community outreach events;
    - Accessible affordable housing especially for people with disabilities;
    - Give Board input on agenda items
    - Clarity on where money is distributed and seeing the impact grants have
    - More opportunities for OHP member participation and feedback
    - CAC and Board of Directors membership;
    - Support for reviewing community grants;
    - Recruitment to CAC

Will be a more in-depth process together – what to keep and continue and are there other goals and priorities? Additional comments from the meeting:

- Eye glasses for adults
- Increase CAC visibility
- Increasing N. Klamath representation
- Focus visibility within the regions
- Focus on improving ways consumers can share their experiences
- More Spanish speaking opportunities to share – can arrange for documents to be translated but can also access translation services
- Granting process – developing a way to provide feedback on non-awarded grants and therefore being more transparent
- Acknowledgment for the work we do on the CHPs. More visibility so grant applicants understand who is reviewing them
- Need to communicate that to applicants.
- Being visible, transparent and accessible.

**Action - Avery – will send out a working document for people to input to the process.**

### **Emerging Issue Update – Dental Task Force Update**

MaCayla Arsenault briefed on the notes from the Dental Task Force. Since we talked in January, the Board met with providers and came up with a pilot project – AiC greater than 9 with dental infections. This can be an easily accessible project start. She introduced Kat Mastrangelo, who is a Board member as well as Executive Director of Volunteers in Medicine (VIM)

### **CAC Dental Pilot Project**

Kat asked various questions of the CAC, including:

- Does anyone know anyone with tooth pain, unable to sleep, had to have a tooth pulled without the option of dental restoration?
- Question about appointments and hygienist's access
- Does everyone know who their assigned dental office is? Suggestion by Jenn Wilson that the card does not explain fully provider and a phone number is needed for those in a network of providers.
- How far away is the dental office, and how far would you be willing to travel – responses include for some a long distance depending on the provider. Need to make sure the provider assigns them to the office nearest their home. For instance sent to Bend when lives in Redmond. Disabled access can be difficult in dental offices.
- Comparison of access between now and when a child – some worse, and better.
- Is there anybody from CAC who wishes to work with the Pilot Project with VIM? Please let Avery know and she will pass names to Kat.

**Note from last meeting – Regarding the CAC recruitment flyer - Action – Staff will follow up on the distribution of the flyer to OHP members and to CAC members with PacificSource**



Are there parts of your or your loved ones' health care you wish you could change?

Do you feel that your community's needs and well-being are being served? Do you have ideas that might help?

If so, join the Community Advisory Council and have a voice in improving health for all people across Central Oregon!



You can get this document in other languages, large print, Braille, or a format you prefer. Contact the Central Oregon Health Council at 541-306-3523 or email [info@cohealthcouncil.org](mailto:info@cohealthcouncil.org). You can also ask for an interpreter. This help is free. Call OHP Client Services at 800-273-0557. We also accept all relay calls or you can dial 711.

## Who

- Oregon Health Plan (OHP) PacificSource Community Solutions (PCS) member, their guardian, and/or caregivers that reside in Deschutes, Jefferson, Crook, or northern Klamath County.
- Any Alaskan Native/Native American who is an OHP member (open card or PCS) and is either:
  - Part of one of these federally recognized tribes: Confederated Tribes of Warm Springs, Cow Creek Band of Umpqua Tribe of Indians, or the Klamath Tribes
  - Or a resident of Deschutes, Jefferson, Crook, or northern Klamath Counties, or any regional indigenous reservation lands.

## What

The Community Advisory Council (CAC) recommends ways and makes decisions to improve the health of diverse cultures that build the beautiful tapestries of Central Oregon.

- Listen to community stories and draw from your own lived experience
- Recommend ways to improve health care quality and access for OHP covered services
- Make funding decisions to address health and wellness disparities
- Engage in conversation and bring community-based solutions to the table

## When

Currently, every third Thursday of the month from 12:00 to 1:30 pm. Date and time flexible based on members' needs and availabilities. Meetings are online with occasional in-person gatherings.

## Assistance

OHP members receive a \$45 stipend for each meeting attended. **All travel and childcare costs are reimbursed.** A \$40 internet connectivity reimbursement is also available. Language interpretation services, ASL, and other **accommodations are available.**



## Central Oregon Health Council Community Advisory Council (CAC)

### Chairperson and Vice-Chairperson Shared Roles and Responsibilities

The Chairperson and Vice-Chairperson share many responsibilities. See the Chairperson and Vice-Chairperson sections for responsibilities unique to each role.

#### **Shared Job Description:**

- Neutrally facilitate the identification, discussion, and ranking of issues of concern to members.
- Plan the meetings of the CAC to meet the minimum requirements of the most current CCO contract.
- Facilitate follow up discussions and votes held by email.

#### **Shared Requirements of Prior and Current Service:**

- Must be receiving benefits from PacificSource Community Solutions Oregon Health Plan or be a guardian of a dependent currently receiving benefits.
- Must have six months to one year of experience serving on the CAC before serving as a Chairperson or Vice-Chairperson.
- One term of service is two years. Can serve for up to two consecutive terms for a total of four years.

#### **Shared Expectations of Personal and Professional Characteristics:**

- Ability to listen, analyze, think strategically and creatively, and work well with people both one on one and in a group.
- Ability to consider multiple viewpoints on sensitive issues and communicate the Community Advisory Council's perspective effectively with members and stakeholders.
- Ability to prepare for, attend, and participate in meetings and meeting agenda planning (including conference calls).
- Willingness to ask questions when you need more information, to take responsibility, to follow through on given assignments, and to evaluate oneself.
- Willingness to develop certain skills needed for the role if you do not already possess them.
- Commitment to honesty, sensitivity, and tolerance of differing views; a friendly, responsive, and patient approach; personal integrity; a developed sense of values; and concern for the CAC's development.
- Ability to facilitate discussions face-to-face and through electronic means among diverse partners.

### **Shared Primary Responsibilities:**

- Attend and participate in all meetings of the Community Advisory Council (except during vacations and emergencies).
- Be informed about the CCO and COHC's mission, vision, policies.
- Work together with the Board of Directors Chairperson to create yearly CAC workplan.
- Get familiar with and review CAC agendas and supporting materials prior to meetings.
- Prepare and present information at other meetings on behalf of the CAC as needed.
- Support the development of processes for meaningful partnership between the CAC and Board of Directors.
- 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.
- Work with staff and current CAC members to develop a new CAC member recruitment plan and assist with recruiting activities.

### **Shared Resources and Support:**

- A stipend and internet (or mileage reimbursement) is offered for meetings.
- COHC staff support is available for work related to the CAC.
- Opportunity to participate in yearly Oregon CCO conference.
- Oregon Health Authority CAC Support:
  - <https://www.oregon.gov/oha/OEI/Pages/cac.aspx>
  - <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Community-Advisory-Councils.aspx>

## Chairperson Roles & Responsibilities

Beyond the shared responsibilities above, the CAC Chairperson has individual responsibilities they must fulfill.

### **Chairperson Additional Job Requirements**

- Serve on the COHC Board of Directors as a full member (see Board Policy Book for complete description).
- Inform the Board of Directors about any recommendations from the CAC.

### **Chairperson Additional Responsibilities**

- Attend and participate in all meetings of the Board of Directors (except during vacations and emergencies).
- Draw attention to priorities in the Board of Directors' Strategic Plan to the CAC.

- Serve as the liaison between the Community Advisory Council and the Board of Directors. Prepare and present information at both meetings on behalf of each group, including feedback about performance of the Oregon Health Plan (OHP) and how the CAC is addressing CCO contract requirements.

**Chairperson Time Commitment:**

- Anticipate a minimum of 5 hours a month for meetings plus emails, work outside of meetings, and additional time for initial learning and orientation.

## Vice-Chairperson Roles and Responsibilities

Beyond the shared responsibilities above, the CAC Vice-Chairperson has individual responsibilities they must fulfill.

**Vice-Chairperson Roles & Responsibilities**

The CAC Vice-Chairperson will not be called upon to stand in for the CAC Chairperson at the COHC Board of Directors. They may attend as a guest but will not be asked to join the Board of Directors in the absence of the CAC Chairperson.

**Vice-Chairperson Additional Job Requirements**

- Step in to fill the CAC Chairperson role when the Chairperson is absent.

**Vice-Chairperson Time Commitment:**

- Anticipate a minimum of 3 hours a month for meetings plus emails, work outside of meetings and additional time for initial learning and orientation.

# Jefferson County 2023 CHP funds reallocation request.

The 2022 Community Health Project, Highway 361 Community Pathway project.

- Due to strong community pushback, the project has dissolved.
- The committee has distanced itself from the original applicant.
- Given the extent of the opposition, there is little to no likelihood that the project will move forward in the foreseeable future.

Jefferson County would like to use the funds for a highway safety program that directly serves low-income families in Jefferson County who qualify for OHP.

- Which provides in-person education in English and Spanish on car seat safety for those that already have an appropriate car seat.
- Certified staff offer hands-on installation assistance and safety checks to help families use their car seats correctly. Jefferson County currently has no retailers that sell car seats.
- JeffCo location across from the hospital, assists families immediately to ensure their child's first journey is as safe as possible.
- Program also serves as a connection point for families to access additional support services such as WIC, Family Connects, and other vital community resources.
- The demand for this program exceeds the funding currently received from ODOT, additional support would be invaluable.

## 2025 Community Health Project - Proposed Funding Focuses

Helpful Links: The full [Regional Health Improvement Plan](#)

**Dental Pilot:** (qualifying) budget items - might want to allocate \$XX amount

### **Access to and Quality of Healthcare:**

Health Topic Goal:

By 2029, we will contribute to reducing health disparities by expanding access to affordable, culturally responsive, and coordinated healthcare options that prioritize timely, community-centered care and reduce financial, cultural, and systemic barriers across Central Oregon.

Strategy 3: Streamlining Multidisciplinary Communications

**Objective: 75% of physical, dental, and mental health providers will be enrolled in a health information exchange (connections to support for social determinate health (SDOH) needs).**

### **Non-Emergency Medical Transport (NEMT) - Specific Transportation:**

Health Topic Goal:

By 2029, we will reduce health disparities by ensuring safe and equitable transportation to allow vibrant health connections, prioritizing rural and underserved communities.

Strategy 4:

Gathering and Analyzing Data to Develop Equitable Transportation Services

**Objectives:**

**We will determine the gaps between current and desired medical transportation conditions for seniors, disabled and underserved residents. By surveying the stakeholders and analyzing the results, we will create a data-driven impact statement based on two years of medical data and publish the findings.**

**We will use quantitative data to create incentives, guidelines, technology, and funding for needs-based non-emergency medical transportation programs for seniors, disabled communities, and underserved communities.**

## **Nutrition and Physical Activity:**

Health Topic Goal:

By 2029, we will leverage and enhance resources to improve individual and community well-being through equitable access to nutrition and physical activity.

Strategy 2: Making Healthy Choices Easier and More Accessible

**Objective: Community collaborations will obtain equipment for harvest and pickup of rural food donations to deliver to a central kitchen for prep and distribution to those most in need.**

Strategy 3: Developing Inclusive and Safe Spaces for Wellness

**Objective: We will provide free access to spaces for recreational/physical activities for underserved people. We will use our local and neighboring experts to diversify offerings while receiving feedback from at least 50% of participants to ensure inclusivity and success in underserved counties.**

## **Housing:**

Health Topic Goal:

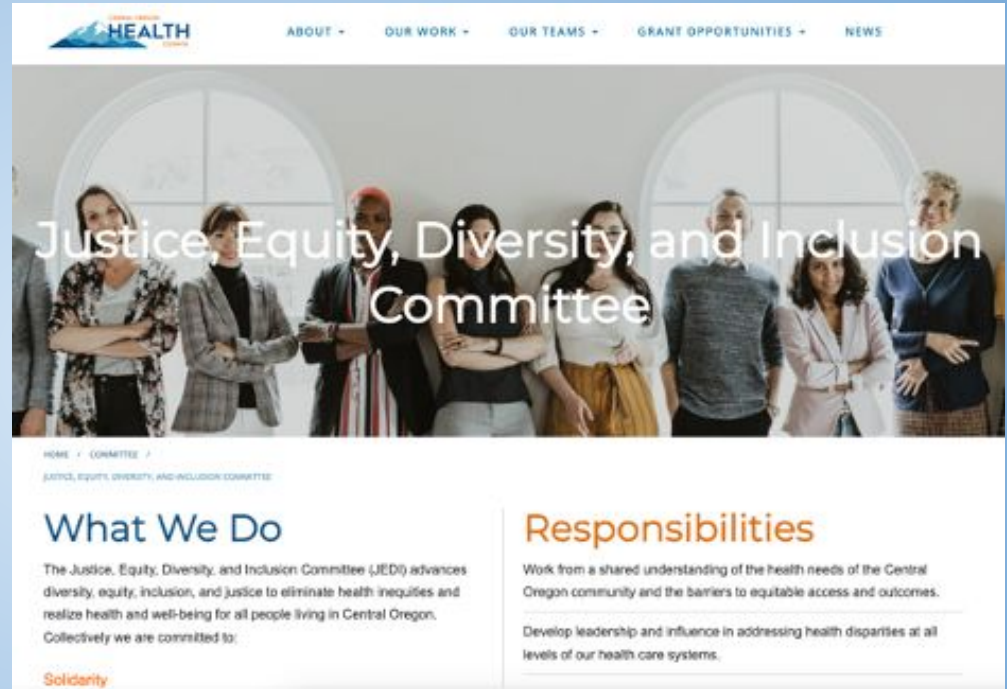
By December 2029, we will reduce disparities in housing by improving and developing access to holistic housing options and services, with a special focus on marginalized and underserved communities

Strategy 4: Reform Funding and Land Use Policy to Prioritize Marginalized and Underserved Communities

**Objective: We will prioritize diversifying housing in Central Oregon, such as high and low-barrier transitional housing, with an emphasis on marginalized communities**

# Justice, Equity, Diversity, and Inclusion Committee (JEDI)

The role of JEDI involves understanding Central Oregon's health needs, developing leadership to address health disparities, informing policies to prevent and remedy these issues, engaging with diverse community partners, and improve access to and utilization of data, research, and evaluation outcomes in addressing health disparities.



The image shows a screenshot of the website for the Justice, Equity, Diversity, and Inclusion Committee (JEDI) at Central Oregon Health. The page features a navigation bar with links for 'ABOUT', 'OUR WORK', 'OUR TEAMS', 'GRANT OPPORTUNITIES', and 'NEWS'. Below the navigation is a large photograph of a diverse group of people standing in front of a whiteboard. Overlaid on the photo is the text 'Justice, Equity, Diversity, and Inclusion Committee'. Below the photo, the page has a breadcrumb trail: 'HOME > COMMITTEE > JUSTICE, EQUITY, DIVERSITY, AND INCLUSION COMMITTEE'. The main content is divided into two columns. The left column is titled 'What We Do' and describes the committee's mission to advance diversity, equity, inclusion, and justice to eliminate health inequities and realize health and well-being for all people living in Central Oregon. It also states a collective commitment to 'Solidarity'. The right column is titled 'Responsibilities' and lists two key responsibilities: working from a shared understanding of the health needs of the Central Oregon community to eliminate barriers to equitable access and outcomes, and developing leadership and influence in addressing health disparities at all levels of the health care systems.

Central Oregon HEALTH

ABOUT - OUR WORK - OUR TEAMS - GRANT OPPORTUNITIES - NEWS

Justice, Equity, Diversity, and Inclusion Committee

HOME > COMMITTEE > JUSTICE, EQUITY, DIVERSITY, AND INCLUSION COMMITTEE

## What We Do

The Justice, Equity, Diversity, and Inclusion Committee (JEDI) advances diversity, equity, inclusion, and justice to eliminate health inequities and realize health and well-being for all people living in Central Oregon. Collectively we are committed to:

**Solidarity**

## Responsibilities

Work from a shared understanding of the health needs of the Central Oregon community and the barriers to equitable access and outcomes.

Develop leadership and influence in addressing health disparities at all levels of our health care systems.



# JEDI's annual plan

**The Committee is responsible for supporting the advancement of Health Equity at the COHC.**

**Support a learning community about JEDI principles.**

**Champion community support on regional JEDI issues.**

[Updated Charter](#)

# JEDI & CAC- opportunity for collaboration

## How can JEDI inform and support CAC's work around the grant making process?

- JEDI could support/inform/refine CAC's yearly RFP for the Community Grants.
- JEDI could inform and advise CAC on the grant review score card.

## To Come:

- in April, Brad Porterfield will talk to JEDI to get advice on your ideas on community engagement, diversifying membership, and increasing inclusivity and accessibility in CAC meetings.
- Do you want to invite JEDI members to review the grants applications? (at least the equity section of some of them?)



# Social Determinants of Health: Social Needs Screenings & Referrals

# What are CCO Quality Metrics (QIMs)?

The Oregon Health Authority uses “quality measures” to show how well Coordinated Care Organizations (CCOs):

- Improve care,
- Increase access to quality care,
- Reduce health differences between people, and
- Curb rising costs of health care.

# What are Social Determinants of Health?

**Social determinants of health (SDOH)** are the non-medical factors that influence health long term.



**In 2023, the Oregon Health Authority (OHA) rolled out the Social Determinants of Health Screening and Referral Metric with the intention of addressing three of the top SDOH needs faced by Oregonians:**



Food/Nutrition



Housing



Transportation

# Question 1

## What is most important to you, to have a comfortable screening experience?

- A. How the screening is done - paper, telephone, someone asking questions, digital, during appointment, on your own time
- B. Where the screening comes from - primary care, social services, CCO, others
- C. The role of the person screening – Community Health Worker, Peer Support Specialist, Medical Assistant, administrative staff, doctor, case worker
- D. How often would you like to be screened? OHA expects it once per year, but are there times when it should be more often?

## Question 2

To help members get the SDoH care and services they need, your information may need to be shared with community resource partners to help your care team understand what support you may need, and whether those needs have been resolved.

- **What are your thoughts on securely sharing your information with members of your care team, or community-based organizations that might be able to provide services to help meet your needs?**



## Question 3

Race, Ethnicity, and Language Disability (REALD) data is another type of information that OHP members self-report. There are a few different ways this information might be shared to inform our policies and your care.

- **What are your thoughts about securely sharing your individual race, ethnicity, language, and disability (REALD) data with other members of your care team, or community-based organizations so that you might be matched with a provider who can meet your SDoH needs?**

# Questions & Thank you

Any other questions?

Thank you for your time and input!



COMMUNITY ADVISORY COUNCIL

March 20, 2025

## Notice Parents & Caregivers – Share your Story

Have you helped a child or teen use behavioral health services? Share your experience with us!

Join a short-term group to help us find ways to make these services easier to access for families in Central Oregon. The group will include parents, caregivers, and professionals who know about this topic.

The group will meet online up to three times in April and May.

Your input will help the Central Oregon Health Council work to make these services easier to access for families and youth.

If you're interested, please contact Mary Burns (COHC Program Manager) by Monday, March 31<sup>st</sup>.

- [mary.burns@cohealthcouncil.org](mailto:mary.burns@cohealthcouncil.org)
- (458) 666-5841