Central Oregon Justice, Equity, Diversity and Inclusion (JEDI) Committee

March 5, 2025; 8:30am – 10:00am

Join by computer: https://us02web.zoom.us/j/89357211655?pwd=NnkxQnRJYVRrQjhydS90dzkrYVMyQT09
Join by phone: 1 253 215 8782 or 1 669 900 6833
Meeting ID: 893 5721 1655
Passcode: 168048

8:30 am – 9:15 am Welcome, Guiding Principles, Introductions and learning activity.

9:15 am –10:00 am Context setting for today's meeting

- How to continue supporting health equity (Ignatius Bau)
- JEDI and CAC, opportunity for collaboration (Avery Grace and CAC members)

Links to Shared Documents

Link to the working document:
https://docs.google.com/presentation/d/1vflDbXRBCq3A7r_vJaZkIAu7umRbBnMQ0q82hcWnVg8/edit?usp=sharing

COHC Webpage:
https://cohealthcouncil.org/

Shared Google Drive:
https://drive.google.com/drive/folders/1Y3-hzNmUV9aZ5rxh9iORVtA4jPp87U2N?usp=sharing

Regional Health Improvement Currently Funded Projects:
https://www.centraloregonhealthdata.org/tiles/index/display?id=254047713344660685

Next Meeting –April 2

March 2025 JEDI Committee

JEDI community learning activity

- Time for sharing: how are you feeling? what are you doing to take action to support JEDI work? to educate and mobilize others to continue to support JEDI?

Advancing Health Equity When DEI Is Under Attack

- How can we continue to “make the cases” to continue our work on health equity?

CAC Grants

- Opportunity for JEDI to participate on the process

JEDI 2024 Work Plan

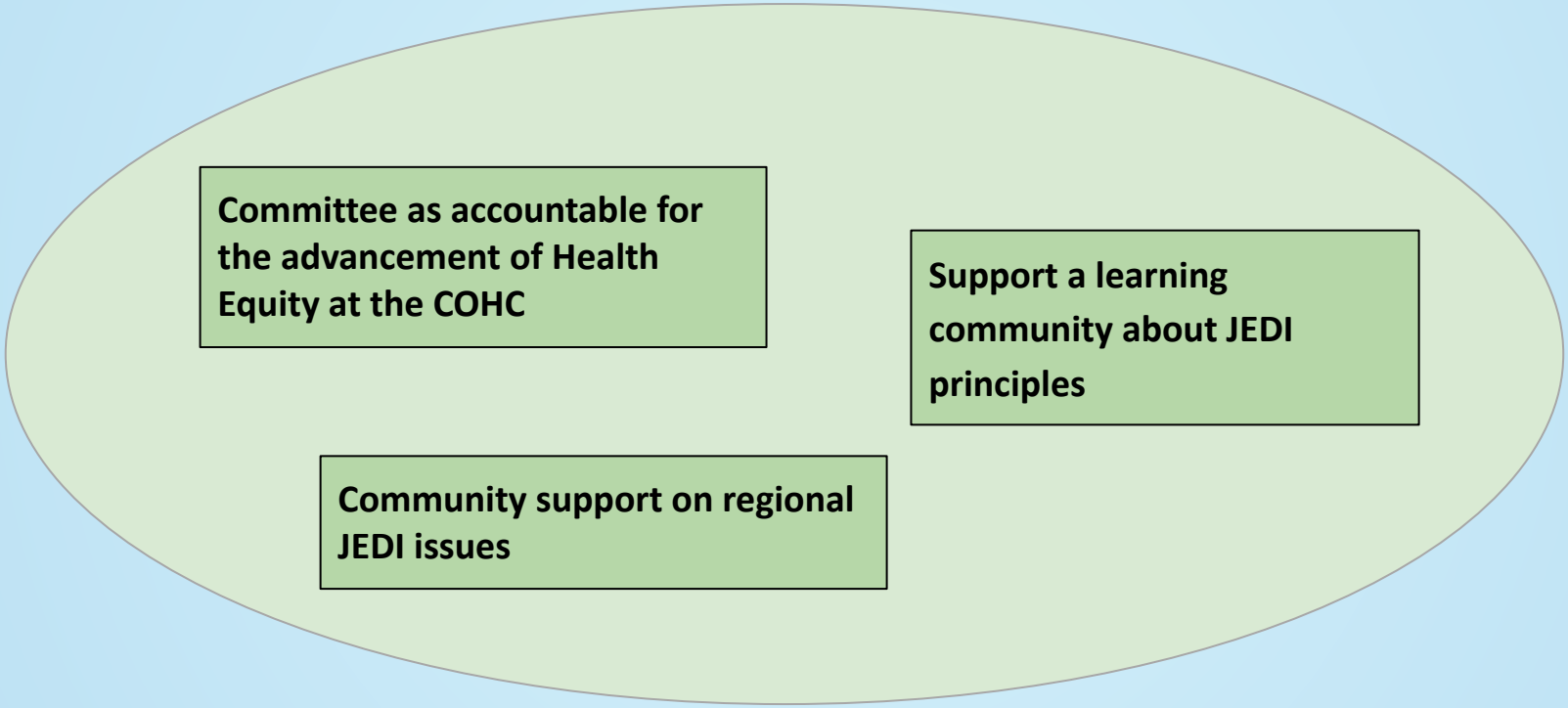
I-Presence and Collaboration (workgroups collaboration, grants)

II-Learning Opportunities (calendar opportunities, trainings)

III-Community Support (RHIP participation)

Updated Charter

JEDI's annual plan



I- JEDI community learning activity

Time for sharing:

How are you feeling?

What are you doing to take action to support JEDI work?

To educate and mobilize others to continue to support JEDI?

II- Advancing Health Equity When DEI Is Under Attack

How can we continue to “make the cases” to continue our work on health equity?

Ignatius Bau

ENDING RADICAL AND WASTEFUL GOVERNMENT DEI PROGRAMS AND PREFERENCING

EXECUTIVE ORDER

January 20, 2025

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

NATIONAL ASSOCIATION OF DIVERSITY OFFICERS IN HIGHER EDUCATION, *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP, *et al.*,

Defendants

Case No. 1:25-cv-00333-ABA

PRELIMINARY INJUNCTION

BRIEF • November 2023

Center for Health Care Strategies

Maintaining Momentum to Advance Health Equity in Adverse Environments

By Abena Ohene-Ntow, Jahira Sterling, Jamye Chapman, and Shilpa Patel, Center for Health Care Strategies and Dana E. Crawford, Columbia University and Crawford Bias Reduction Theory & Training

COHC

Five Strategies to Advance Health Equity in Adverse Environments

The following strategies, drawn from a national literature review, interviews, and an in-person expert convening described above, can help public sector officials and health equity champions navigate tense and complex environments and advance health equity initiatives.

1. Build and Develop Internal Organizational Structures and Processes

2. Tailor Messaging and Communications

3. Engage in Community-Driven Interventions

4. Commit to Progress and Humility

5. Prioritize Purpose, Professional Development, and Self and Collective Care

IMPROVING
PATIENT CARE

Kedar Mate, MD

Addressing Pushback on Health Equity

Leaders can harness curiosity as an antidote to fear and resistance.

…. create environments that limit…fear and explicitly prohibit blaming and shaming. Racism and inequities in healthcare need to be understood as system properties, not merely the product of individual actions and prejudices.

HARVARD BUSINESS REVIEW

What Comes After DEI

by Lily Zheng

January 23, 2025

The Legal Landscape Around DEI Is Shifting. Your Messaging Should, Too.

by Kenji Yoshino, David Glasgow and Christina Joseph

February 11, 2025

COHC


Priority 1:
Expand the Collection, Reporting, and Analysis of Standardized Data
Priority 2:
Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps
CMS Framework for Health Equity Priorities
Priority 5:
Increase All Forms of Accessibility to Health Care Services and Coverage
Priority 3:
Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
Priority 4:
Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

TABLE IX.E-01. THE HOSPITAL COMMITMENT TO HEALTH EQUITY MEASURES FIVE ATTESTATIONS

Attestation	Elements: Select all that apply (Note: Affirmative attestation of all elements within a domain will be required for the hospital to receive a point for the domain in the numerator)
Domain 1: Equity is a Strategic Priority	
Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements.	(A) Our hospital strategic plan identifies priority populations who currently experience health disparities. (B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals. (C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals. (D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
Domain 2: Data Collection	
Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.	(A) Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients. (B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information. (C) Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.
Domain 3: Data Analysis	
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.	(A) Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.
Domain 4: Quality Improvement	
Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.	(A) Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.
Domain 5: Leadership Engagement	
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities.	(A) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity. (B) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

TABLE IX.E-02. THE FIVE CORE HRSN DOMAINS TO SCREEN FOR SOCIAL DRIVERS OF HEALTH

Domain	Description
Food Insecurity	Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level. It is associated with diminished mental and physical health and increased risk for chronic conditions.[522,523] Individuals experiencing food insecurity often have inadequate access to healthier food options which can impede self-management of chronic diseases like diabetes and heart disease, and require individuals to make personal trade-offs between food purchases and medical needs, including prescription medication refills and preventive health services.[524,525] Food insecurity is associated with high-cost healthcare utilization including emergency department (ED) visits and hospitalizations.[526,527,528]
Housing Instability	Housing instability encompasses multiple conditions ranging from inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence.[529,530] Population surveys consistently show that people from some racial and ethnic minority groups constitute the largest proportion of the U.S. population experiencing unstable housing.[531] Housing instability is associated with higher rates of chronic illnesses, injuries, and complications and more frequent utilization of high-cost healthcare services.[532,533]
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living.[534] Groups disproportionately affected include older adults (aged >65 years), people with lower incomes, people with impaired mobility, residents of rural areas, and people from some racial and ethnic minority groups. Transportation needs contribute to postponement of routine medical care and preventive services which ultimately lead to chronic illness exacerbation and more frequent utilization of high-cost healthcare services including emergency medical services, EDs, and hospitalizations.[535,536,537,538]
Utility Difficulties	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity.[539] Specifically, interventions that increase or maintain access to such services have been associated with individual and population-level health improvements.[540]
Interpersonal Safety	Interpersonal safety affects individuals across the lifespan, from birth to old age, and is directly linked to mental and physical health. Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse.[541] Exposure to violence and social isolation are reflective of individual-level social relations and living conditions that are directly associated with injury, psychological distress, and death in all age groups.[542,543]

U.S. Department of
Health and Human Services
Enhancing the health and well-being of all Americans

NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

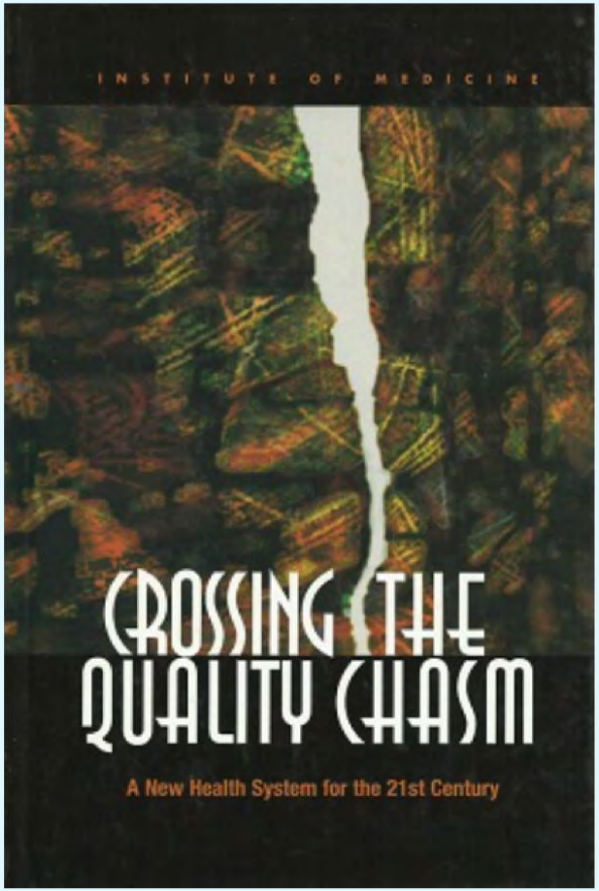
Healthy People 2030 has a strong focus on eliminating health disparities and creating fair opportunities for people to live healthy lives. Join us as we work to increase health literacy and address social determinants of health in communities across the nation.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

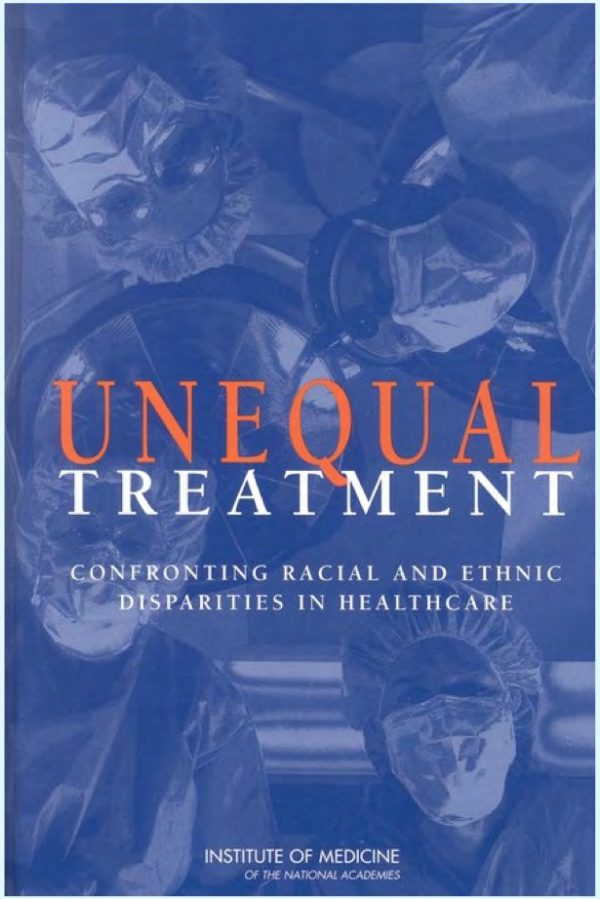
- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

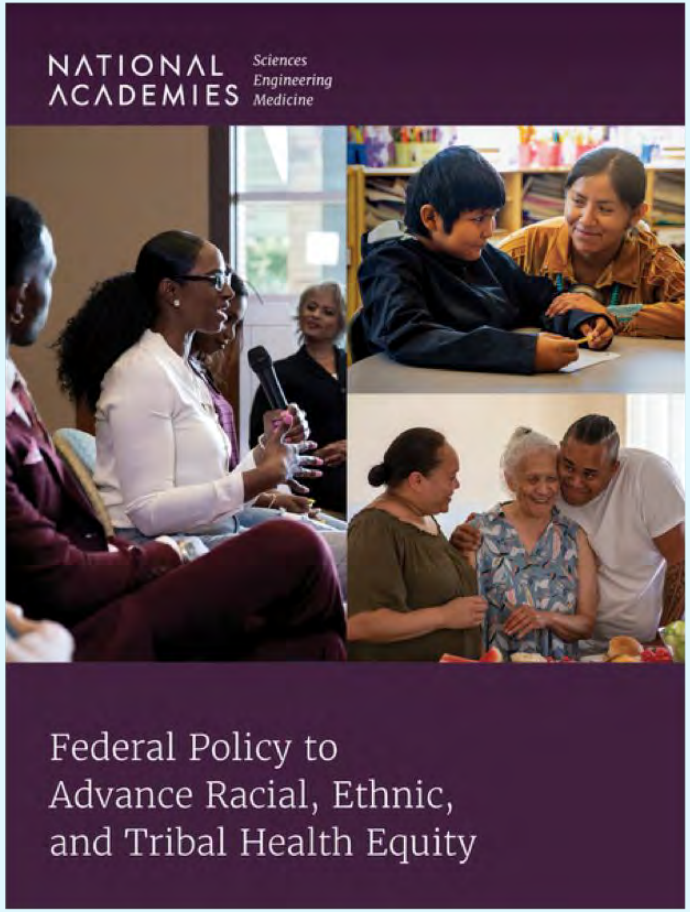
SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.



Equitable and patient-centered care are elements of quality care



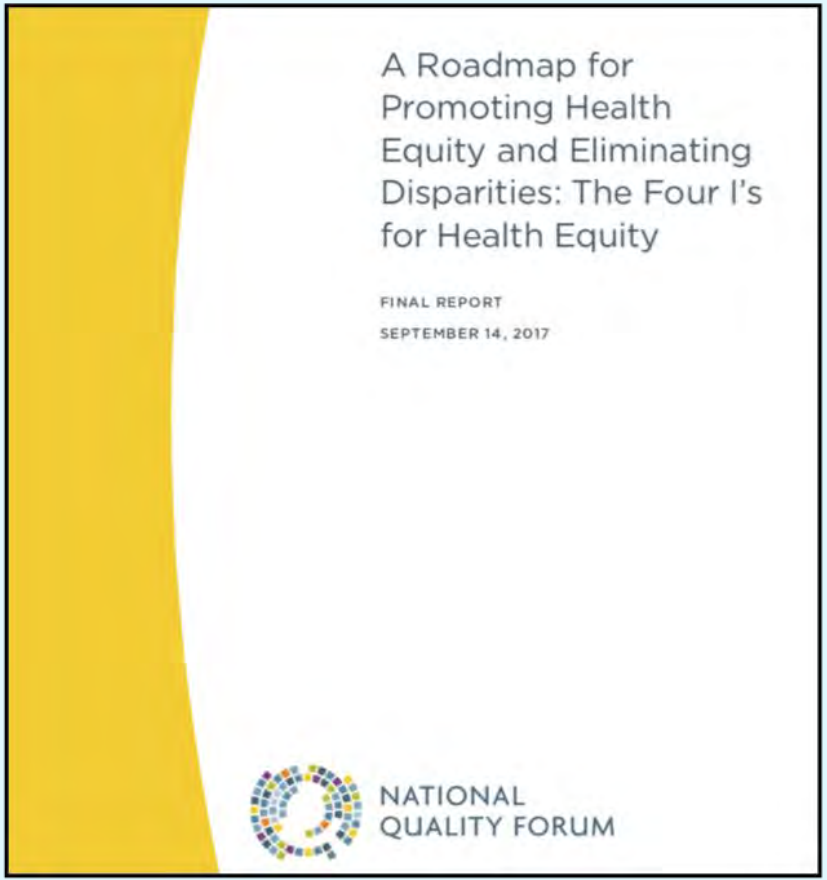

NATIONAL ACADEMIES
Sciences
Engineering
Medicine
Federal Policy to
Advance Racial, Ethnic,
and Tribal Health Equity


NATIONAL ACADEMIES
Sciences
Engineering
Medicine
Exploring Diversity, Equity, Inclusion, and Health Equity Commitments and Approaches by Health Organization C-Suites

An Equity Agenda for the Field of Health Care Quality Improvement

Margaret O'Kane, National Committee for Quality Assurance; **Shantanu Agrawal,** National Quality Forum (formerly) and Anthem, Inc.; **Leah Binder,** The Leapfrog Group; **Victor Dzau,** National Academy of Medicine; **Tejal K. Gandhi,** Press Ganey Associates LLC; **Rachel Harrington,** National Committee for Quality Assurance; **Kedar Mate,** Institute for Healthcare Improvement; **Paul McGann,** Centers for Medicare & Medicaid Services; **David Meyers,** Agency for Healthcare Research and Quality; **Paul Rosen,** Centers for Medicare & Medicaid Services; **Michelle Schreiber,** Centers for Medicare & Medicaid Services; and **Dan Schummers,** Institute for Healthcare Improvement

September 15, 2021


A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity
FINAL REPORT
SEPTEMBER 14, 2017
NATIONAL QUALITY FORUM


Identify
and Prioritize Reducing Health Disparities
THE FOUR I'S FOR
Health Equity
Incentivize
the Reduction of Health Disparities and Achievement of Health Equity
Implement
Evidence-Based Interventions to Reduce Disparities
Invest
in the Development and Use of Health Equity Performance Measures


FIGURE 3A. DOMAINS OF HEALTH EQUITY MEASUREMENT
Health Equity
Access to Care
High-Quality Care
STRUCTURE FOR EQUITY
CULTURE OF EQUITY
PARTNERSHIPS AND COLLABORATION

COHC

Institute for Healthcare Improvement

Framework for Health Care Organizations to Improve Equity

1.	**Make health equity a strategic priority**	• Demonstrate leadership commitment to improving equity at all levels of the organization • Secure sustainable funding through new payment models
2.	**Develop structure and processes to support health equity work**	• Establish a governance committee to oversee and manage equity work across the organization • Dedicate resources in the budget to support equity work
3.	**Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact**	• Health care services • Socioeconomic status • Physical environment • Healthy behaviors
4.	**Decrease institutional racism within the organization**	• Physical space: Buildings and design • Health insurance plans accepted by the organization • Reduce implicit bias within organizational policies, structures, and norms, and in patient care
5.	**Develop partnerships with community organizations**	• Leverage community assets to work together on community issues related to improving health and equity

American Hospital Association™

Advancing Health in America

IFDHE

AHA Institute for Diversity and Health Equity

The Health Equity Roadmap

A national initiative to drive improvement in health care outcomes, health equity, diversity and inclusion.

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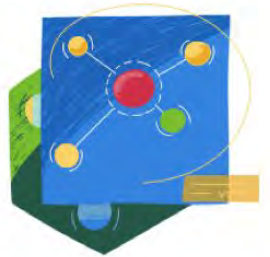
Culturally Appropriate Patient Care

Equitable and Inclusive Organizational Policies

Collection and Use of Data to Drive Action

Diverse Representation in Leadership and Governance

Community Collaboration for Solutions



Systemic and Shared Accountability

hospitals in pursuit of excellence

Equity of Care:
A Toolkit for Eliminating Health Care Disparities

January 2015

INSTITUTE FOR DIVERSITY in Health Management
An affiliate of the American Hospital Association

American Hospital Association

Equity of Care

COHC

Three core ideas drive our work on health equity:

1. High quality care is equitable care.
2. No quality without equity.
3. Build equity into all NCQA programs.

Health Equity Accreditation Programs

Health Equity Accreditation and Health Equity Accreditation Plus give health care organizations an actionable framework for improving health equity.

Health Equity Accreditation focuses on the foundation of health equity work: building an internal culture that supports the organization's external health equity work; collecting data that help the organization create and offer language services and provider networks mindful of individuals' cultural and linguistic needs; identifying opportunities to reduce health inequities and improve care.

NCQA
Measuring quality. Improving health care.

Health Equity Accreditation Plus is for organizations further along on their health equity journey. It focuses on collecting data on community social risk factors and patients' social needs, to help the organization offer social resources that can have the most impact; establishing mutually beneficial partnerships that support community-based organizations; building meaningful opportunities for patient and consumer engagement; identifying opportunities to improve social need referral processes and the partnerships that make them possible.

Race and Ethnicity Stratification Learning Network

FILTERS

Race Ethnicity

Product Lines
Exchange

Measures
Controlling High Blood Pressure

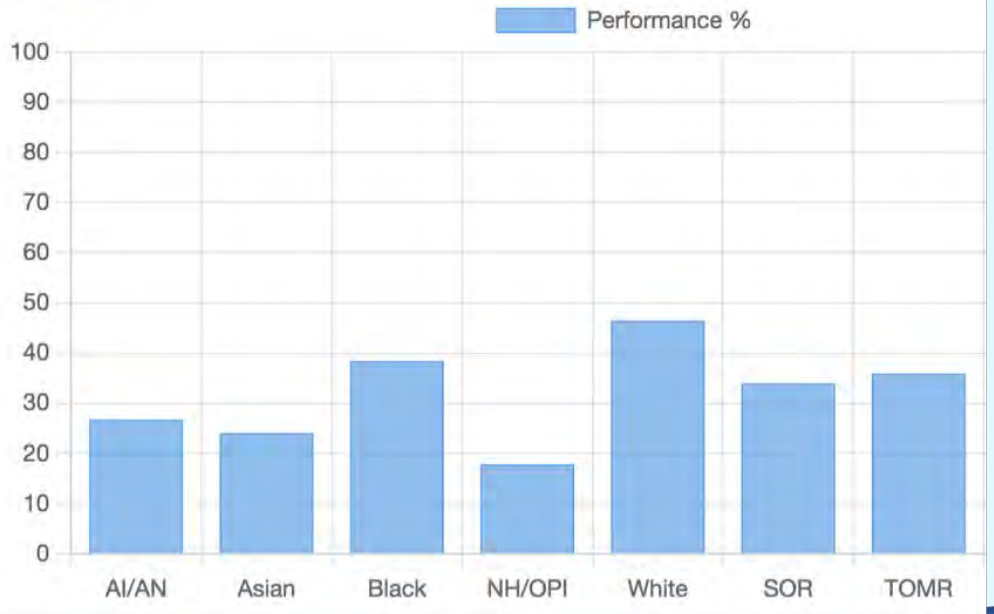
Method
All

Regions
National

UPDATE

Measure Performance: Population

CBP



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New Accreditation Requirements (LD.04.03.08)

The Joint Commission

Designate a leader (EP 1)

- Primary role or part of broader responsibilities

Assess health-related social needs (EP 2)

- Organizations choose which needs to assess, which patients

Stratify quality and safety data (EP 3)

- Organizations choose which measures, sociodemographic characteristics

Create an action plan (EP 4)

- Adjust when the action plan does not achieve or sustain the goal (EP 5)

Keep stakeholders informed (EP 6)

- At least annually, update internal stakeholders

The Joint Commission

Health Care Equity Certification Program

COHC

The Joint Commission

National Patient Safety Goals®
Effective July 2023 for the Hospital Program

Goal 16

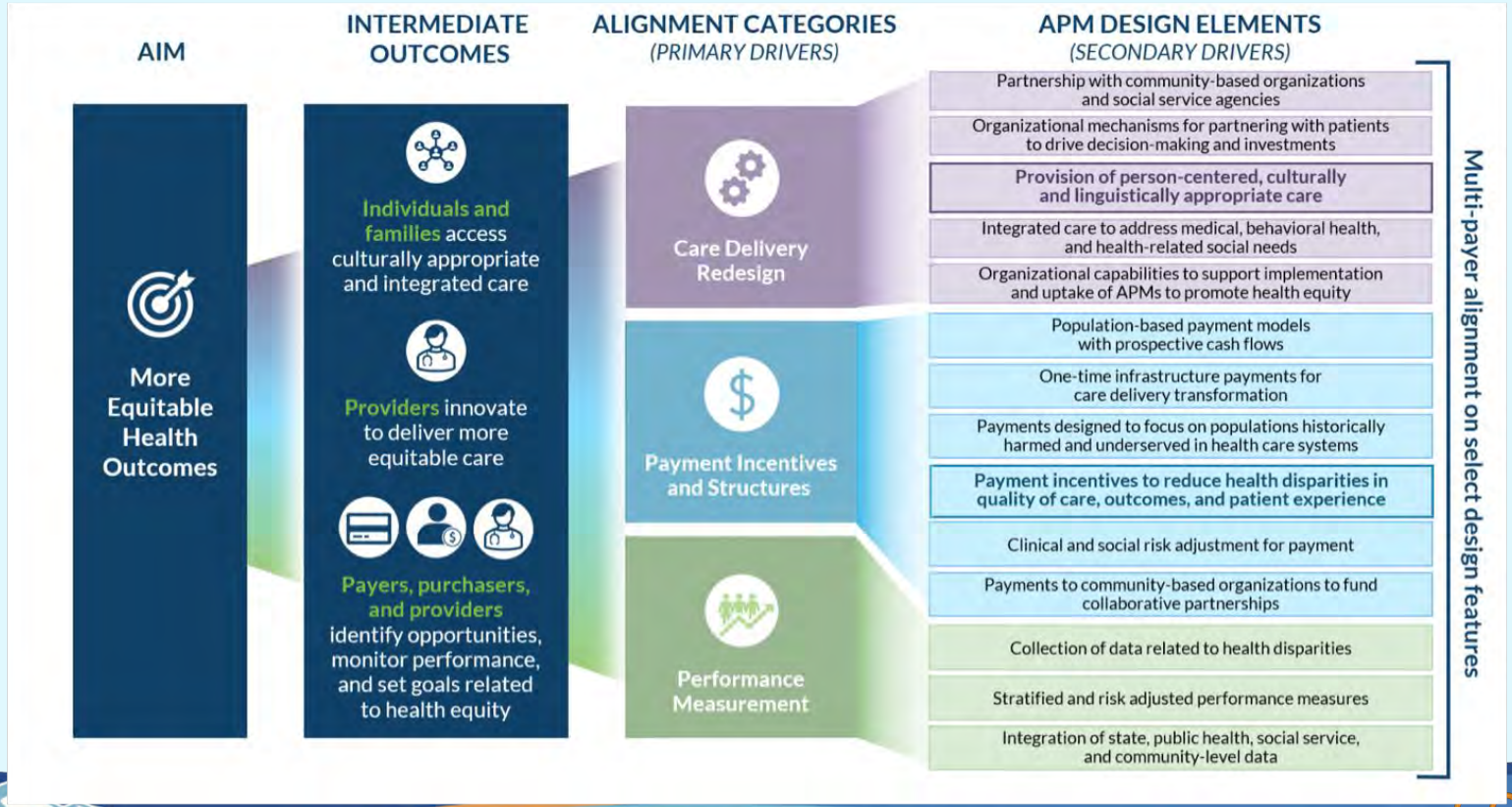
Improve health care equity.

NPSG.16.01.01

Improving health care equity for the hospital's patients is a quality and safety priority.

HCPLAN
Health Care Payment Learning & Action Network

Advancing Health Equity through APMs



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HCPLAN
Health Care Payment Learning & Action Network

Person-Centered Health Care Priorities

- **Agency and Autonomy**

  Addressing the factors that limit people's health and health care options and impede their ability to make informed, autonomous decisions about their health will increase trust, self-efficacy, and ultimately, strengthen engagement and information sharing to improve outcomes. Shared decision-making is an essential component of this, including making space for self-advocacy.

- **Equitable Access to and Quality of Care**

  Focusing on each person's specific needs and priorities within their social context demands understanding how structural factors, such as systemic racism, gender bias, geography, among others, impact people's health risks, health related social needs, and ability to access respectful, high quality care at the right time. Tailoring care plans to address and/or mitigate specific barriers to better health will improve health outcomes, reduce disparities and promote fairness in the health care system.

- **Enhanced Trust and Relationships**

  Navigating the US health care ecosystem requires managing complex financial transactions and controls that can interfere with the relational aspects necessary to establish and nurture trust with clinicians. Investing in building longitudinal relationships where the individual's needs, priorities, and values are openly communicated helps build trust, and enables more transparent and frequent dialogue that informs collaboratively developed care plans and improved outcomes.

- **Better Health Outcomes**

  Tailoring care to the specific needs and preferences of individuals, while ensuring systems are designed to address their social and economic contexts, can support people and remove barriers to advance and protect people's health. This includes facilitating preventive care and managing chronic conditions, which leads to better health outcomes and enhanced well-being. This requires systemic changes to provide access to what people need, prefer, and value.

- **Improved Wellbeing**

  Aligning health care services with people's priorities and preferences enhances people's overall quality of life. This includes not only physical health, but also emotional and psychological well-being.

COHC

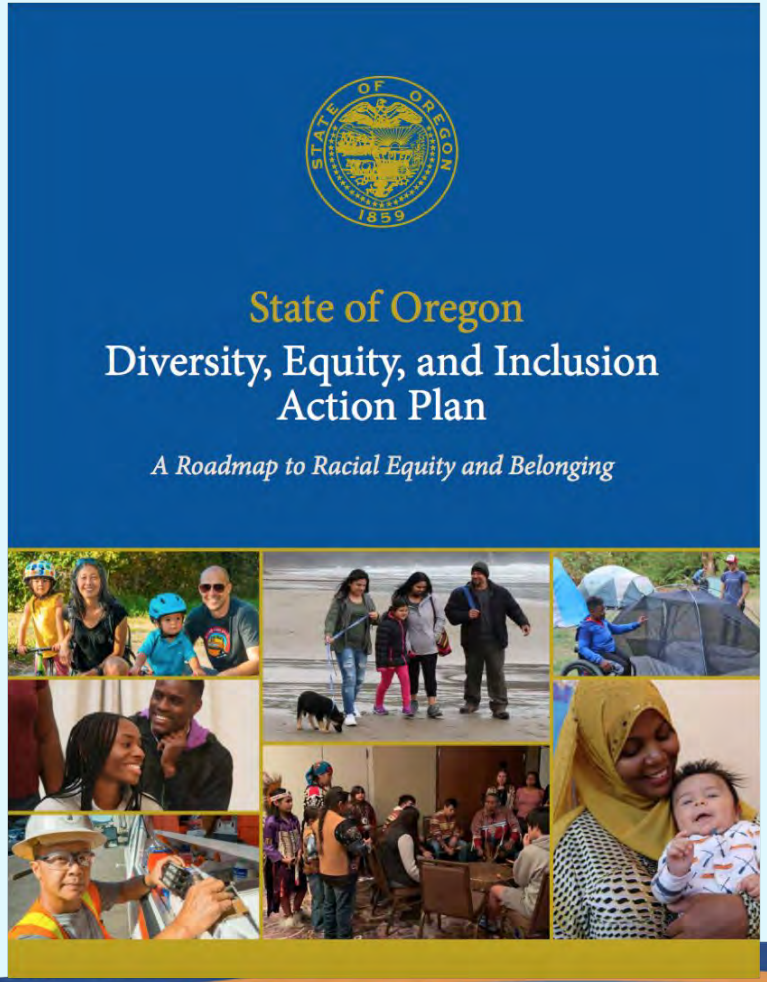
JGIM

PERSPECTIVE

Creating the Business Case for Achieving Health Equity

Marshall H. Chin, M.D., M.P.H.[1,2,3]

Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support


STATE OF OREGON
1859
State of Oregon
Diversity, Equity, and Inclusion Action Plan
A Roadmap to Racial Equity and Belonging

Healthier Together Oregon

2020–2024 State Health Improvement Plan

The purpose of Healthier Together Oregon is to advance health equity.

OHA and OHPB Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

Oregon Health Authority

CCO HEALTH EQUITY PLAN

Guidance Document for CCOs
March 11, 2020

Oregon Health Authority

HEALTH EQUITY PLAN

Guidance Document for 2023 submission
April 14, 2023

Oregon Health Authority

Central Oregon JEDI Committee

2024 Health Equity Plan Update

PacificSource Community Solutions

COHC

2024 Key Projects

REALD & SOGI data collection & analysis	**CLAS Standards**	**Priority populations**	**Community Engagement**	**Organizational Health Equity Infrastructure**
Develop informational materials on the collection & use of REALD / SOGI	Quality Translation Project, Year 3	Provider & staff trainings	Tracking community engagements to improve how/where we show up	Flex Funds process improvements

Health Equity Measure: Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English (LOE) and Persons Who Are Deaf or Hard of Hearing

Goal

- Ensure meaningful access to health care services for all CCO members who need spoken and sign language interpreter services.
- **What is meaningful access**? Access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.

(Department of Justice, 2012).

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Oregon Health Authority

Health-Related Services Guide for CCOs

July 2024

Oregon's 2022-2027 Oregon Health Plan 1115 Demonstration Waiver and Health-Related Services

Health-related services in Oregon

Health-related services (HRS) are non-covered services under Oregon's state Medicaid plan that are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include flexible services and community benefit initiatives, as defined below.

Oregon Health Authority

SDOH Screening & Referral Metric Guide for CCOs

SDOH Screening & Referral Metric FREQUENTLY ASKED QUESTIONS

Updated January 2025

Social Determinants of Health (SDOH): The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

Social Determinants of Equity: Systemic or structural factors that shape the distribution of the social determinants of health in communities.

Health-Related Social Needs (HRSN): An individual's social and economic barriers to health, such as housing instability or food insecurity.

COHC

Oregon Health Authority | PATIENT-CENTERED PRIMARY CARE HOME PROGRAM

Oregon Health Authority
Patient-Centered Primary Care Home Program

2020 Recognition Criteria
Technical Specifications and Reporting Guide

August 2020
Version 1

Oregon Health Authority | PATIENT-CENTERED PRIMARY CARE HOME PROGRAM

Oregon Health Authority
Patient-Centered Primary Care Home Program

2025 Recognition Criteria
Technical Specifications and Reporting Guide

Effective January 2025

III- Community Advisory Committee Grants

Opportunities for JEDI members to participate in the process!

Avery Grace

What Could a JEDI-CAC Alliance Look Like?

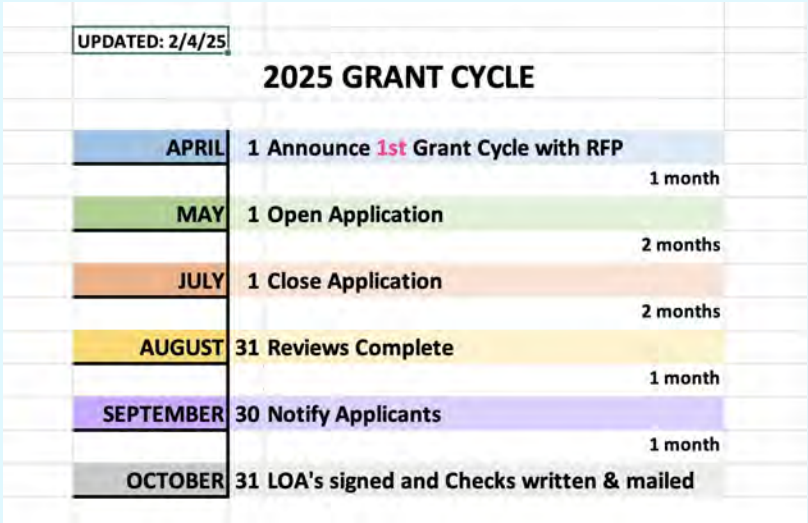
Topics

- **Discussion:**
    - Considerations of how JEDI can inform and support CAC's work
    - Ways CAC members might participate in JEDI's work
- Introduction to CAC's yearly grant-making process, the Community Health Projects (CHPs)
- Review of CAC's 2025 Planning and on-going goals from 2024
- Examples from CAC's self-review of its 2024 work

Introduction to CAC Grant Making

COHC Grant Funding Cycle Update

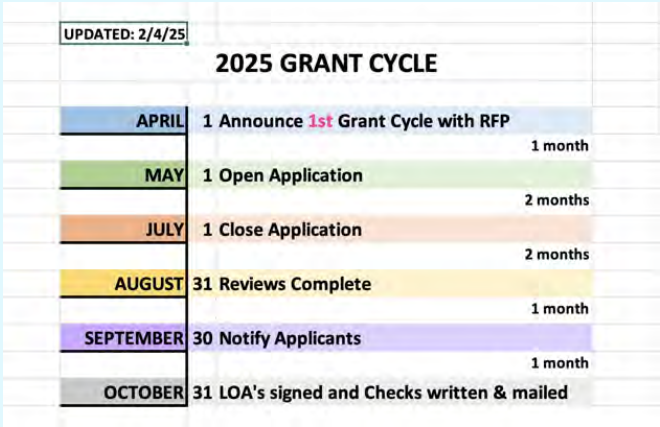
- Recent changes made to how and when COHC does grant-making
- Updates that affect the CAC and its 2025 CHPs:
- New CAC RFP and scorecard by April
- CAC reviews applications July-August (not end of the year as in 2024)
- RFPs based in the RHIP objectives



UPDATED: 2/4/25		
2025 GRANT CYCLE		
APRIL	1	Announce 1st Grant Cycle with RFP
		1 month
MAY	1	Open Application
		2 months
JULY	1	Close Application
		2 months
AUGUST	31	Reviews Complete
		1 month
SEPTEMBER	30	Notify Applicants
		1 month
OCTOBER	31	LOA's signed and Checks written & mailed

CAC CHP General Process

- **Each year**: small working group meets to determine communities' priorities for funds reinvestment (~$2 million USD)
- Example: RHIP health topic, and prioritize percentage of funds regionally based on relative poverty levels (plius earmarking and setting aside funds for tribes who have a separate, sovereign process)
- Small CAC work group refines the Request for Proposal (RFP), and grant review scorecard
- Working group brings draft RFP and scorecard to full CAC for discussion and a vote of approval (or changes)
- **This year**: CAC must finalize an RFP & scorecard by April 1st
  - CAC reviews applications July-Aug (not end of the year as in 2024)



UPDATED: 2/4/25

2025 GRANT CYCLE

APRIL	1	Announce 1st Grant Cycle with RFP
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		1 month
SEPTEMBER	30	Notify Applicants
		1 month
OCTOBER	31	LOA's signed and Checks written & mailed

CAC Planning - from 2024-2025

As the body representative of OHP consumer voices, the CAC sets its yearly goals and aligns CHPs with those as well as with the RHIP

Specifically, RFPs going forward from this year are based on the RHIP objectives

CAC currently finalizing its yearly planning after February monthly meeting

RHIP Objectives & Equity Opportunities

LINK to 2025-2029 RHIP

Click on any of the “Health Priorities” buttons → you will be shown:

- Practical Vision
- Strategies
- Objectives for each strategy

CAC’s RFPs going forward will focus on whichever RHIP objectives it chooses to

CAC Planning - 2025

What goals were set by CAC for 2024? How did CAC do on them?

Goals or priorities CAC wants to keep or continue?

New goals and priorities CAC wants to address?

A look back at CAC's 2024 Planning

Review of CAC's 2024 Plans

Consumer engagement/recruitment & increasing consumer voice

- Assess our representation.
- Work on Tribal involvement
- Review community survey data (OHP), grievance and appeals data, customer service data, 2023 flex funds data, any data that could tell us what members are saying and build into meetings 2-3 times per year.
- Recruitment engagement campaign
- Have an orientation event. Come once a quarter and learn. No commitment. Record an orientation and have materials prepped.
- Social media posts

Increase CAC visibility

- Have an event in each of the communities
- Participate in other community events. (have one COHC staff member and one CAC member)
- Flyers
- Provider partner outreach (FAN, Shepherd's House, Family Resource Center, COPA, Mosaic, Summit, Connect Central Oregon etc.)

Make a difference in emerging issues

- Fully address dental access
- More collaboration with the Board
- Gain clarity on what the board looks to the CAC for in terms of advice

Improved feedback/report back loop from grantees

- Planned trips to see the project in action

CAC End-of Year Survey Results

Some examples of CAC’s self-review last December:

In your view, what are the CAC's strengths?

- “Being able to advocate and listen to those on OHP”
- “Unity for collaboration of ideas from members of individual diverse backgrounds”
- “OHP member voice”
- “On the ground experience.”
- “Our CAC members' dedication and persistence and our ability to make impartial decisions regarding the community health project funding”
- “Shared goal to improve the health and well-being of our communities.”
- “Committed members and staff”

What are areas that the CAC could and/or needs to grow in?

- “More member diversity”
- “There are so many people in need of assistance and services. So hard to meet it all. Wish we could focus to meet more. I know it is overwhelming”
- “Overall goals and action plans”
- “Membership from Madras, Prineville, and Warm Springs”
- “I think we need to step back and assess whether or not we are directing our energy toward the tasks that will help us achieve the best outcomes for OHP members”
- “More involvement in the RHA, RHIP planning, implementation, ongoing support for the RHIP; more CAC at the BOD and recruitment of CAC OHP members.”
- “Better alignment with board priorities”

In your opinion, what has been the greatest accomplishment of the CAC this year?

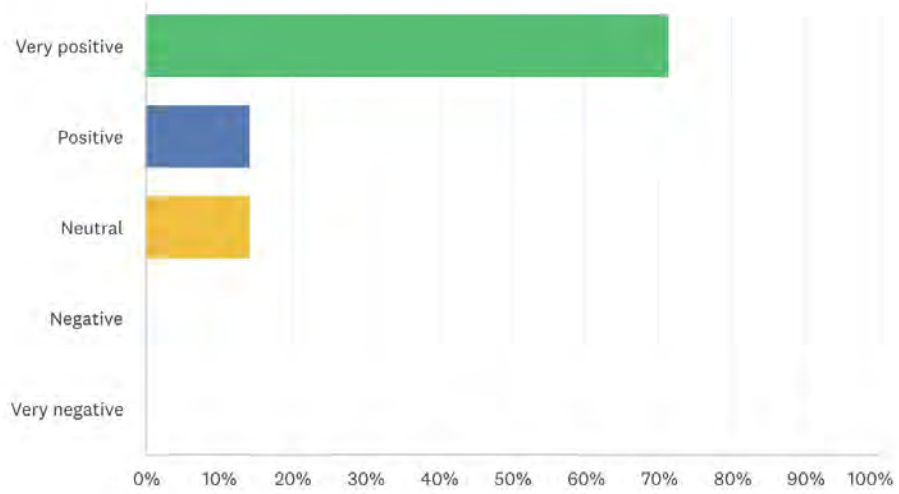
- “Putting money back into the community and voting on RHIP priorities”
- “Unity! I am amazed at our team who coordinates and opens our whole selves for discussions and decisions”
- “Allocation of resources and OHP member experience advocacy”
- “Movement on the dental access issue in collaboration with the board”
- “Grants Awarded”

If the CAC could do or accomplish anything next year that would be of most value to you, your communities, and/or the region as a whole, what would one of those things be?

- “Greater social media presence or attending community outreach events”
- “Accessible affordable housing. We need housing that is inclusive for people with disabilities please!”
- “I'd like to see greater clarity on why we are distributing money and what impact we want to have”
- “Increase OHP member participation in our processes and/or create more opportunities for CAC members to engage with and hear from OHP members”
- “CAC membership, CAC membership on BOD, process/support reviewing community projects grant proposals”
- “Focus on recruiting members who will speak up on behalf of enrollees”

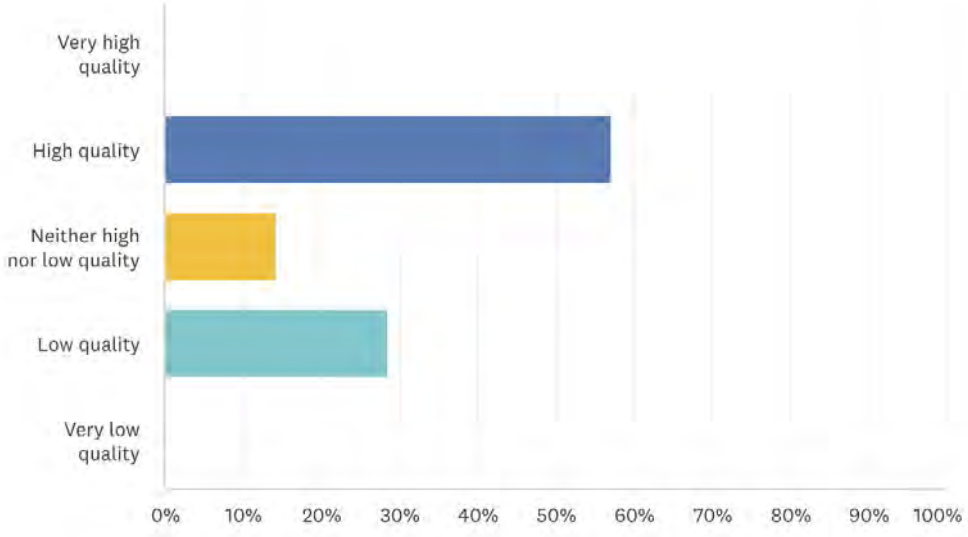
How do you feel about the CAC's process of setting aside separate community health funds to the Tribes in the CCO service area, and respecting their sovereignty and expertise to use those funds in ways their nations/communities see as best fit to address their needs?

Answered: 7 Skipped: 0



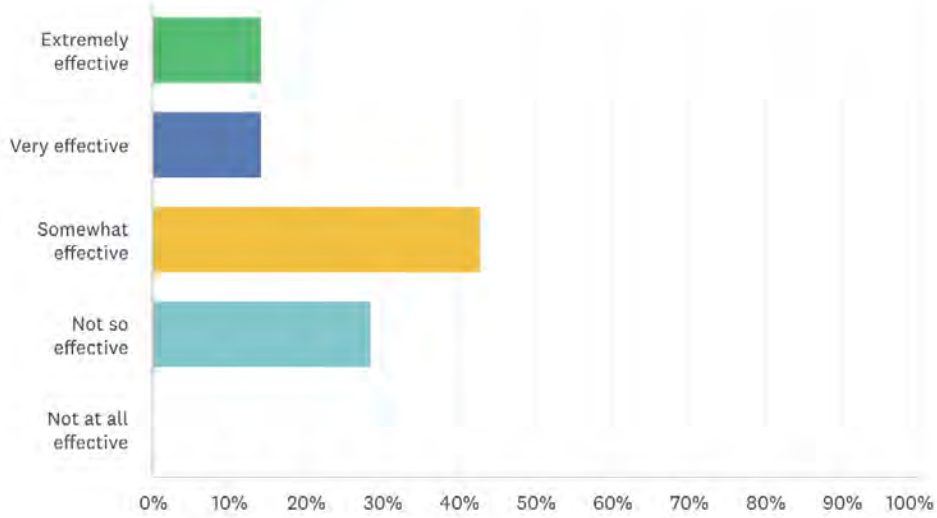
How would you rate the CAC's final RFP (Request for Proposals) and scorecard for this year's Community Health Projects (CHPs)?

Answered: 7 Skipped: 0



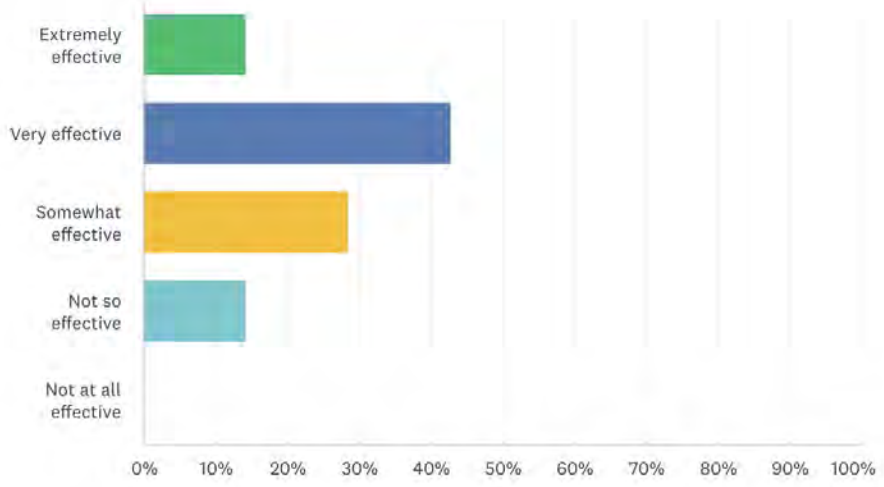
How effectively or thoroughly did the CAC review and select the grant awardees of the Community Health Projects across our 4 county areas?

Answered: 7 Skipped: 0



How effective was the CAC in bringing forward emerging issues, such as Dental Access?**Not how effective or how quick has the process moved forward after the CAC brought them to the Board of Directors' attention.

Answered: 7 Skipped: 0



How equitable & broadly representative was the CAC's membership of our diverse Central Oregon communities this year?

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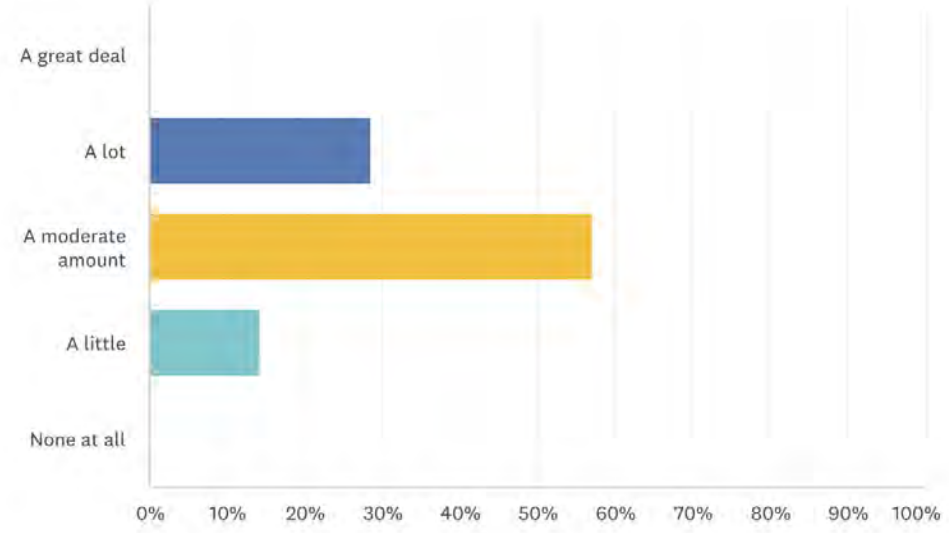

How visible or familiar is the CAC overall within our Central Oregon communities and outside the Health Council?

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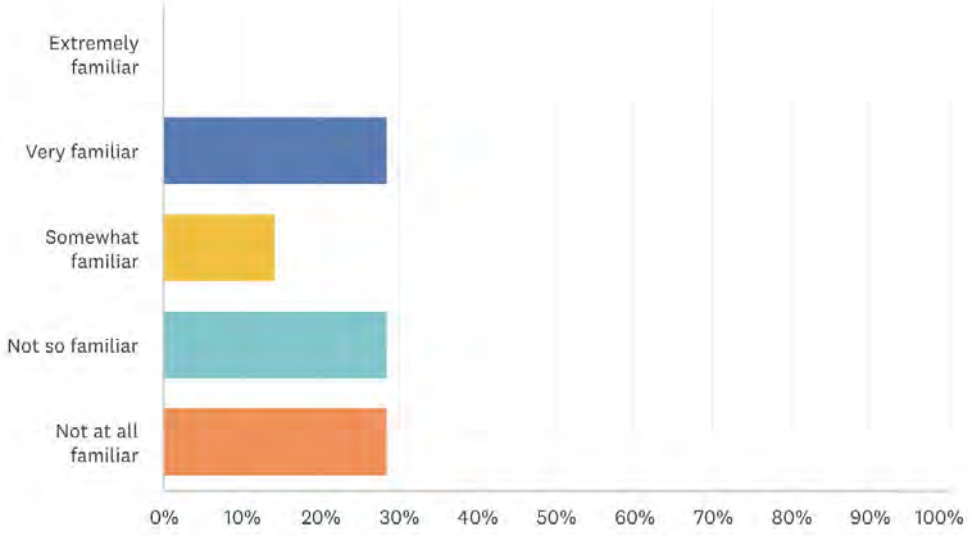

How effective was the CAC in new CAC member outreach and recruitment?

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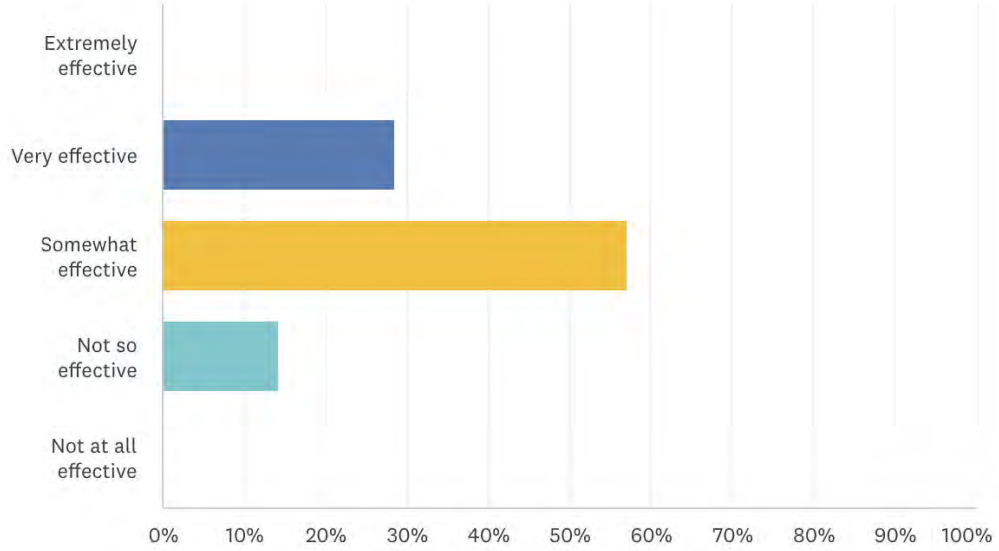
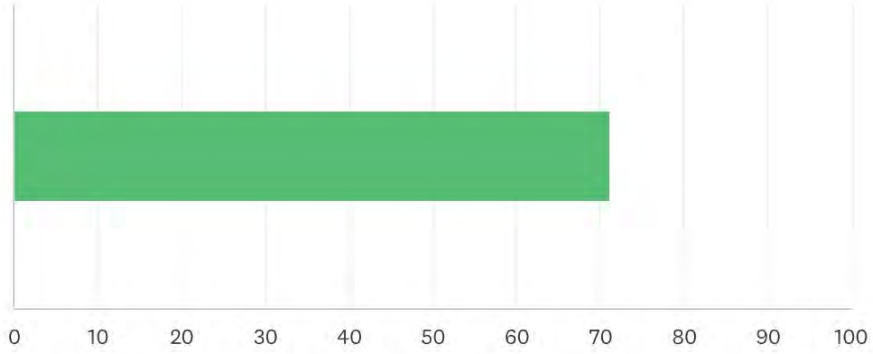


How does this compare to your 2024 goals?

How would you rate the CAC's quality and effectiveness overall? (0 = lowest, 100 = highest)

Answered: 7 Skipped: 0



How might JEDI & CAC Collaborate to Promote Justice, Equity, Diversity, Inclusion, and Access?

- Yearly RFP and choosing RHIP objectives and CAC priorities that represent equitable approaches
- JEDI informs and advises CAC on equity and justice considerations for its grant review scorecard
- JEDI support for CAC in diversifying its membership, as well as helping meetings be maximally inclusive and accessible
- Supporting CAC in promoting its visibility as the voice of OHP consumers, especially in underrepresented communities
- Others?

Final comments

x

- x

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