Community Advisory Councils: Engaged and Active
2015 Summit: June 3-4, Sunriver Resort, Sunriver, OR

June 3, 2015

7:00 a.m. – 12:30 p.m.	**CAC Summit Registration Open (Landmark Gallery)**
8:00 a.m. – 12:00 p.m.	**(Optional) Pre-Conference Session: Motivational Interviewing (Heritage I/II)**
11:45 a.m. – 12:15 p.m.	**Lunch Buffet (Great Hall Foyer)**
12:15 – 1:00 p.m.	**CAC Summit Welcome Address (Great Hall)**
1:00 – 1:45 p.m.	**Race for Equity Opening Exercise (Great Hall)**
1:45 – 2:00 p.m.	**Break**
2:00 – 3:15 p.m.	**Breakout Session 1** 1A: Engaging and Active Meetings: A Guide for Participants and Facilitators (Landmark I/II) 1B: Advancing Health Equity with CCO Member Demographic Data (Great Hall) 1C: Dancing versus Wrestling: Strategies for Effective Communication (Heritage I/II)
3:15 – 3:45 p.m.	**Break**
3:45 – 4:15 p.m.	**Oregon Tobacco Quit Line Demonstration (Great Hall)**
4:15 – 5:30 p.m.	**Community Health Improvement Plan Roundtable Discussions (Landmark I/II, Heritage I/II; see page 21 for specific room assignments)**
5:30 – 6:30 p.m.	**Dinner Celebration (Great Hall)**
6:30 – 7:30 p.m.	**(Optional) *The Raising of America* Documentary Screening & Discussion (Great Hall)**

June 4, 2015

7:00 – 7:45 a.m.	**(Optional) Yoga with Adrienne Mullock (Vandervert Room)**
8:00 – 8:30 a.m.	**Breakfast (Great Hall)**
8:30 - 8:45 a.m.	**Welcome Back (Great Hall)**
9:00 – 10:30 a.m.	**Networking Meetings** CAC Chair/Co-Chair/Vice Chair Meeting (Landmark I) CAC Coordinator Meeting (Landmark II) CAC Member Meeting (Heritage I/II)
10:30 – 11:00 a.m.	**Break**
11:00 a.m. – 12:15 p.m.	**Breakout Session 2** 2A: Introduction to Health System Transformation (Landmark I/II) 2B: Community Advisory Council Membership: A Guide to Building Stronger, More Meaningful and Lasting Partnerships (Great Hall) 2C: How to Build a Diverse CAC (Heritage I/II)
12:15 – 12:45 p.m.	**Break & Lunch (Great Hall)**
12:45 – 1:45 p.m.	**Celebrate and Focus on the Future, Moving Forward and Maintaining Momentum with our CAC Movement (Great Hall)**
1:45 – 2:00 p.m.	**Closing Remarks (Great Hall)**

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June 3, 2015

7 a.m. – 12:30 p.m. CAC Summit Registration

Photo Booth – Heritage Gallery

Description: Come visit the photo booth in the Heritage Gallery! Silly or serious, we'd love to collect photos for a slideshow at dinner. Snap as many as you'd like, and please fill out a media release form to let us know if we can use the photos to highlight the CAC learning collaborative in the future. We're also collecting phrases on the sticky-note boards at registration for another fun dinner exercise.

11:45 a.m. – 12:15 p.m. Lunch Buffet – Great Hall

12:15 p.m. Great Hall

CAC Summit Welcome Address

- Lindsey Hopper, Executive Director, Central Oregon Health Council
- Chris DeMars, Director of Systems Innovation, OHA Transformation Center

Transformation Updates from Leadership

- Leslie Clement, Director of Policy & Analytics, Oregon Health Authority
- Lillian Shirley, Director, Public Health Division, Oregon Health Authority

Description: Leaders from the Oregon Health Authority share updates and thoughts about health system transformation activities in Oregon.

Objectives: By the end of the session, you will:

- Be up-to-date on the latest developments in health system transformation in Oregon and hear highlights of CAC's work across the state
- Have a deeper understanding of the connection between public health and the work of the CACs, as well as of the future of public health in general

Notes:

1:00 p.m. Great Hall

Race for Equity Opening Exercise

Facilitated by Carol Cheney, the Equity, Policy and Community Engagement Manager at the Oregon Health Authority Office of Equity and Inclusion

Description: In this opening movement and learning exercise, we will "race for equity." Participants will see a visual representation of how some people are able to achieve optimal health and others may not get there, no matter how hard they try. This exercise will be fun and also provide some food for thought. All will be able to participate, regardless of physical ability!

Objectives: By the end of the session, you will:

- Participants will gain a deeper understanding of the variety of strength and challenges experienced by Oregonians in their journey to good health

Notes:

1:45 BREAK (Breakout sessions start at 2:00 p.m.)

2:00 p.m. Breakout Session: 1A

Location: Landmark I/II

Advancing Health Equity with CCO Member Demographic Data
Ignatius Bau, Consultant

Description: This session will focus on how the collection and use of CCO member demographic data can advance health equity. CAC members will gain ideas and resources for working with their CCOs to improve member demographic data collection and use to identify and reduce health disparities.

Objectives: By the end of the session, you will be able to:

- Define health equity
- Understand how the collection and use of CCO member demographic data can advance health equity
- Identify at least one action step that your CCOs can take to improve the collection or use of member demographic data to advance health equity

Notes:

2:00 p.m. Breakout Session: 1B

Location: Great Hall

Engaging and Active Meetings: A Guide for Participants and Facilitators
Julie Black, Ed.M., All Hazards Planner/Trainer, Oregon Health Authority, Public Health Division, Health Security, Preparedness and Response

Description: This session is designed for anyone who has ever attended or facilitated a meeting. Most of us attend many meetings every week, but rarely do we pause to talk about or improve our meeting attendance or facilitation performance. This session is an opportunity to discuss and adjust our common meeting behaviors in ways that increase our meeting's attendance, participation and productivity.

Objectives: By the end of the session, you will be able to:

- Attend meetings as engaged and active participants
- Facilitate meetings that encourage engaged and active participation

Notes:

2:00 p.m. Breakout Session: 1C

Location: Heritage I/II

Dancing versus Wrestling: Strategies for Effective Communication
Dana Sturtevant, M.S., R.D., of Be Nourished

Description: When you sit across from someone who is going through a difficult time, what happens in your heart and mind? Are you focused on connecting with them or correcting the problem? The way we listen affects the quality of our interactions. Most people listen to respond, not to understand. We wait for the other person to stop talking so we can tell them what we think. Human beings respond favorably to being heard: they are more open and engaged, they feel more comfortable, and they are more likely to listen to what you have to say when you've taken time to understand their perspective before sharing yours. But few of us have had any real training to help us become better listeners. This session is for those who want to do just that.

Objectives: By the end of the session, you will be able to:

- Describe the spirit of motivational interviewing (dancing versus wrestling)
- Understand the benefits of listening
- Strengthen listening skills

Notes:

3:15 p.m. BREAK (meet in Great Hall at 3:45 p.m.)

3:45 – 4:15 p.m. **Great Hall**

Oregon Tobacco Quit Line Demonstration

Maria Martin, M.P.H., Client Services Manager, Alere Wellbeing

Description: What is the Oregon Tobacco Quit Line, and how do participants access services? This session is for you if you are interested in smoking cessation resources.

Objectives: By the end of the session, you will be able to answer the following questions:

- What is the Oregon Tobacco Quit Line?
- What services does the Oregon Tobacco Quit Line offer?
- How do Oregon residents access these services?

Notes:

4:15 – 5:30 p.m. See map on page 21 for table assignments

Community Health Improvement Plans in Action: Roundtable Discussions

Cara Biddlecom, Health System Transformation Lead, Oregon Health Authority, Public Health Division

Description: CAC members will participate in a series of two topic-specific roundtable discussions focused on different CHIP priorities. CAC members will share what they're working on related to the CHIP priority area, what is working well and where they need more ideas or suggestions. Discussions will be facilitated by content experts, and background resources and pages for CAC members to write down their notes will be provided. CHIP table topics include: substance use, mental health, access to care, chronic pain, maternal health, early learning, adolescent health, chronic disease, tobacco, healthy eating and physical activity, housing, food insecurity, transportation and health equity.

Objectives: By the end of the session, you will be able to:

- Share your work on community health improvement plans and learn from others who are working on similar strategies; and
- Gain knowledge about evidence-based practices that can be implemented in your local communities.

Notes:

5:30 p.m. Great Hall – Buffet Dinner

Dinner Celebration

View images captured at the photo booth while enjoying a healthy dinner with your fellow CAC members.

6:30 p.m.

Optional evening session: *The Raising of America* Documentary Screening & Discussion

Lari Peterson, R.N., M.S.N., Public Health Home Visiting Manager, Maternal and Child Health, Center for Prevention and Health Promotion, Oregon Health Authority

Nhu To-Haynes, M.P.A.-H.A., State WIC Outreach Coordinator, Center for Prevention and Health Promotion, Oregon Health Authority

Description: *The Raising of America* is a documentary series that interweaves the latest discoveries from neuroscience with the stories of families and communities struggling to provide the nurturing environments all babies and young children need to thrive—while too often hindered by social conditions that put their children on low developmental trajectories. During this session, you will have the opportunity to preview one of the episodes from the series. A facilitated discussion will then help prepare you for using *The Raising of America* to change the conversation around early childhood health and development in your own community.

This session is for you if you want an introduction to a brand new tool that can be used to reframe the conversation about what we as a society can—and should—do to ensure a strong start for every infant.

Objectives: By the end of the session, you will:

- Become familiar with the *The Raising of America* documentary series
- Consider how the series could be used in your own community

Notes:

7:30 p.m. Adjourn for the day

June 4, 2015

7:00 – 7:45 a.m.	**Optional Yoga – Vandervert Room**
8:00 – 8:30 a.m.	**Breakfast – Great Hall**
8:30 – 8:45 a.m.	**Great Hall**

Welcome Back

Leah Edelman, CAC Steering Committee Chair, Lane County CAC, Trillium Community Health Plan

9:00 – 10:30 a.m. **Networking Meetings**

Landmark I
CAC Chair/Co-Chair/Vice Chair Meeting – Facilitated by Julie Black

Landmark II
CAC Coordinator Meeting – Facilitated by Adrienne Mullock

Heritage I/II
CAC Member Meeting – Facilitated by Vanessa Becker

Objectives: By the end of the session, you will:

- Expand your CAC network
- Explore how other CACs function

Notes:

10:30 a.m. **BREAK (Breakout sessions start at 11:00 a.m.)**

11:00 a.m. Breakout Session: 2A

Location: Landmark I/II

Introduction to Health System Transformation
Facilitated by Chris DeMars, Director of Systems Innovation, OHA Transformation Center

Description: This session is intended for new community advisory council (CAC) members or anyone interested in understanding health system transformation and how CACs fit into the big picture.

Objectives: By the end of the session, you will be able to:

- Understand the goals, strategies and early outcomes of Oregon's health system transformation efforts, especially as they relate to community advisory councils.
- Gain concrete ideas for how to connect your organization's work to health system transformation activities in your region.
- Share the innovative CAC projects your CAC is working on with your peers.

Notes:

11:00 a.m. Breakout Session: 2B

Location: Great Hall

Community Advisory Council Membership: A Guide to Building Stronger, More Meaningful and Lasting Partnerships

Facilitated by Mary Minniti, C.P.H.Q., Program and Resources Specialist, Institute for Patient- and Family-Centered Care, Eugene, Oregon

Panelists:

- Melissa Ivey, CAC member, Yamhill Community Care Organization CAC
- Char Reavis, CAC member, Trillium Community Health Plan
- Debbie Morrow, CAC member, Columbia Pacific CCO Clatsop County CAC
- Luz Oropeza, CAC member, PacificSource Columbia Gorge CAC
- Royal Harris, CAC member, FamilyCare, Inc. CAC
- Glenna Wade, CAC member, Eastern Oregon CCO Lake County CAC

Description: This session is for you if you want to explore ways to attract and retain OHP members as effective members of your Community Advisory Council (CAC). What can be done by coordinated care organization (CCO) staff, other professionals and fellow CAC members to make OHP member participation easier, more meaningful and fun? Join us to capture the best practices of member engagement and insights learned through our collective experience about what has worked well, what we should avoid doing and what we could start doing to make participating on a CAC more lively, useful and beneficial for individuals and the communities they serve. The information gathered during this session will be shared broadly with all CACs, clinical advisory groups and CCO leaders throughout Oregon.

Objectives: By the end of the session, you will:

- Share your ideas about how to build strong Oregon Health Plan member engagement on the CACs across the state and how to sustain individual and group enthusiasm and commitment
- Learn about and explore diverse and effective ways to inspire and strengthen CAC member engagement
- Discover one practical tool or activity that could be used in your community to improve or enhance the CAC experience

11:00 a.m. Breakout Session: 2C

Location: Heritage I/II

How to Build a Diverse CAC
Facilitated by Carol Cheney, the Equity, Policy and Community Engagement Manager at the Oregon Health Authority Office of Equity and Inclusion

Description: This session is for you if you staff a CAC or serve on one; if you are interested in ensuring that your CAC is diverse; or if you believe that diversifying your CAC will bring significant benefits to your work and to the CCO you belong to.

Objectives: By the end of the session, you will be able to:

- Understand the benefits of diversifying your CAC
- Identify three barriers to engaging racially and ethnically diverse CAC members
- Identify three strategies to support CAC diversity
- Gain additional techniques for ensuring a productive CAC team

Notes:

12:15 p.m. BREAK & Lunch Buffet
Meet in the Great Hall at 12:45 p.m.

12:45 p.m. Great Hall

Celebrate and Focus on the Future, Moving Forward and Maintaining Momentum with our CAC Movement

Facilitated activity: Vanessa Becker, Principal, V Consulting & Associates, Inc.

Objectives: By the end of the session, you will be able to:

- Celebrate and recognize the work and sense of community we have developed at the summit
- Re-commit to maintaining the momentum of our statewide CAC work
- Identify ways to incorporate what you've learned at the summit into your individual CAC

Notes:

1:45 p.m. Great Hall

Closing Remarks
Adrienne Mullock, OHA Transformation Center
Tom Cogswell, OHA Transformation Center

Biographies of presenters

Ignatius Bau

Ignatius Bau is an independent health care policy consultant, focusing on advancing patient-centeredness and equity. Among his client organizations are Consumers Union, National Partnership for Women and Families, AARP, American Diabetes Association, California Pan-Ethnic Health Network and several national and local Asian American and Pacific Islander health organizations. He has served on expert advisory panels for the federal Office of Minority Health, Office of National Coordinator for Health Information Technology, Centers for Disease Control and Prevention, Institute of Medicine, National Quality Forum, Joint Commission, and California Department of Health Services Office of Multicultural Health, and he has conducted trainings for the Oregon Health Authority Office of Equity and Inclusion. Ignatius previously worked as a program officer at a health foundation, a program manager at a national minority health organization, and a civil rights and immigration law attorney.

Vanessa A. Becker

Vanessa Becker offers over 20 years of executive leadership experience in the nonprofit and government sectors, including 12 years as a CEO of a nonprofit organization and multiple government administrative appointments. She has worked with multiple CCOs and CACs around the state and authored 25 percent of the community health assessments and community health improvement plans in the state. Her consulting firm, V Consulting & Associates, provides research, strategic planning and community-based assessment planning services specific to health and human service organizations across the United States.

Cara Biddlecom

Cara Biddlecom is the Health System Transformation Lead at the Oregon Health Authority's Public Health Division. In this role, Cara works to connect public health efforts to Oregon's health system transformation efforts. Prior to assuming this role, Cara worked in the Public Health Division's Health Promotion and Chronic Disease Prevention Section. Prior to moving to Oregon, Cara worked in HIV and STD prevention at the National Association of County and City Health Officials and at Our Place, DC, a re-entry program for women involved in the criminal justice system. Cara has a Master of Public Health degree from the University of North Carolina at Chapel Hill. In her free time, Cara enjoys volunteering, singing in a choir, gardening and long-distance cycling.

Julie Black

Julie Black is a lifelong student of the art and science of learning and knowledge transfer. She has been performing, presenting, facilitating and teaching for more than 23 years. Her facilitation techniques are unrivaled and "riveting." She is best known for her expertise in workplace education, public speaking coaching, custom training program development and effective meeting facilitation. She works with Oregon's Public Health Division in the Health Security, Preparedness and Response Program. Julie received her master's degree in Adult Education from Oregon State University and lives in Portland, Oregon, with her glorious family.

Carol Cheney
Carol Cheney has served as the Equity Manager for the Oregon Health Authority Office of Equity and Inclusion since 2010. Her team develops, implements and reviews policies and practices related to meaningful community engagement, “traditional” health workers, language access, cultural competence and diversification of the health care workforce, and health equity training, planning and strategy implementation. A graduate of the University of Oregon, Carol’s field of study focused on women and people of color and her commitment to gender, racial and LGBTQ justice. She has worked for the last 22 years in organizations promoting social change as a case manager for survivors of domestic violence, health educator, fundraiser and nonprofit organizational development consultant and trainer. Her public health experience includes administering grants to increase cancer screening rates for women of color and managing sexual health education programs.

Tom Cogswell
Tom Cogswell has served as the Learning Collaboratives Coordinator at the Oregon Health Authority Transformation Center since July 2013. Previous to this position, Tom worked for a number of nonprofit organizations and offices of government, focusing on event planning and program management. He holds a Graduate Certificate in Nonprofit and Public Management from Portland State University, and a Bachelor of Science in Sociology from Central Michigan University. Outside of work, Tom enjoys spending time with his wife and 10-month-old daughter Josie, hiking, bicycling and playing in a local kickball league.

Chris DeMars
Chris DeMars is the Director of Systems Innovation at the Oregon Health Authority Transformation Center. Before joining the Transformation Center in 2013, she spent eight years as a Senior Program Officer at the Northwest Health Foundation, where she managed the foundation’s health care reform work, including support for Oregon’s delivery system reform and health reform advocacy organizations. Prior to joining the foundation, Chris was a Senior Health Policy Analyst for the U.S. Government Accountability Office, where she authored numerous reports for Congress on Medicaid, Medicare and private health insurance payment policy. Chris has held positions at various health policy consulting firms in the areas of public health, managed care and reimbursement systems, and she began her career as a Policy Analyst at Indiana’s Office of Medicaid Policy and Planning. She holds a Master of Public Health degree from the University of Michigan School of Public Health and a bachelor’s degree in English Literature from the University of Michigan. Chris lives in Portland with her husband and two sons.

Royal Harris
Royal Harris is a native Oregonian, graduate of Franklin High School and alumnus of Concordia University. Royal has over 25 years of community activism and involvement starting in 1990 when he created the Portland Community College Black Student Union and extending to present day with his participation with the Family Care CAC and Multnomah County Healthy Birth Initiative Strategic Planning Committee. Professionally,

Royal has worked in community mental health as a case manager. He has also worked as a counselor, mentor and advocate for at-risk youth, and most recently as a case manager and outreach coordinator for a pre-apprenticeship program that focuses on helping people of color, low income individuals and people who have been involved with the legal system. Royal also has his own nonprofit called the Aristotle Project. The Aristotle Project focuses on teaching young people critical thinking, leadership and the importance of service to others. Royal is also a certified Community Health Worker and trained as a community mediator. He is married and has four children.

Lindsey Hopper
Lindsey Hopper is the Executive Director of the Central Oregon Health Council. She relocated to Bend in December 2013. Before moving to Bend, Lindsey practiced health law in Denver, Colorado, for Sherman & Howard L.L.C. She is the past president of the Colorado Society for Public Health Education and a council member for the Health Law Section of the Colorado Bar Association. Lindsey also serves as the President of the Central Oregon Health Information Exchange. Lindsey is a member of the American College of Healthcare Executives and the American Health Lawyers Association. Lindsey is proud to support the Central Oregon Health Council, its Community Advisory Council and its Provider Engagement Panel to help build a healthier Central Oregon.

Melissa Ivey
Melissa Ivey is the CAC Co-Chair and consumer representative of the Yamhill CCO. She has lived in rural Yamhill County for over 30 years and currently lives in Willamina, Oregon, with her husband and three children, ages 28, 22 and 20. Melissa is a happy grandmother of two beautiful grandsons, ages 2 ½ years and 9 months. She has worked for Head Start of Yamhill County for over 13 years, serving children, families, staff and the community. Melissa believes in a holistic approach to health as she strives to become healthy for herself and her family.

Maria Martin
Maria Martin has served as a Client Services Manager since joining Alere in 2012. In her current role, Maria manages state contracts to provide telephone-based cessation services, including the Oregon Tobacco Quit Line. Maria has extensive experience in account management, financial management and clinical research.

A former Peace Corps Volunteer with experience in HIV/AIDS education, Maria received her Master of Public Health degree from Columbia University in 2010. Prior to this, she earned a Bachelor of Arts degree in Philosophy and English Literature from Wheaton College in Wheaton, Illinois.

Mary Minniti
Mary Minniti is a Certified Professional in Healthcare Quality and has over 30 years of experience in the field. She is the lead author on the recently published Robert Wood Johnson Foundation funded report, “Individual and Family Engagement in the Medicaid Population: Emerging Best Practices and Recommendations.” With over 16 years of experience with PeaceHealth managing diverse health care projects focused on

improving care, she has systematically involved those who receive care as team participants. Her passion for these authentic partnerships grew based on their positive and powerful impacts. She has guided many others to create similar partnerships in their communities and organizations.

Debbie Morrow
Debbie Morrow and her husband Chris are parents to three children and live on the north Oregon coast. Debbie is the vice chair of the Columbia Pacific CCO and is the liaison for the Clatsop County CAC. She is the current chair of the Warrenton Hammond School District. In addition, she chairs the Human Services Advisory Council for Clatsop; is a member of the Way to Wellville strategic council and sits on the Trauma Informed Care committee for Greater Oregon Behavioral Health, Inc.

Adrienne Mullock
Adrienne Mullock is a Transformation Analyst at the Oregon Health Authority's Transformation Center. At the Transformation Center, Adrienne leads the Community Advisory Council learning collaborative. Prior to her role at the Transformation Center, Adrienne served as a Public Health Educator for the State of Oregon WIC Program for eight years. Adrienne was a Peace Corps Volunteer and implemented a health education curriculum into a middle school in the Republic of Moldova. Born and raised in Philadelphia, Pennsylvania, Adrienne has been in the Northwest for approximately nine years and now feels like this is her home. Adrienne is passionate about yoga and has taught various classes in Portland, including a mama and toddler class she initiated to share the practice with her daughter, Alex Uma Mullock (aka Zuma).

Luz Oropeza
Luz Oropeza was born in Guadalajara, Jalisco. She was brought to the United States when she was two years old and grew up in Hood River, Oregon. Luz has three siblings: two sisters and a brother. She has a six-year-old son who's in first grade and loves to play baseball. Luz graduated from Eastern Oregon University with a Bachelor in Liberal Studies and minors in Health Studies and Psychology. She works at the Hood River County Prevention Department as an Alcohol, Tobacco and other Drug Prevention Specialist and she volunteers at Mid Valley Elementary School. In her free time, Luz loves to go hiking and swimming and spend time with her family. She also love traveling and visiting new places.

Lari Peterson
Lari Peterson is a Public Health Home Visiting Manager at the Center for Prevention and Health Promotion in the Public Health Division of the Oregon Health Authority. In this role, Lari oversees program activities and staff for the MIECHV grants, Informatics, and Maternity Case Management and Babies First! statewide public health nurse home visiting programs. Prior to her employment with the State of Oregon, she provided 13 years of direct nurse home visiting services to pregnant women, children at risk for altered development, and children and youth with special health needs.

Char Reavis
Char Reavis was born and raised in Florence, Oregon, where she currently lives. She has three grown children, a daughter and two sons, as well as a granddaughter and grandson. Char majored in sociology and psychology at Lane Community College. She also trained with Siuslaw Area Women's Center and the Oregon Coalition against Domestic and Sexual Violence as well as behavioral management through Siuslaw Training Center. Char has found volunteering to be a rewarding and worthwhile experience that has brought her closer to her community. She has volunteered with Siuslaw Outreach Center, Siuslaw School District, Food Share, Laurelwood Homes Residence Group, the Housing and Community Service Agency of Lane County (HACSA) and Trillium CCO RAC/CAC. Char chairs the Laurelwood Homes Resident Group, the Trillium Rural Advisory Council and the HACSA Board of Directors. She also serves on the Trillium CAC and the HACSA Tenant Advisory Group. She is also participating in a Meyer Memorial funded project to bring together housing agencies in Lane County and train residents to advocate for more affordable housing. In Char's free time she enjoys the forest, ocean, lakes and creeks and their peaceful surroundings.

Lynne Saxton
Lynne Saxton is the director of the Oregon Health Authority. She previously held the role of executive director at Youth Villages Oregon, a nonprofit providing results-driven services to youth and families. She is active in community and civic leadership positions, including service on the Early Learning Council, the International Women's Forum and the Willamette University Board of Trustees. She also served on the Oregon Land Conservation and Development Commission and as chair of the Metropolitan Family Services Board. She recently received the Gordon and Sharon Smith New Freedom Award from the Oregon Chapter of the National Alliance on Mental Illness. Lynne graduated from Willamette University and attended the University of Michigan Business School Executive Program.

Lillian Shirley
Lillian Shirley is the director of the Oregon Public Health Division. Lillian has been a local and national leader in advancing public health, and a leader in Oregon's effort to transform our state's health care system. Before coming to Oregon Public Health, she led the Multnomah County Health Department and helped launch one of the state's first coordinated care organizations as a member of the governing board of Health Share of Oregon. As vice-chair of the Oregon Health Policy Board, she also played a vital role in the state's move toward a health care system that provides better health and better care at lower cost. Before coming to Oregon, she was director of public health for the city of Boston and the first executive director of the Boston Health Commission. Lillian is also adjunct faculty at the OHSU School of Medicine and has been recognized by Research America as a "public health hero." She holds a bachelor's degree in nursing from the University of the State of New York, a master's in public health from Boston University and a master's in public administration from the Kennedy School of Government at Harvard University.

Dana Sturtevant
Dana Sturtevant is a registered dietitian who has been incorporating motivational interviewing into her clinical practice for 14 years. As a practitioner, she has received training and mentorship from some of the best trainers in the field - Stephen Rollnick, Denise Earnst and Steve Berg-Smith. A member of the International Motivational Interviewing Network of Trainers since 2002, Dana has facilitated over 300 workshops throughout the United States. Her trainings introduce participants to the theory, principles and spirit of motivational interviewing, and focus on the use of motivational interviewing in health care settings. In addition to training, she has spent numerous hours coaching and mentoring, as research shows this is the best way to build skills.

Dana lives in Portland, Oregon, with her husband and French bulldog. She has a private practice, Be Nourished, where she works as a trainer, mentor, yoga teacher and nutrition therapist specializing in Health at Every Size® and Intuitive Eating. Dana holds a M.S. in Nutrition Science from the University of Florida and a B.S. in Food and Nutrition from Southern Illinois University. For more information about Dana, visit www.benourished.org.

Nhu To-Haynes
Nhu To-Haynes currently serves as the State Outreach and Integration Coordinator for the Women, Infants and Children Supplemental Nutrition Program (WIC). She assists local agencies with assessing outreach activities, marketing and collaborations with community partners. She has been with the Oregon Health Authority since 2001. Nhu has a variety of public health experiences, including working with the Oregon State Immunization Program and Washington County Health Department as a health educator. She also served in the U.S. Peace Corps as an HIV/STD coordinator in Kingston, Jamaica.

Glenna Wade
Glenna Wade is the mother of three teenage boys and has a spectacular husband. She is a volunteer for her local ambulance agency where she serves as the training officer, communications officer and an EMT I. Glenna works at her local clinic as a Medical Assistant, and has recently become the clinic’s Community Resource Worker/Patient Navigator. Glenna has served as a CAC member for almost two years, and she also sits on several other committees and local boards.

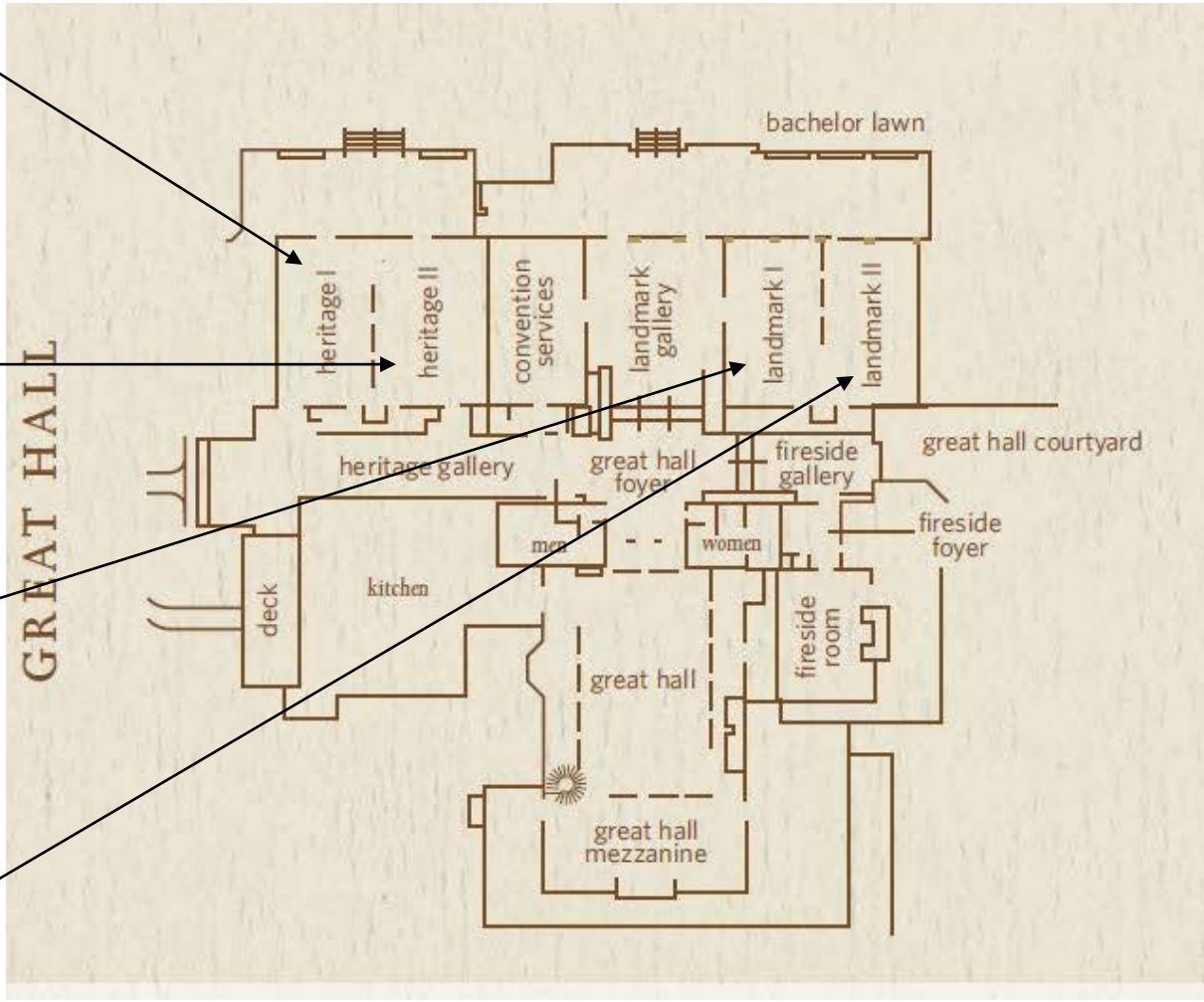
Community Health Improvement Plan Roundtable Session
June 3, 2015, 4:15-5:30 p.m.
Map of Roundtable Locations

Heritage I
Chronic disease
Tobacco
Healthy eating and physical activity

Heritage II
Housing
Food insecurity
Transportation
Health equity

Landmark I
Substance use
Mental health
Access to care
Chronic pain

Landmark II
Maternal health
Early learning
Adolescent health/transition age youth



2015 Community Advisory Council Summit
Community Health Improvement Plan Roundtable Session

Topic #1:_____

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Ideas I'd like to take back to my CAC:

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People I'd like to connect with and their contact information:

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Community Health Improvement Plan Roundtable Session

Topic #2:_____

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Ideas I'd like to take back to my CAC:

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People I'd like to connect with and their contact information:

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Community Health Improvement Plan Resource Document

May 2015

Chronic disease prevention and self-management

Below are the key resources that Community Advisory Councils can use to support people to effectively manage their chronic health conditions.

Offer the following self-management programs in health care and community settings (worksites, community centers, churches, health education centers):

National Diabetes Prevention Program:

- public.health.oregon.gov/PreventionWellness/SelfManagement/Pages/index.aspx#DPP
- www.cdc.gov/diabetes/prevention/index.htm

Walk With Ease physical activity program:

- extension.oregonstate.edu/fch/walk-with-ease

Living Well with Chronic Conditions and Tomando Control de su Salud (Spanish):

- www.healthoregon.org/livingwell

Develop systems to refer people with chronic conditions to these programs.

Develop systems to identify tobacco users and refer them to the Oregon Tobacco Quit Line.

- http://smokefreeoregon.com/resources/quit/quit-resources/

Create community environments that support people in quitting tobacco and effectively self-managing their conditions (see Obesity and Tobacco resource documents for details).

For more information, contact living.well@state.or.us or 1-888-576-7414.

Tobacco control

Below are the key resources that Community Advisory Councils can use to address tobacco in their community health improvement plans.

Tobacco-free places

- Hospitals and health systems: https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/Hospitals.aspx
- Behavioral health systems: https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Documents/tobacco-cessation-resources_behavioral-health-systems.pdf
- Outdoor areas and events: https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/OutdoorAreas.aspx
- Multi-unit housing: https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/Housing.aspx
- Policies: http://smokefreeoregon.com/resources/policies/
- Tobacco-free worksites: https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/Worksites.aspx
- Workplace law: https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/SmokefreeWorkplaceLaw/Pages/index.aspx

Limit minor access to tobacco

- Tobacco retail environment: https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/RetailLicensing.aspx
- Pricing policies: http://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pricing-policy-WashU-2014.pdf

Warn about the dangers of tobacco

- Smokefree Oregon campaign: http://smokefreeoregon.com/

Tobacco cessation benefits

- Health plan benefit recommendations: http://smokefreeoregon.com/wp-content/uploads/2010/11/HBOS-brochure-web.pdf
- Comprehensive tobacco cessation benefits: http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/state-tobacco-cessation-coverage-database

Offer help to quit tobacco

- Oregon Tobacco Quit Line:
  https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/GetHelpQuitting/Pages/oregonquitline.aspx and www.quitnow.net/oregon

Websites with additional information about quitting:

- Ex: re-learn to live without cigarettes: http://www.becomeanex.org/
- You can quit smoking now: http://www.smokefree.gov
- Complete guide to quitting: http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/index
- Freedom from Smoking: http://www.ffsonline.org/
- Live chat with a quit counselor: https://livehelp.cancer.gov/app/chat/chat_launch
- TeenQuit: http://www.teenquit.com/
- My last dip - quit smokeless tobacco: http://www.mylastdip.com/
- The "5 A's": Ask, Advise, Assess, Assist, and Arrange: http://www.ahrq.gov/clinic/tobacco/5steps.htm

Work with partners

CCOs/CACs can partner with local public health authorities to address tobacco prevention and cessation in the communities they serve. There are many interventions that are effective in reducing tobacco use and preventing youth from starting to use tobacco. These include: raising the price of tobacco through a tax, tobacco-free work places and public spaces, and implementing tobacco cessation referral systems in social service agencies.

Directory for local public health authorities

Contact your local health department to connect with a local Tobacco Prevention and Education Program.
http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx

For more information, contact scott.p.montegna@state.or.us or (971) 673-2283.

Healthy eating and physical activity

Below are the key resources that Community Advisory Councils can use to address obesity in their community health improvement plans.

Healthy eating

- Implement nutrition standards in hospital and worksite cafeterias and vending machines
- Promote fruit and vegetable consumption
- Warn of the dangers of sugary beverages and screen time

Resources for encouraging healthy eating

- Healthy worksites: www.healthoregon.org/wellnessatwork
- Nutrition standards for worksites, institutions, hospitals, childcare and schools: www.cdc.gov/nutrition/downloads/StateIndicatorReport2009.pdf http://www.cdc.gov/healthyyouth/nutrition/standards.htm#4
- Reduce soda and sugary beverage use: http://www.cdph.ca.gov/SiteCollectionDocuments/StratstoReduce_Sugar_Sweetened_Bevs.pdf
- Increase fruit and vegetable consumption: http://www.cdc.gov/obesity/downloads/fandv_2011_web_tag508.pdf
- Improve nutrition and physical activity in schools and childcare: http://www.cdc.gov/healthyyouth/npao/strategies.htm http://www.thecommunityguide.org/pa/index.html
- Restrict unhealthy food marketing to children: https://www.iom.edu/Reports/2005/Food-Marketing-to-Children-and-Youth-Threat-or-Opportunity.aspx
- Ensure breastfeeding accommodation for nursing mothers: http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF
- Educate parents and those working with children about strategies to reduce screen time: http://www.letsmove.gov/reduce-screen-time-and-get-active

Active Living

- Create or expand the number of places to be physically active
- Promote the use of parks and recreation centers
- Promote and provide options for active commuting (walking and biking)

Resources for encouraging physical activity:

- CDC guide to strategies to increase physical activity in the community: http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf

- American Public Health Association: The hidden health costs of transportation: http://www.apha.org/~/media/files/pdf/topics/transport/hidden_health_costs_of_transportation_backgrounder.ashx

Promote insurance coverage for evidence-based programs to help people manage their weight

Examples of evidence-based programs available in Oregon:

- National Diabetes Prevention Program: http://www.cdc.gov/diabetes/prevention/index.htm
- Walk With Ease: http://extension.oregonstate.edu/fch/walk-with-ease
- Weight Watchers: https://welcome.weightwatchers.com

Support health care provider training to

- Track body mass index
- Provide referrals to evidence-based weight management and physical activity programs
- Promote nutrition and physical activity recommendations during exams
- Promote breastfeeding
- Promote age-appropriate sleep durations among children

Resources for provider education include:

- Recommendations for preventive pediatric health care: https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf
- Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity summary report: http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full
- Institutes of Medicine early childhood obesity prevention policies: https://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx
- Baby-Friendly Hospital Initiative: http://babyfriendlyusa.org/eng.index.html

Directory for local public health authorities

Contact your local health department to connect with a local Healthy Communities Program: http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx

For more information, contact Scott Montegna at scott.p.montegna@state.or.us or (971) 673-2283.

Housing

Affordable housing community-based health clinic

- ***Who:*** Housing Works (abn. Central Oregon Regional Housing Authority), Mosaic Medical and EPIC Property Management
- ***What:*** In 2014, Housing Works completed a rehab of the 70-unit Ariel Glen apartments on Bend's Eastside. As a part of the rehab work, washer and dryer units were added to each apartment home. This change freed up the existing community laundry room and allowed Housing Works the opportunity to partner with Mosaic Medical, a Federally Qualified Health Clinic, to establish an affordable housing community-based medical clinic. Mosaic's clinic operates three days per week and provides medical services to a total of 166 units of affordable housing at Ariel Glen (70 units) and Ariel South (96 units), as well as to the surrounding neighborhood. Mosaic is planning to expand its hours of operations.
- ***Where:*** Bend, Oregon
- ***Funding:*** Housing Works (laundry room conversion to medical clinic), Medicaid (services)

Innovative uses of flexible funds

- ***Who:*** Clatsop County Behavioral Healthcare
- ***What:*** Clatsop County Behavioral Healthcare has utilized flexible Medicaid dollars to fund short-term rent assistance (90 days or less) and wraparound mental health services, including housing help for high-needs clients. These services have been used when a client's mental health condition is preventing them from obtaining and/or maintaining adequate, stable housing.
- ***Where:*** Clatsop County, Oregon
- ***Funding:*** CCO Flexible Funds

Coordinated, on-site, culturally appropriate services for low-income seniors and people with disabilities

- ***Who:*** Cedar Sinai Park, REACH, Home Forward (housing owners); CareOregon (Medicaid Insurer); Asian Health & Service Center, Lifeworks NW, Cascadia Behavioral Healthcare, Jewish Family and Child Services and Sinai In-Home Care (service providers)
- ***What:*** The project serves 1400 residents in 11 publicly subsidized apartment buildings (10 are located in downtown Portland) that house low-income seniors and people with disabilities. The ground floor of one centrally located building serves as the location for a Providence ElderPlace PACE program, a clinic, a primary and urgent care provider, mental health clinical space and office space for Asian Health & Service Center and Lifeworks NW staff. Health Navigators, funded by CareOregon, are available to all residents, even if not insured by CareOregon.

Health Navigators work with housing staff, county agencies and health and social service organizations to engage residents, assess needs and present a range of service and support options. The navigators work on-site, rotating through the buildings, along with mental health specialists provided by Cascadia Behavioral Healthcare and Lifeworks NW. The navigators and mental health specialists support all aspects of health management including follow-up after hospital discharge, connecting residents to county Aging, Disability and Veteran Services, answering health questions and connecting residents to primary care providers. Additional services provided include prescription medication management support, a volunteer resident service exchange (Give2Get), food insecurity screening, food distribution and food pantry support. An active and highly engaged resident advisory council (RAC) is involved in project development and oversight, education, outreach and volunteer recruitment. The Portland State University School of Social Work Institute on Aging is conducting a comprehensive evaluation of the pilot project.

- ***Where***: Portland, Oregon
- ***Funding:*** Affordable Care Act funding through a SIM grant that is administered by the Department of Human Services' Aging and Disability Services Division. CareOregon provides funding for the Health Navigation staff, prescription medication management and Give2Get programs. Mental health providers are paid for by traditional billing systems. Enterprise grant funds.

On-site, resident services lead healthy homes program

- ***Who:*** Cornerstone Community Housing, Prevention Lane, United Way 100% ACCESS Coalition, Trillium Coordinated Care Organization and Advocacy and Outreach Workers of Lane County
- ***What:*** Cornerstone Community Housing is working to develop an integrated network of partnerships in Lane County with the goal to improve health outcomes and reduce health care costs. A housing and health care coordinator (a certified Community Health Care Worker) is supporting low-income families in affordable housing community centers across Lane County. The Healthy Homes peer support program offers on-site supports and wrap-around services, in combination with up to 50 hours of individual and peer support health and wellness coaching. This includes expanding partnerships with Trillium, a local coordinated care organization, to gather and track health care costs of shared clients, identify the correlation of positive health outcomes and reduced costs, and directly link to the intersection between health and housing.
- ***Where***: Eugene, Oregon
- ***Funding:*** Enterprise and other grant funds.

Organizational coordination, needs assessment, referral processes

- ***Who:*** Central City Concern's (CCC) housing programs and CCC's Old Town Clinic
- ***What:*** Central City Concern has created the Housed and Healthy (H+H) project. H+H is an inter-organizational effort to reveal potential working partnerships

between health services (i.e. CCC's Old Town Clinic) and supportive housing. H+H uses a needs assessment to identify high-need individuals, streamline referral processes to connect residents to care, increase coordination between service providers, and offer in-housing programming to better the health status of residents.
- ***Where***: Portland, Oregon
- ***Funding:*** Enterprise grant funds

Mental health court housing assistance pilot project

- ***Who:*** Umpqua Health Alliance (Douglas County CCO), Greater Oregon Behavioral Health Inc. (GOBHI), Douglas County Housing Authority and Community Health Alliance (CHA) and ADAPT
- ***What:*** Umpqua Health Alliance and Greater Oregon Behavioral Health Inc. provided approximately $25,000 in rental assistance dollars to the Douglas County Housing Authority to serve households with mental illness who are coming out of incarceration through the county mental health/drug court. The Douglas County Housing Authority is assisting clients in identifying available, low barrier housing. CHA and ADAPT are providing intensive wraparound case management services to help ensure the success of the clients.
- ***Where***: Douglas County, Oregon
- ***Funding:*** CCO Operating Funds, Greater Oregon Behavioral Health Inc.

For more information contact:

- Kenny La Point at kenny.lapoint@oregon.gov or (503) 986-3999
- Andrea Saul at asaul@enterprisecommunity.org or (503) 553-5646

Food insecurity

Implementing community based responses to food insecurity and hunger in your community will require planning to ensure all stakeholders are engaged and working towards success. Below are best practices and key resources available to Community Advisory Councils to use when addressing food insecurity in their community health improvement plans.

Assessment

- Collaborate with community partners to develop a service gap analysis
- Implement the validated 2-question screening tool (Hunger Vital Sign) in healthcare, early childhood and educational settings to determine whether a family is at risk for food insecurity
- Include the Hunger Vital Sign screening questions in the hospital/clinic electronic medical records with the ability to extract data and track outcomes
- Partner with Oregon Food Bank's FEAST program to assess impact of limited healthy food access on community health and the local economy
- Support and sponsor community partners who provide food safety net to participate in and use the Healthy Pantries Project assessment tool
- Assess points of food access using GIS technology and other mapping software

Outreach and education

- Increase awareness of hunger as a public health concern and the health impacts of childhood food insecurity by taking the OSU course: https://pace.oregonstate.edu/courses/childhood-food-insecurity
- Fund incentives for women, children and seniors with low incomes to allow access to more fruits and vegetables (e.g. implement a healthcare provider Rx program for referrals to onsite food pantry, farmer's markets, Meals on wheels or other food access/food safety net program)
- Link resources listed below to organizational websites
- Partner with, or establish on-site food pantry or farmer's market
- Sponsor an on-site Summer Food Service Program and/or Child and Adult Care Food Program (CACFP)-funded meal to provide nutritious meals to children while visiting community health facilities

Resources

- Childhood Hunger Coalition: http://www.oregonfoodbank.org/CHC/index.html
- Hunger vital sign screening questions: http://www.childrenshealthwatch.org/public-policy/hunger-vital-sign/

- Meals on Wheels: http://www.mealsonwheelspeople.org/
- Oregon child nutrition programs: http://www.ode.state.or.us/search/results/?id=62
- Oregon Food Bank:
    - Community food assessment: http://www.oregonfoodbank.org/Our-Work/Building-Food-Security/Community-Programs/Community-Food-Assesments
    - Screen and intervene: http://www.oregonfoodbank.org/Our-Work/Building-Food-Security/Education-Programs/Screen-Intervene
    - FEAST: http://www.oregonfoodbank.org/Our-Work/Building-Food-Security/Community-Programs/FEAST
- Oregon Helps: http://211info.org/
- Oregon Medicaid Behavioral Risk Factor Surveillance System (MBRFSS) Survey, 2014: http://www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx
- Oregon State University
    - Food Hero: https://foodhero.org/
    - OSU Extension: http://extension.oregonstate.edu/nep/
- Oregon WIC, the Special Supplemental Nutrition Program for Women, Infants and Children: http://public.health.oregon.gov/healthypeoplefamilies/wic/Pages/index.aspx
- Partners for a Hunger-Free Oregon: https://oregonhunger.org/
- The Supplemental Nutrition Assistance Program (SNAP): http://www.oregon.gov/dhs/assistance/food-benefits/pages/index.aspx

For more information, contact cheryl.l.alto@state.or.us or (971) 673-0057.

Transportation

Below are the key resources that Community Advisory Councils can use to address transportation in their community health improvement plans.

Transportation options drive positive health trends

- More walkable neighborhoods and communities result in greater rates of walking. More physical activity in the community provides stronger protection against chronic diseases such as diabetes, heart disease, and breast and colon cancer. More physical activity also helps prevent and alleviate depression, and reduces cognitive decline.
- Safe street networks keep people of all ages safe from traffic-related injuries and fatalities
- Walking and biking (instead of driving) improve air quality to alleviate issues like asthma and respiratory disease
- Walkable communities and communities with strong transit networks foster greater community interaction and social cohesion

Non-emergent medical transportation (NEMT)

- NEMT is a critical service for non-ambulatory patients to access health care.
- Free and low-cost travel options (e.g. transit) create more equitable access to employment, goods and services.
- The responsibility for NEMT management was through OHA and management now transitioning to the CCOs. The following CCOs have taken on management: AllCare Health Plan, Cascade Health Alliance, Columbia Pacific CCO, Eastern Oregon CCO, FamilyCare, Health Share of Oregon, Intercommunity Health Network, Jackson Care Connect, Trillium, and Willamette Valley Community Health. The remaining six CCOs regions still have NEMT services managed by OHA.

Resources

- CDC transportation recommendations - rationale and key recommendations for bringing public health considerations into transportation issues: http://www.cdc.gov/transportation/recommendation.htm
- CDC Guide to Strategies to Increase Physical Activity in the Community - cites ten evidence-based strategies, four of which are transportation-related: http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf
- Oregon Health Impact Assessments - county level impact assessments and recommendations related to safe bike and pedestrian crossing at Benton County (2013), Clackamas County (2014), and Columbia County

(in progress): https://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/HealthImpactAssessment/Pages/HIACapacityBuilding.aspx

- Rural transit in Oregon: Identifies the current status and needs for public transportation in Oregon's rural areas, as well as opportunities and barriers to expanding services. http://www.oregon.gov/ODOT/PT/Pages/resources/research-studies.aspx
- Oregon Transportation & Human Services Coordination Study: Identifies what has changed in transportation and human services coordination since 2000. Assesses what worked well and what barriers have prevented implementation of recommendations for improved coordination between transportation and human services. http://www.oregon.gov/ODOT/PT/resources/research-studies/transportation-human-services-coordination-study.pdf
- OHA NEMT general onformation: http://www.oregon.gov/oha/healthplan/pages/nemt.aspx
- NEMT approaches for coordinated care organizations: http://transformationcenter.org/wp-content/uploads/2014/04/Non-Emergent-Transportation-Models-for-CCOs_final.pdf
- America Walks: Featuring toolkits, training, and case studies of what other urban, suburban and rural communities have done. http://americawalks.org/
- Everybody Walk: The movement to get America walking for health, featuring "The Walking Revolution" documentary, and links to research and practice help. http://everybodywalk.org/
- U.S. Surgeon General's Call to Action on Walking: Forthcoming in 2015. http://www.surgeongeneral.gov/library/calls
- AARP Livable Communities Initiative: To support cities, towns and neighborhoods to have safe, walkable streets; age-friendly transportation options; access to needed services; and opportunities for residents of all ages to participate in community life. http://www.aarp.org/livable-communities/about/

For more information, contact:

- Talia Jacobson, Oregon Department of Transportation, talia.jacobson@state.or.us
- Andrea Hamberg, OHA Public Health Division, andrea.hamberg@state.or.us or (971) 673-0444

Health equity

Below are the key resources that Community Advisory Councils can use to promote health equity in their community health improvement plans.

Health equity basics

- Free online training course: http://rootsofhealthinequity.org
- CDC practitioners' guide to advancing health equity: http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/Health-Equity-Guide-intro.pdf
- Prevention Institute: http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit/6-health-equity-and-prevention-resources.html

Language access

- Office of Minority Health and Services: http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53
- Limited English proficiency: http://www.lep.gov/
- Office of Equity and Inclusion: http://www.oregon.gov/oha/oei/Pages/hci-resources.aspx

Cultural competency

- Advancing effective communication, cultural competence, and patient-and family-centered care - a roadmap for hospitals: http://www.jointcommission.org/roadmap_for_hospitals/

Health literacy

- AHRQ health literacy universal precautions toolkit: http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/
- Free online health literacy courses: http://www.hrsa.gov/publichealth/healthliteracy/

Race, ethnicity, language and disability data collection

- Hospitals in pursuit of excellence - A framework for stratifying race, ethnicity and language data: http://www.hpoe.org/resources/hpoehretaha-guides/1690
- Health Research and Education Trust disparities toolkit: http://www.hretdisparities.org/
- Multnomah County 2014 report card on racial and ethnic disparities: http://media.oregonlive.com/portland_impact/other/2014%20Report%20Card%20on%20Racial%20and%20Ethnic%20Disparities%20-%20v12-11-14%20%283%29.pdf

Addressing health disparities and quality improvement

- The disparities solutions center: https://www2.massgeneral.org/disparitiessolutions/z_files/Disparities%20Commissioned%20Paper.pdf
- Robert Wood Johnson Foundation roadmap to reduce disparities: http://www.solvingdisparities.org/tools/roadmap

Community Health Workers

- Centers for Disease Control community health worker toolkit: www.cdc.gov/dhdsp/pubs/chw-toolkit.htm
- Office of Equity and Inclusion traditional health worker resources: http://www.oregon.gov/oha/oei/Pages/thw-resources.aspx

Workforce diversity

- Welcome Back Initiative, English language skills for health care*:* http://welcomebackinitiative.org/englishhealthtrain.org/index.htm

Trauma informed care

- SAMHSA's trauma resources: http://www.integration.samhsa.gov/clinical-practice/trauma
- OHA Addictions and Mental Health Division: http://www.oregon.gov/oha/amh/pages/trauma.aspx

For more information, contact Ty Schwoefferman at ty.schwoefferman@state.or.us or (971) 673-3378.

Substance use resources and services

Alcohol and drug abuse prevention

- OHA Addictions and Mental Health Division, prevention: http://www.oregon.gov/oha/amh/Pages/prevention.aspx
- SAMHSA, prevention: http://www.samhsa.gov/prevention

Reduce availability of alcohol

- Regulating availability: How access to alcohol affects drinking and problems in youth and adults: http://pubs.niaaa.nih.gov/publications/arh342/248-256.htm

Substance Use Services

- Oregon Tobacco Quit Line: https://www.quitnow.net/oregon/
- Oregon alcohol and other drug services directory: www.oregon.gov/oha/amh/publications/provider-directory.pdf
- OHA Addictions and Mental Health Division, co-occurring disorders: http://www.oregon.gov/oha/amh/Pages/co-occurring.aspx

Screening, Brief Intervention, Referral to Treatment (SBIRT)

- SBIRT implementation in Oregon: http://www.oregon.gov/oha/amh/Pages/sbirt.aspx
- SAMHSA-HRSA Center for Integrated Health Solutions: http://www.integration.samhsa.gov/clinical-practice/sbirt/screening-page

Tobacco cessation during pregnancy

- Smoking cessation during pregnancy: https://www.smokingcessationandpregnancy.org/resources
- Tobacco cessation after pregnancy: http://www.babyandmetobaccofree.org/Pages/Program.html

Tobacco cessation for individuals with mental health conditions

- Consumers Helping Others Improve their Condition by Ending Smoking (CHOICES): http://www.njchoices.org/
- National Alliance on Mental Illness (NAMI) smoking cessation: http://www2.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Smoking_and_Mental_Illness.htm
- SAMHSA-HRSA tobacco cessation: http://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2

Chronic pain and prescription drug use

- Oregon pain guidance: http://www.southernoregonopioidmanagement.org/healthcare-professionals/
- SAMHSA pain management: http://www.integration.samhsa.gov/clinical-practice/pain-management
- Medicated-Assisted Treatment and Recovery (MAT): http://www.oregon.gov/oha/amh/Pages/umatr.aspx and http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview

For more information, contact michael.w.oyster@state.or.us or (503) 945-9813.

Mental health resources and services

Below are the key resources that Community Advisory Councils can use to promote mental health.

Consumer involvement with mental health integration and substance use services

- Mental health consumers and primary health care representatives in dialogue: http://store.samhsa.gov/product/Mental-Health-Consumers-and-Primary-Health-Care-Representatives-in-Dialogue/SMA06-4040
- National Mental Health Consumers' self-help clearinghouse: http://www.mhselfhelp.org/
- National Empowerment Center: http://www.power2u.org/

Caregiver support

- National Alliance on Mental Illness: https://www.nami.org/Find-Support
- National Alliance for Caregiving: http://www.caregiving.org/

Peer Support Specialists

- http://www.oregon.gov/oha/amh/pd/Pages/index.aspx

Mental health awareness

- Early Assessment & Support Alliance (EASA): http://www.easacommunity.org/

Reducing stigma

- Mental health policy: http://mentalillnesspolicy.org/
- National Alliance on Mental Illness (NAMI) – Fight Stigma: http://www2.nami.org/template.cfm?section=fight_stigma
- SAMHSA's resource center to promote acceptance, dignity and social inclusion associated with mental health: http://promoteacceptance.samhsa.gov/main/

Culturally-specific care for people with severe and persistent mental illness

- SAMHSA health disparities: http://www.integration.samhsa.gov/clinical%20practice/healthdisparities
- Developing Equity Leadership through Training and Action (DELTA): http://www.oregon.gov/oha/oei/Pages/delta.aspx
- Community Readiness Model: http://triethniccenter.colostate.edu/communityReadiness_home.htm

Access to mental health care

- SAMHSA's Now is the time – prevention and early intervention: http://www.samhsa.gov/priorities/now-is-the-time
- National Institutes of Health - culturally competent health care: http://www.nih.gov/clearcommunication/culturalcompetency.htm

Decreasing lethal means of suicide

- Youth suicide prevention program: http://www.yspp.org/about_suicide/means_restriction.htm
- Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/webinars

Trauma informed care

- SAMHSA's trauma resources: http://www.integration.samhsa.gov/clinical-practice/trauma
- OHA Addictions and Mental Health Division: http://www.oregon.gov/oha/amh/pages/trauma.aspx

Suicide prevention and screening

- SAMHSA's screening tools: http://www.integration.samhsa.gov/clinical-practice/screening-tools#suicide
- Applied Suicide Intervention Skills Training (ASIST): http://www.nosp.ie/html/training.html
- OHA Public Health Division ASIST Program: https://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/training.aspx
- Collaborative assessment and management of suicidality (CAMS): https://www.youtube.com/watch?v=SEj9KDOnX4Q

Mental health integration

- SAMHSA-HRSA Center for Integrated Health Solutions: http://www.integration.samhsa.gov/integrated-care-models
- OHA Addictions and Mental Health Division, co-occurring disorders: http://www.oregon.gov/oha/amh/Pages/co-occurring.aspx
- Life skills training for middle school students: http://www.lifeskillstraining.com/msweb/student/index.php

Mental health first aid

- USA Mental Health First Aid: http://www.mentalhealthfirstaid.org/cs/

Depression screening

- SAMHSA's depression screening tools: http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression

Mental health courts

- Bureau of Justice Assistance: https://www.bja.gov/ProgramDetails.aspx?Program_ID=68
- National Center for State Courts: http://www.ncsc.org/Topics/Problem-Solving-Courts/Mental-Health-Courts/Resource-Guide.aspx

Mental health-friendly workplaces

- Meaningful work and recovery: http://www.mentalhealthamerica.net/meaningful-work-and-recovery

Youth

- Oregon Student Wellness Survey: https://oregon.pridesurveys.com/
- Adverse Childhood Experiences (ACEs) study: http://www.cdc.gov/violenceprevention/acestudy/

For more information, contact michael.w.oyster@state.or.us or (503) 945-9813.

Access to care

Timely access to care contributes to increased patient satisfaction, reduced complications of chronic illness, as well as fewer hospitalizations and reduced emergency department visits. Addressing health issues early results in better health outcomes, reduced costs, and also benefits patients, individual health care organizations and the health care system as a whole.

Below are resources that can be utilized at the clinic level to improve access to care, as well as some resources organizations can explore.

Know your patient population – empanelment

- Empanelment: What Do You Do After Every Patient Has An Assigned Care Team? - Patient-Centered Primary Care Institute: http://www.pcpci.org/resources/webinars/empanelment-what-do-you-do-after-every-patient-has-assigned-care-team
- Access Workbook - Dartmouth College: http://clinicalmicrosystem.org/wp-content/uploads/2014/07/Improving-Patient-Access-to-Care.pdf

Optimize office visits – huddles and chart scrubbing

- Morning Huddle - Spectrum Health Medical Group: https://www.youtube.com/watch?v=8Q8Cexq1fAw&feature=youtu.be
- Scrubbing and Huddling - Patient-Centered Primary Care Institute: http://www.pcpci.org/resources/webinars/scrubbing-and-huddling
- Standard Huddle and Scrub Work Exercise - Patient-Centered Primary Care Institute: http://www.pcpci.org/sites/default/files/resources/Huddling%20and%20Scrubbing%20tool.pdf

Expand access – aside from the office visit (e-visits, phone visits, group visits, and visits with other team members)

- The Building Blocks of High-Performing Primary Care: Lessons From The Field - California HealthCare Foundation, pp. 25-26: http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/B/PDF%20BuildingBlocksPrimaryCare.pdf
- Telemedicine - Telehealth Alliance of Oregon: http://www.ortelehealth.org/

Mental & behavioral health

- Resources within Oregon – National Alliance on Mental Illness: http://www2.nami.org/MSTemplate.cfm?Section=Support2&Site=NAMI_Oregon&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=131546

Resources for rural areas – recruitment, retention, and supports

- Recruitment & retention - OHA Primary Care Office: http://www.oregon.gov/oha/OHPR/PCO/Pages/index.aspx and Oregon Office of Rural Health: http://www.ohsu.edu/xd/outreach/oregon-rural-health/index.cfm
- Innovations, funding & opportunities, news, networking - Rural Assistance Center: http://www.raconline.org/
- Community Health Workers Resources – Oregon Community Health Workers Association: http://www.orchwa.org/resources/chw-programs-in-oregon
- Traditional Health Workers Registry – OHA Office of Equity & Inclusion: https://traditionalhealthworkerregistry.oregon.gov/Search
- School-Based Health Centers – School- Based Health Alliance: http://osbha.org

Other Ideas:

- Shared after-hours call coverage rotation between multiple clinics (to reduce emergency and urgent care visits).
- Co-location of primary care & mental health (e.g., county mental health employees working out of a private practice primary care clinic).
- Employing healthcare workforce at top of license:
    - Nurse Practitioners & Physician Assistants as primary care providers.
    - Community Health Workers to help bridge medical care & social factors that impact care.
    - Medical Assistants trained to utilize care protocols; and, document office visits in real-time to increase clinic capacity for adding more appointments to a provider's schedule.
    - Prescription Refill Process Improvement – explore ways to reduce number of office visits taken up by medication questions and refills.
    - Paramedicine - use of Paramedics to conduct routine check-up home visits for patients with chronic health conditions.
    - Nurses – patient education; appointments with nurses; population health roles; care management; home visits.

For more information, contact christopher.c.carrera@dhsoha.state.or.us or (971) 240-8889.

Chronic pain

Below are key resources that Community Advisory Councils can use to address chronic pain in their community health improvement plans.

Oregon Prescription Drug Monitoring Program
The Oregon Prescription Drug Monitoring Program (PDMP) is a tool to help health care providers and pharmacists provide patients better care in managing their prescriptions. It contains information provided by Oregon-licensed retail pharmacies. Oregon-licensed healthcare providers and pharmacists and their staff may be authorized for an account to access information from the PDMP system.

- The Oregon PDMP Portal: http://www.orpdmp.com/
- PDMP Fact Sheet: http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Fact%20Sheets/PDMP_2015v02262015.pdf
- Fact sheet on prescription opioid overdose: http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Fact%20Sheets/PDO_2015v04242015.pdf
- Help desk: (866) 205-1222

Pain guidance groups and opioid prescribing guidelines

- Oregon Pain Guidance group in Jackson and Josephine Counties: http://www.southernoregonopioidmanagement.org/
- Oregon Pain Guidance group prescribing guidelines http://www.southernoregonopioidmanagement.org/opioid-prescribing-guidelines-2/introduction

Oregon Pain Commission

- http://www.oregon.gov/oha/OHPR/PMC/Pages/index.aspx

For more information, contact pdmp.health@state.or.us or (971) 673-0741.

Maternal health

A woman brings to her pregnancy all the risk and protective factors she has collected over her lifetime, during the time she was in her mother's womb and even before that. These factors can have lifelong impacts on the health of her baby. Life course perspective encourages us to identify risk factors that can be reduced and protective factors that can be enhanced so that we can support healthy choices. One Maternal and Child Health approach to enhancing protective factors, improving birth outcomes and nurturing healthy growth and development is through provision of home visiting services.

Life course perspective

- Life course resources: http://mchb.hrsa.gov/lifecourse/
- First 1,000 days: http://www.thousanddays.org/about/
- Adverse Childhood Experiences: http://www.cdc.gov/violenceprevention/acestudy/

Care of women of reproductive age

- Healthier Women, Healthier Reproductive Outcomes: http://www.ajog.org/article/S0002-9378(08)01029-6/fulltext
- Preconception health: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm
- First trimester care access: http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/part2.html
- One Key Question: http://www.onekeyquestion.org/

Home Visiting

- Oregon nurse home visiting outcomes: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/Pages/nurse-home-visiting.aspx
- Nurse Family Partnership: http://www.nursefamilypartnership.org/proven-results
- Home visiting models: http://mchb.hrsa.gov/programs/homevisiting/models.html

For more information, contact lari.peterson@state.or.us or 971-673-0260.

Early learning

Many critical connections in children's brains are shaped before and soon after birth, and are established well before children enter school. It is essential that children's early experiences support healthy brain building and good physical health. Early identification of developmental delays and other health needs is critical to making sure that Oregon's children are connected with needed services early and arrive at school ready to learn. Below are key resources that Community Advisory Councils can use to address early learning-related topics in their community health improvement plans.

Kindergarten readiness

- Developmental Screening: https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Pages/index.aspx
    - Free online screening (English & Spanish): www.asqoregon.com
- Reach Out & Read: http://oregonpediatricsociety.org/programs/ops-programs/ror/

Children's oral health

- Dental best practices: www.astdd.org/bestpractices/
- First Tooth program: www.healthoregon.org/firsttooth

Immunizations and well child checks

- Bright Futures guidelines: https://brightfutures.aap.org/materials-and-tools/Pages/default.aspx
- Community and system-based interventions to increase appropriate immunization: http://www.thecommunityguide.org/vaccines/index.html

Parenting support and education

- Oregon Parenting Education Collaborative (OPEC) Hubs: http://orparenting.org/

For more information, contact OHA's Child Well-being Team at child.development@state.or.us or (971) 673-3385.

Adolescent health

Below are some key resources that Community Advisory Councils can use to find and select evidence-based strategies to address adolescent health in their community health improvement plans.

Youth voice and engagement: Health care, outreach efforts, and other community programs for youth are more likely to be effective if youth are involved. Also, involving youth in a meaningful way can help support their development and build stronger adult-youth partnerships.

- *Youth Participatory Action Research (Y-PAR).* Y-PAR is one to meaningfully engage youth in an issue. A curriculum to guide youth through the Y-PAR process is available: http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Pages/youth.aspx
- *Ready by 21.* Provides toolkits and resources to help community leaders improve the family, school and community supports available to youth. www.readyby21.org
- *The Forum for Youth Investment*, Youth-Adult Partnerships in Public Action. http://forumfyi.org/content/youth-adult-partnershi

School health: Creating a healthy school environment through health services and whole-school strategies.

- *Oregon School-Based Health Center Program* http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Pages/index.aspx
- *ASCD and Center for Disease Control and Prevention* "Whole School, Whole Community, Whole Child" Approach www.cdc.gov/healthyyouth/wscc/
- *Center for Disease Control and Prevention,* How to implement a coordinated school health approach http://www.cdc.gov/healthyyouth/cshp/schools.htm
- *Positive Behavioral Interventions and Supports* www.pbis.org/

Behavioral health/substance use

- *School-based violence prevention programs* www.thecommunityguide.org/violence/schoolbasedprograms.html
- *Electronic Screening, Brief Intervention and Referral to Treatment (eSBIRT)* www.thecommunityguide.org/alcohol/eSBI.html
- *National Registry of Evidence-based Programs and Practices.* Access to over 340 substance abuse and mental health interventions. www.nrepp.samhsa.gov/

- *Suicide Prevention Best Practices Registry*. www.sprc.org/bpr
- *StopBullying.gov* www.stopbullying.gov/kids/index.html

Sexual Health

- *Oregon Youth Sexual Health Program,* Youth Sexual Health Plan 5-Year Update. http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/YouthSexualHealth/Pages/index.aspx
- *Oregon Sexuality Education Resources* www.ode.state.or.us/search/page/?id=1773
- *US Office of Adolescent Health* Teen Pregnancy Prevention Resource Center www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/

General adolescent health resources

- *Healthy People 2020 Indicators, Adolescent Health*
    - National benchmarks, resources and evidence-based practices for a broad array of issues www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health?topicid=2
    - Oregon-specific briefs for a selection of key Healthy People 2020 Adolescent Health Indicators http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Pages/Resources.aspx
- *National Network of State Adolescent Health Coordinators.* Access to publications, resources and lists of evidence-based and promising programs. www.nnsahc.org/index.php/tools/
- *Guide to Community Preventive Services.* Searchable database of programs and policies to improve health. www.thecommunityguide.org/index/html
- *Center for Health Equity and Social Justice*, Promising and Best Practices for Eliminating Racial and Ethnic Health Disparities. www.bphc.org/chesj/resources/Pages/BestPractices.aspx
- *Health Resources and Services Administration*, Health Literacy- Effective Communication Tools for Healthcare Providers www.hrsa.gov/publichealth/healthliteracy/
- *Minor Rights: Access and Consent to Health Care* https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/MinorConsent2012.pdf

For more information, contact elizabeth.k.thorne@state.or.us or (971) 673-0377.

Presentations

Note: all slide presentations will be available in CAC Learning Community Groupsite following the CAC Summit (including those not included here).

Engaging and Active Meetings

A guide for participants and facilitators

Julie Black, Ed.M.

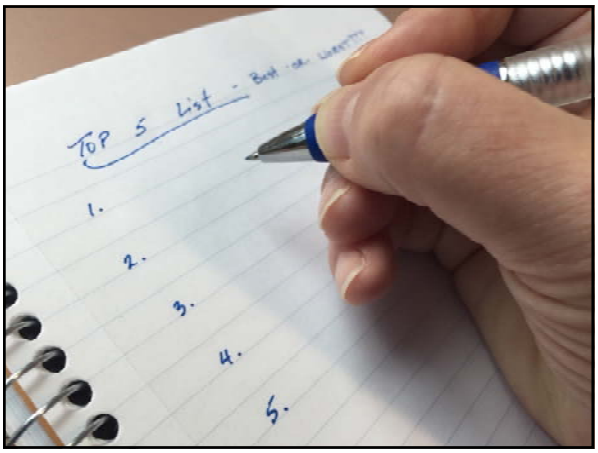


Photo: Steve Fair
August 3, 2012

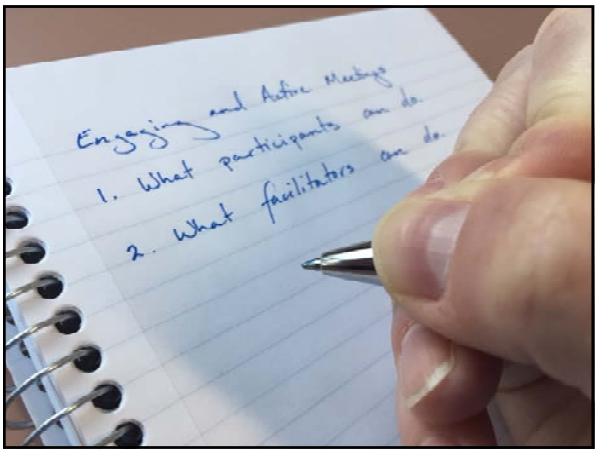
Photo: Clive Rose/Getty Images Sport
Feb. 19, 2006

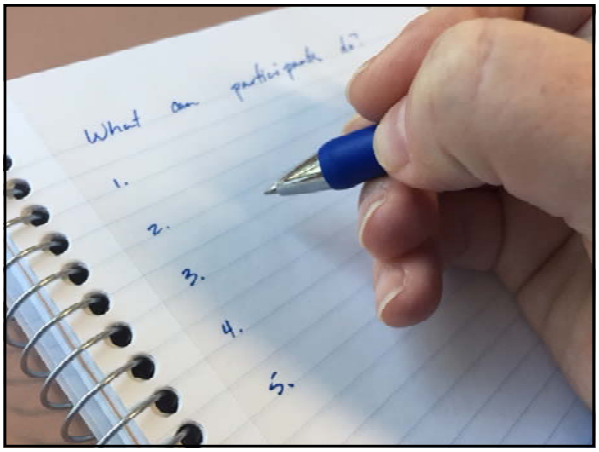
Irma! High five!

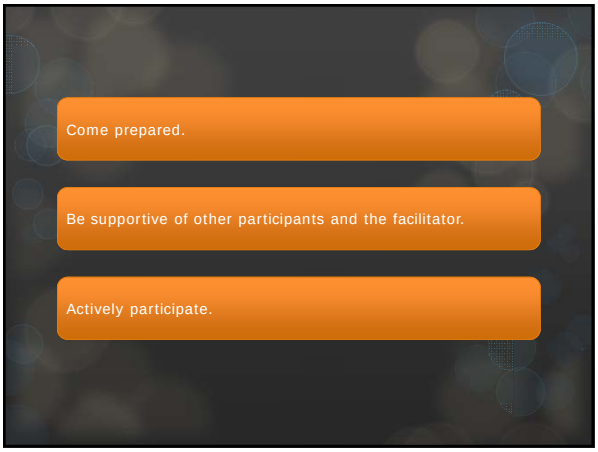
That meeting was incredible!

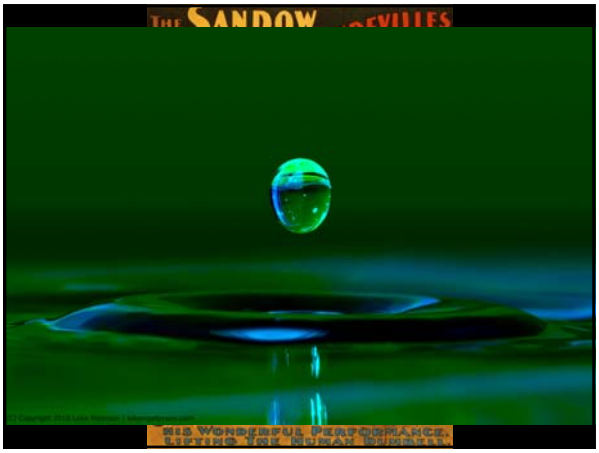
How did you do it?

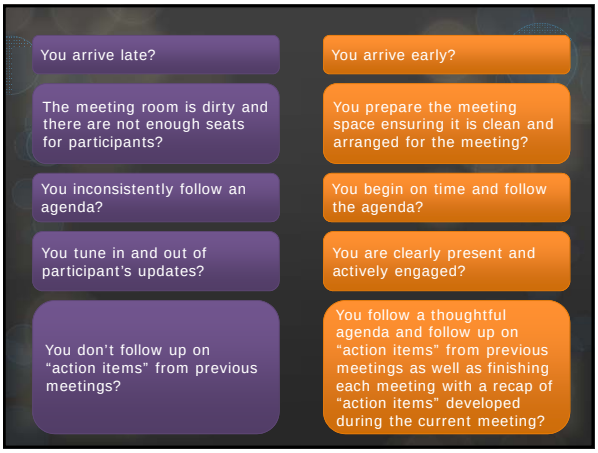

HOW MUCH TIME DO MEETINGS WASTE?
Most employees attend an
AVERAGE OF 62 MEETINGS PER MONTH.
There are more than 3 billion meetings per year.
EXECUTIVES ON AVERAGE
SPEND 40–50%
of their working hours in meetings.
There are more than
11 MILLION FORMAL MEETINGS
PER DAY
in the United States.
Executives average 23 hours per week in meetings
WHERE 7.8 OF THOSE HOURS
are unnecessary and poorly run,
WHICH IS EQUAL TO
over 2 months per year wasted.
7.8 HOURS
33.91%
of all meetings are wasted.


Engaging and Active Meetings
1. What participants can do.
2. What facilitators can do.


What can participants do?
1.
2.
3.
4.
5.


Come prepared.
Be supportive of other participants and the facilitator.
Actively participate.


THE SANDOW


You arrive late?
You arrive early?
The meeting room is dirty and there are not enough seats for participants?
You prepare the meeting space ensuring it is clean and arranged for the meeting?
You inconsistently follow an agenda?
You begin on time and follow the agenda?
You tune in and out of participant's updates?
You are clearly present and actively engaged?
You don't follow up on "action items" from previous meetings?
You follow a thoughtful agenda and follow up on "action items" from previous meetings as well as finishing each meeting with a recap of "action items" developed during the current meeting?

What is the purpose?

Who are the participants?

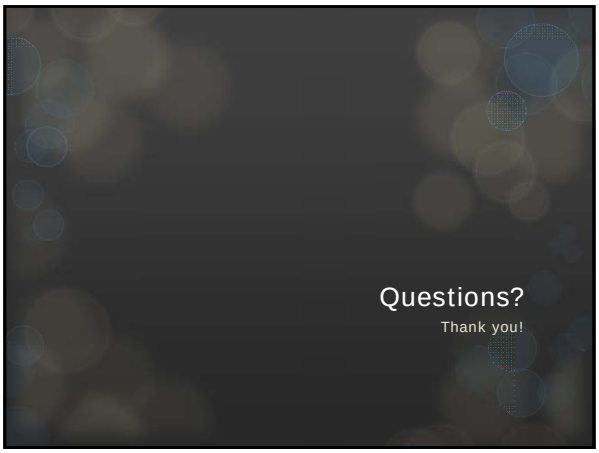
How do I produce the ideal environment to achieve the purpose of this meeting?

And here's how we're going to do it...

Come prepared.

Are supportive of other participants and the facilitator.

Actively participate.


Questions?
Thank you!

Oregon Health Authority | TRANSFORMATION CENTER

ADVANCING HEALTH EQUITY

June 3, 2015

HOW DO YOU IDENTIFY YOURSELF?

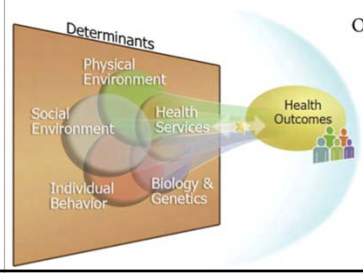
HOW DO YOU DEFINE HEALTH?

World Health Organization

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

HOW DO YOU DEFINE HEALTH EQUITY?

A documentary series & public impact campaign
www.unnaturalcauses.org

Produced by California Newsreel with Vital Pictures
Presented on PBS by the National Minority Consortia of Public Television Impact Campaign
in association with the Joint Center Health Policy Institute

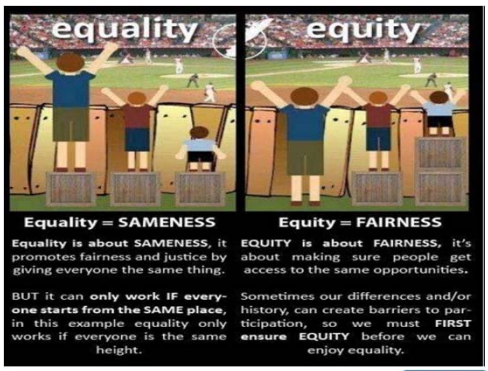
U.S. Department of Health & Human Services

NATIONAL PARTNERSHIP FOR ACTION
to End Health Disparities

Health equity is attainment of the *highest level of health for all people*. Achieving health equity requires valuing everyone equally with focused and ongoing *societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities*.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

Health Equity: When *all* people have the *opportunity* to attain their *full health potential* and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.



WHY IS CCO MEMBER DEMOGRAPHIC DATA IMPORTANT FOR HEALTH EQUITY?

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement

Addressing…disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity, and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources.

- American Indians and Alaska Natives are twice as likely to smoke as adults overall (Kaiser Family Foundation, 2012).
- The age-adjusted African American prevalence of diabetes is three times higher than for Whites (Oregon Behavioral Risk Factor Surveillance System Oversample, 2010–2011).
- Latinos experience obesity at a higher rate than the general population (30.9% vs. 24.1% respectively) (State of Oregon, Public Health Division, 2012).
- Low-income Asian and Pacific Islanders are least likely of all racial and ethnic groups to initiate prenatal care in the first three months of pregnancy (State of Oregon, Office of Multicultural Health and Services, 2011).
- Pacific Islanders experience the lowest 2-year-old immunization rates among Oregon's race and ethnicity groups (State of Oregon, Office of Equity and Inclusion, 2013).
- Thirty-five percent of minority women have no regular care provider compared to 18% of White women (State of Oregon, Oregon's Action Plan for Health, 2010).
- Lesbians, gays and bisexuals (LGB) are less likely to have medical insurance than heterosexual adults (State of Oregon, Public Health Division, 2012).

RACE AND ETHNICITY

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

The concepts of race and ethnicity are defined socially and culturally, and in the case of federal data collection, by legislative and political necessity…

Scientific findings provide empirical evidence that there is more genetic variation within than among racial groups; thus racial categories do not represent major biological distinctions and instead capture *socially constructed* intersections of political, historical, legal, and cultural factors.

Office of Management and Budget

The racial and ethnic categories set forth in the standards should not be interpreted as being primarily biological or genetic in reference. Race and ethnicity may be thought of in terms of social and cultural characteristics as well as ancestry…

.

This classification provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all Federal reporting purposes. The categories in this classification are *social-political constructs* and should not be interpreted as being scientific or anthropological in nature.

Oregon Health Authority | Office of Equity & Inclusion

Division 70 Section 943-070-0010

"Race" means a demographic designation for a group of people who share a common heredity. Race includes shared ancestry, national origin and sociocultural characteristics. Race is not a biological, anthropological or genetic distinction.

"Ethnicity" means a demographic designation for a group of people sharing a culture that includes race, religion, language, and other cultural characteristics including ancestry or country of origin.

Office of Management and Budget

About | OMBlog | The Budget | Management | Regulation & Information Policy | Legislative Information

Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity

Federal Register Notice
October 30, 1997

- Collect self-reported data
- Ethnicity defined as Hispanic or Latino, or not Hispanic or Latino; to be asked first
- Race defined as White; Black or African American; American Indian or Alaska Native; Asian; and Native Hawaiian and Other Pacific Islander (separated out from Asian)
- May choose more than one race or some other race
- Encourages use of, but does not require, more granular categories

- Applies to all federal demographic data collection and federally-funded demographic data collection (not just for health and health care)
- OMB has not proactively enforced the standards

Office of Management and Budget

About | OMBlog | The Budget | Management | Regulation & Information Policy | Legislative Information

Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity

Federal Register Notice
October 30, 1997

– **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

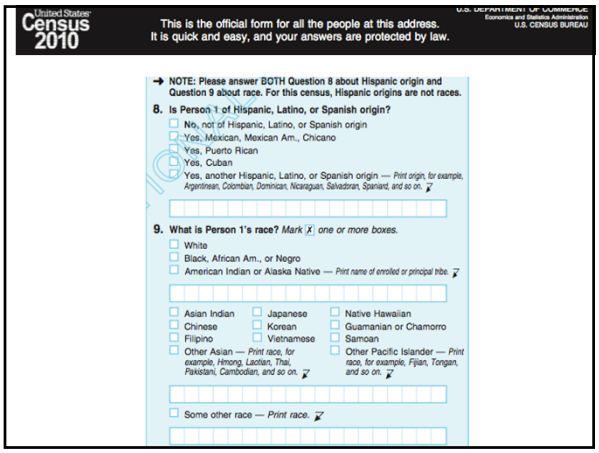
– **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

– **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

– **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

– **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

– **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



United States Census 2010

This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law.

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

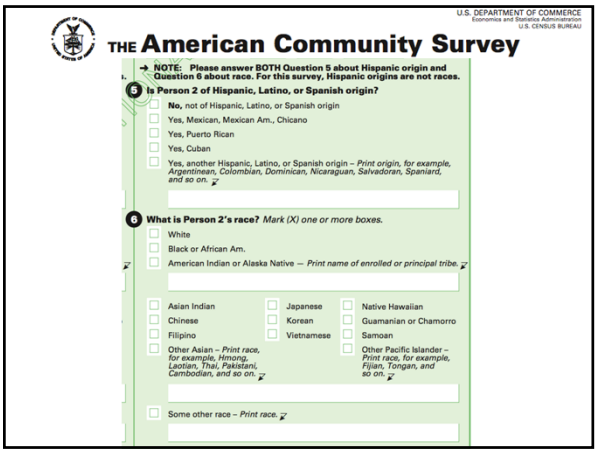
→ NOTE: Please answer BOTH Question 8 about Hispanic origin and Question 9 about race. For this census, Hispanic origins are not races.

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

9. What is Person 1's race? *Mark (X) one or more boxes.*

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — *Print name of enrolled or principal tribe.*
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
- Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.*
- Some other race — *Print race.*



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

THE American Community Survey

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5. Is Person 2 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

6. What is Person 2's race? *Mark (X) one or more boxes.*

- White
- Black or African Am.
- American Indian or Alaska Native — *Print name of enrolled or principal tribe.*
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
- Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*
- Some other race – *Print race.*

23% of Oregon's Population Are People of Color

HISPANIC OR LATINO AND RACE			
Total population	3,930,065	*****	3,930,065
Hispanic or Latino (of any race)	483,761	*****	12.3%
Mexican	418,850	+/-6,413	10.7%
Puerto Rican	12,103	+/-2,543	0.3%
Cuban	4,204	+/-1,542	0.1%
Other Hispanic or Latino	48,604	+/-5,635	1.2%
Race alone or in combination with one or more other races			
Total population	3,930,065	*****	3,930,065
White	3,521,410	+/-11,316	89.6%
Black or African American	106,605	+/-3,680	2.7%
American Indian and Alaska Native	115,952	+/-4,909	3.0%
Asian	210,876	+/-2,595	5.4%
Native Hawaiian and Other Pacific Islander	28,965	+/-3,189	0.7%
Some other race	130,900	+/-10,008	3.3%

Source: 2013 American Community Survey 1-Year Estimates DP05

	Oregon	
	Estimate	Margin of Error
Total:	3,930,065	*****
Not Hispanic or Latino	3,446,304	*****
Hispanic or Latino:	483,761	*****
Mexican	418,850	+/-6,413
Puerto Rican	12,103	+/-2,543
Cuban	4,204	+/-1,542
Dominican (Dominican Republic)	803	+/-574
Central American:	17,897	+/-3,932
Costa Rican	998	+/-518
Guatemalan	9,179	+/-3,616
Honduran	1,203	+/-830
Nicaraguan	1,254	+/-727
Panamanian	864	+/-1,007
Salvadoran	4,399	+/-1,414
Other Central American	0	+/-200
South American:	9,890	+/-2,279
Argentinean	2,390	+/-1,414
Bolivian	113	+/-149
Chilean	1,164	+/-642
Colombian	2,277	+/-1,125
Ecuadorian	571	+/-455
Paraguayan	174	+/-146
Peruvian	1,847	+/-856
Uruguayan	66	+/-131
Venezuelan	1,238	+/-645
Other South American	50	+/-95
Other Hispanic or Latino:	20,014	+/-3,124
Spaniard	8,349	+/-2,254
Spanish	6,445	+/-2,011
Spanish American	172	+/-190
All other Hispanic or Latino	5,048	+/-1,335

Source: 2013 American Community Survey 1-Year Estimates B03001

	Oregon	
	Estimate	Margin of Error
Total Groups Tallied:	121,782	+/-5,300
American Indian tribes, specified:	91,269	+/-5,254
Apache	2,151	+/-1,130
Arapaho	5	+/-9
Blackfeet	5,267	+/-1,506
Canadian and French American Indian	1,422	+/-840
Central American Indian	108	+/-132
Cherokee	21,246	+/-2,708
Cheyenne	252	+/-239
Chickasaw	755	+/-453
Chippewa	3,228	+/-952
Choctaw	4,967	+/-1,781
Colville	498	+/-429
Comanche	270	+/-234
Cree	436	+/-299
Creek	359	+/-265
Crow	0	+/-200
Delaware	451	+/-313
Hopi	351	+/-382
Houma	0	+/-200
Iroquois	1,210	+/-679
Kiowa	143	+/-182
Lumbee	0	+/-200
Menominee	133	+/-222
Mexican American Indian	4,267	+/-2,118
Navajo	1,575	+/-1,083
Osage	167	+/-195
Ottawa	98	+/-103
Paiute	935	+/-638
Pima	0	+/-200
Potawatomi	1,192	+/-802
Pueblo	436	+/-316
Puget Sound Salish	1,712	+/-1,040
Seminole	639	+/-489
Shoshone	601	+/-452
Sioux	4,911	+/-1,632
South American Indian	141	+/-236
Spanish American Indian	9	+/-200
Tohono O'Odham	281	+/-331
Ute	327	+/-340
Yakama	580	+/-279
Yaqui	970	+/-798
Yuman	0	+/-200
All other American Indian tribes (with only one tribe reported)	29,385	+/-3,825
American Indian tribes, not specified	4,732	+/-1,730
Alaska Native tribes, specified:	4,585	+/-1,537
Alaskan Athabascan	1,007	+/-777
Aleut	362	+/-272
Inupiat	561	+/-397
Tlingit-Haida	2,205	+/-1,123
Tsimshian	184	+/-336
Yup'ik	266	+/-398
Alaska Native tribes, not specified	648	+/-476
American Indian or Alaska Native tribes, not specified	20,548	+/-2,880

Source: 2013 American Community Survey 1-Year Estimates B02017

	Oregon	
	Estimate	Margin of Error
Total Groups Tallied:	222,673	+/-4,032
Asian Indian	20,958	+/-3,906
Bangladeshi	222	+/-354
Bhutanese	0	+/-200
Burmese	1,741	+/-1,925
Cambodian	6,490	+/-3,268
Chinese, except Taiwanese	45,109	+/-4,511
Filipino	34,187	+/-4,498
Hmong	1,878	+/-925
Indonesian	2,389	+/-1,448
Japanese	36,171	+/-4,311
Korean	22,089	+/-4,241
Laotian	5,667	+/-2,440
Malaysian	400	+/-462
Mongolian	638	+/-732
Nepalese	1,343	+/-1,446
Okinawan	244	+/-339
Pakistani	411	+/-425
Sri Lankan	603	+/-597
Taiwanese	1,178	+/-842
Thai	3,911	+/-1,240
Vietnamese	33,037	+/-4,160
Other Asian, specified	37	+/-64
Other Asian, not specified	3,970	+/-1,450

	Oregon	
	Estimate	Margin of Error
Total Groups Tallied:	29,561	+/-3,287
Polynesian:		
Native Hawaiian	10,973	+/-2,083
Samoan	3,333	+/-1,661
Tongan	797	+/-958
Other Polynesian	1,147	+/-904
Micronesian:		
Guamanian or Chamorro	2,202	+/-1,012
Marshallese	1,554	+/-918
Other Micronesian	2,971	+/-1,442
Melanesian:		
Fijian	1,432	+/-817
Other Melanesian	0	+/-200
Other Pacific Islander, not specified	5,152	+/-1,953

Source: 2013 American Community Survey 1-Year Estimates B02018, B02019

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement

Race and Ethnicity

OMB Hispanic Ethnicity	OMB Race (Select one or more)	Granular Ethnicity
• Hispanic or Latino • Not Hispanic or Latino	• Black or African American • White • Asian • American Indian or Alaska Native • Native Hawaiian or Other Pacific Islander • Some other race	• Locally relevant choices from a national standard list of approximately 540 categories with CDC/HL7 codes • "Other, please specify:____" response option • Rollup to the OMB categories

CDC Race and Ethnicity Code Set - Version 1.0

2028-9	R2	Asian
2029-7	R2.01	Asian Indian
2030-5	R2.02	Bangladeshi
2031-3	R2.03	Bhutanese
2032-1	R2.04	Burmese
2033-9	R2.05	Cambodian
2034-7	R2.06	Chinese
2035-4	R2.07	Taiwanese
2036-2	R2.08	Filipino
2037-0	R2.09	Hmong
2038-8	R2.10	Indonesian
2039-6	R2.11	Japanese
2040-4	R2.12	Korean
2041-2	R2.13	Laotian
2042-0	R2.14	Malaysian
2043-8	R2.15	Okinawan
2044-6	R2.16	Pakistani
2045-3	R2.17	Sri Lankan
2046-1	R2.18	Thai
2047-9	R2.19	Vietnamese

Federal Register / Vol. 80, No. 60 / Monday, March 30, 2015 / Proposed Rules

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Part 170

RIN 0991–AB93

2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

AGENCY: Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (HHS).

ACTION: Notice of proposed rulemaking with comment period.

2015 Edition Health IT Certification Criterion
§ 170.315(a)(5) (Demographics)

We propose to adopt a 2015 Edition "demographics" certification criterion that is revised as described below in comparison to the 2014 Edition certification criterion (§ 170.314(a)(3)).

Use CDC list of 900 race and ethnicity categories

77th OREGON LEGISLATIVE ASSEMBLY–2013 Regular Session

Enrolled

House Bill 2134

SECTION 1. (1) The Oregon Health Authority, in collaboration with the Department of Human Services, shall adopt by rule uniform standards, based on local, statewide and national best practices, for the collection of data on race, ethnicity, preferred spoken and written languages and disability status. The authority and the department shall use the standards, to the greatest extent practicable, in surveys conducted and in all programs in which the authority or the department collects, records or reports such data. The authority and the department shall review and update the standards at least once every two years to ensure that the standards are efficient, uniform and consistent with best practices.

Oregon Health Authority | Office of Equity & Inclusion

Division 70 Section 943-070-0030

- **Collect self-reported data**
- **Ask open-ended questions, with unprompted responses**
- **Identify data as "racial or ethnic identity"**
- **Can choose more than one category**
- **If more than one category chosen, ask for primary racial or ethnic affiliation**

Oregon Health Authority | Office of Equity & Inclusion

Division 70 Section 943-070-0030

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American or South American
- Hispanic or Latino Mexican
- Hispanic or Latino Central American
- Hispanic or Latino South American
- Another Hispanic or Latino
- Chinese
- Vietnamese
- Korean
- Hmong
- Laotian
- Filipino/a
- Japanese
- South Asian
- Asian Indian
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- African American
- African
- Caribbean
- Other Black
- Western European
- Eastern European
- Slavic
- Middle Eastern
- North African
- Other White
- Other

APPLICATION FOR HEALTH INSURANCE

and financial help to lower costs

USE THROUGH SEPTEMBER 2015

26. If Hispanic/Latino ethnicity — check all that apply
☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other ☐ Decline to answer

27. Race — check all that apply
☐ American Indian or Alaska Native ☐ Asian Indian ☐ Black or African American ☐ Chinese
☐ Filipino ☐ Guamanian or Chamorro ☐ Japanese ☐ Korean ☐ Native Hawaiian ☐ Other Asian
☐ Other Pacific Islander ☐ Samoan ☐ Vietnamese ☐ White ☐ Decline to answer

LANGUAGE

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

THE American Community Survey

13 **What is this person's ancestry or ethnic origin?**

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 **a. Does this person speak a language other than English at home?**

☐ Yes
☐ No → *SKIP to question 15a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all

	Oregon					
	Total		Percent of specified language speakers			
			Speak English "very well"		Speak English less than "very well"	
Subject	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population 5 years and over	3,701,662	+/-2,380	94.1%	+/-0.2	5.9%	+/-0.2
Speak only English	85.1%	+/-0.3	(X)	(X)	(X)	(X)
Speak a language other than English	14.9%	+/-0.3	60.1%	+/-1.3	39.9%	+/-1.3
Spanish or Spanish Creole	8.8%	+/-0.2	58.4%	+/-1.9	41.6%	+/-1.9
Other Indo-European languages	2.6%	+/-0.2	71.3%	+/-2.8	28.7%	+/-2.8
Asian and Pacific Island languages	2.8%	+/-0.1	54.1%	+/-2.7	45.9%	+/-2.7
Other languages	0.7%	+/-0.1	66.5%	+/-11.3	33.5%	+/-11.3

Source: American Community Survey, 2013 One-Year Estimate (S1601)

15% of Oregon's >3.7 million residents 5 years and over, or >551,000 residents, speak a language other than English

40% of them, or >220,000, are likely to need language assistance services

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement

Language Need	Spoken English Language Proficiency	Spoken Language Preferred for Health Care
	• Very well • Well • Not well • Not at all (Limited English proficiency is defined as "less than very well")	• Locally relevant choices from a national standard list of approximately 600 categories with coding to be determined • "Other, please specify:___" response option • Inclusion of sign language in spoken language need list and Braille when written language is elicited

International Organization for Standardization

Language codes - ISO 639

ISO 639 is composed of six different parts

- Part 1 (ISO 639-1:2002) provides a 2 letter code that has been designed to represent most of the major languages of the world.
- Part 2 (ISO 639-2:1998) provides a 3 letter code, which gives more possible combinations, so ISO 639-2:1998 can cover more languages.
- Part 3 (ISO 639-3:2007) provides a 3 letter code and aims to give as complete a listing of languages as possible, including living, extinct and ancient languages.
- Part 4 (ISO 639-4:2010) gives the general principles of language coding and lays down guidelines for the use of ISO 639.
- Part 5 (ISO 639-5:2008) provides a 3 letter code for language families and groups (living and extinct).
- Part 6 (ISO 639-6:2009) provides a 4 letter code, useful when there is a potential need to cover the entire range of languages, language families and groups and language variants in a system.

Federal Register / Vol. 80, No. 60 / Monday, March 30, 2015 / Proposed Rules

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Part 170

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AGENCY: Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (HHS).

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2015 Edition Health IT Certification Criterion
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We propose to adopt a 2015 Edition "demographics" certification criterion that is revised as described below in comparison to the 2014 Edition certification criterion (§ 170.314(a)(3)).

Use Internet Engineering Task Force list (RFC 5646) of language categories that includes all the International Organization for Standardization (ISO) codes for spoken and written languages, and dialects

---

Internet Engineering Task Force

I E T F

Network Working Group — A. Phillips, Ed.
Request for Comments: 5646 — Lab126
BCP: 47 — M. Davis, Ed.
Obsoletes: 4646 — Google
Category: Best Current Practice — September 2009

Tags for Identifying Languages

Abstract

This document describes the structure, content, construction, and semantics of language tags for use in cases where it is desirable to indicate the language used in an information object. It also describes how to register values for use in language tags and the creation of user-defined extensions for private interchange.

Status of This Memo

This document specifies an Internet Best Current Practices for the Internet Community, and requests discussion and suggestions for improvements. Distribution of this memo is unlimited.

Oregon Health Authority | Office of Equity & Inclusion

Division 70 Section 943-070-0040

- **In what language do you want us to speak with you?**
- **In what language do you want us to write to you?**
- **Do you need an interpreter?**
- **Do you need a sign language interpreter?**
- **Do you need written materials in an alternate format? [If yes, which?]**
- **How well do you speak English? [Very well, well, not well, or not at all]**

APPLICATION FOR HEALTH INSURANCE

and financial help to lower costs

Oregon Health Plan | Healthy Kids

USE THROUGH SEPTEMBER 2015

21. In what language do you want us to speak with you?
22. In what language do you want us to write to you?
23. Do you need written materials in an alternate format? ☐ Yes ☐ No
If yes, which? ☐ Braille ☐ Oral presentation ☐ Computer disk ☐ Audio tape ☐ Large print

---

WHAT OTHER DEMOGRAPHIC DATA SHOULD WE COLLECT?

SEX

DISABILITY

SEXUAL ORIENTATION

GENDER IDENTITY

AGE

EDUCATION

INCOME

IMMIGRATION STATUS/ACCULTURATION

GEOGRAPHY/ RURAL

LITERACY

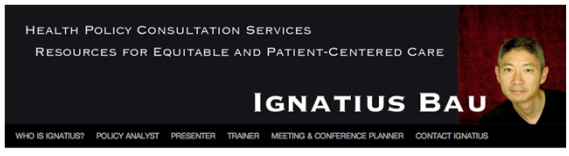
RELIGION/SPIRITUALITY

AND…

WHAT MEMBER DEMOGRAPHIC DATA DOES YOUR CCO CURRENTLY COLLECT?

HOW CAN YOUR CCO IMPROVE ITS COLLECTION AND USE OF MEMBER DEMOGRAPHIC DATA?

WHAT IS AN ACTION STEP MY CCO CAN TAKE TO ADVANCE HEALTH EQUITY?



http://ignatiusbau.com

Dancing verses Wrestling: Strategies for Effective Communication

Dana Sturtevant, MS, RD

Influential Person Exercise

- Bring to mind someone in your life who isn't particularly helpful
  - What are their qualities?
  - What do/did they do?
- Bring to mind someone who is especially helpful
- What are their qualities? What do/did they do?
- Debrief at your table. Introduce yourself

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Influential Person - Debrief

- Assign one person at your table to take notes.
  - Draw a line down the middle of a piece of paper.
  - On one side, write "not helpful" and on the other side, write "helpful."
- Go around the table and take turns introducing yourself. Each person shares:
  - one quality of the "not so helpful" person
  - one quality of the "helpful" person

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The Paradox of Change

When a person feels accepted for who they are and what they do

– no matter how unhealthy –

it allows them the freedom to consider change rather than needing to defend against it.

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Scent of a Woman Clip

How does he get her to dance with him?

What skills/strategies do you see him use?

How does he approach things once they are on the dance floor?

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Motivational Interviewing

- Evidence-based
- Particularly effective
  - Not ready to change
  - Minority populations
  - Added to another active treatment
- Deceptively simple

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The MI Shift

- From… giving information, advice and behavior change prescriptions
- To… exploring concerns, ambivalence, reasons for change and strategies for change.

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The MI Shift

- From… feeling responsible for changing client's behavior
- To… supporting them in discovering, exploring, and talking about their own reasons and means for behavior change

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Listen with…

- presence – undivided attention
- all your senses – use eyes, ears, etc
- acceptance and non-judgment
- curiosity
- delight
- no interruptions
- **silence**

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Line Dance Activity

Practice Different Levels of Listening:

- Silence
- Minimal encouragers
- Reflection
- Summary

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Reflective Listening

A reflection is a brief response that:

- lets the speaker/client know you have been listening
- helps you check your understanding of what is being said

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Reflective Listening

- Statement, not a question
- Ends with a down turn
- Hypothesis testing
  - *If I understand you correctly, it sounds like…*
- Affirms/validates
- Keeps client thinking and talking

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Ways to open a reflection

You are…	So you…	You don't think…
You feel…	It sounds like…	You're wondering if…
You think…	It's as though…	You're frustrated…
You want to…	Kind of like…	So you are saying that…

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Common human reactions to being listened to:

- Understood
- Want to talk more
- Liking the clinician
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

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The way we listen affects the quality of:

- Our assessments
- Decision making
- Education
- Advice
- Behavior change counseling

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Top Three Takeaways

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Thank You!

Dana Sturtevant, MS, RD
www.motivatingchange.org
www.benourished.org
dana@benourished.org
503-288-4104

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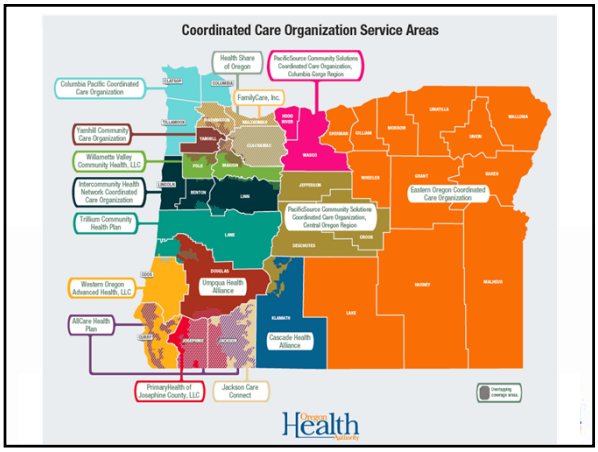
Introduction to Health System Transformation

Chris DeMars, Director of Systems Innovation
Transformation Center
June 4, 2015

Introductions & Map Exercise

- Place a post-it with your name, organization and affiliated CAC within your geographic service area on the map.
- Introduce yourself by sharing the information on your post-it and identify any question(s) you are hoping to get answered by today's session.



What we'll cover

- Medicaid and the Affordable Care Act
- Coordinated care: why it began and what it is
- Measuring success: coordinated care organization metrics
- Transformation Center

4

MEDICAID

5

What is Medicaid?

- Health care coverage for people with low incomes, families and children, pregnant women, the elderly and people with disabilities
- Oregon's Medicaid program is called the Oregon Health Plan
- 1,064,000 Oregonians covered (25% of Oregonians)
  - Affordable Care Act/Medicaid Expansion
  - 454,00 received coverage since Jan. 1, 2014
- Run jointly by federal and state governments
- Details vary by state

6

Oregon Health Plan – who qualifies?

- **Adults**
  - Who earn up to 138% of Federal Poverty Level
    - Single person = about $16,100 per year
    - Family of four = about $32,900 per year
- **Children**
  - Ages 0-18 whose family earns up to 300% of the Federal Poverty Level

7

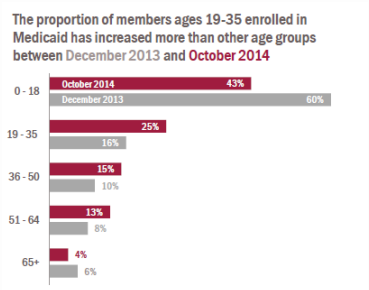
Oregon Health Plan: Changing Demographics

As of October 2014:

- The proportion of members ages 19-35 enrolled in Medicaid increased more than any other age group.
- Despite the influx of new members, the racial/ ethnic make up of Medicaid enrollees has remained consistent.
- The proportion of men enrolled in Medicaid increased.

8

Oregon Health Plan: Changing Demographics



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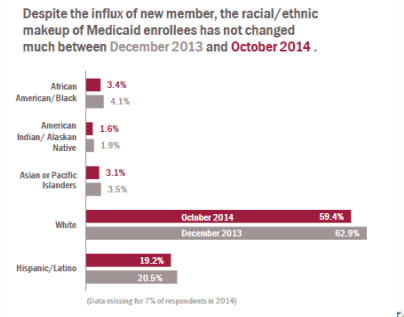
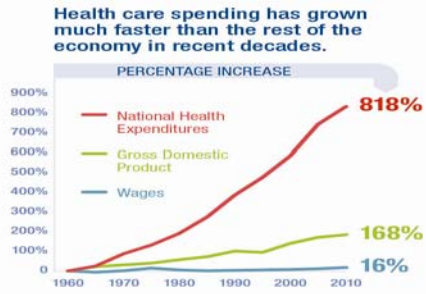
Oregon Health Plan: Changing Demographics



10

COORDINATED CARE

11



Sources: McKinney, "Accounting for the Cost of U.S. Health Care" (2011), Center for American Progress

12

Traditional budget balancing

- Cut people from care
- Cut provider rates
- Cut services

13

The Fourth Path

- Change how care is delivered to:
  - Reduce waste
  - Improve health
  - Create local accountability
  - Align financial incentives
  - Pay for performance and outcomes
  - Create fiscal sustainability

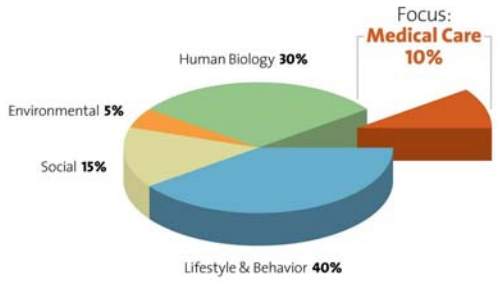
14

Triple Aim: A new vision for Oregon

1. Better health.
2. Better care.
3. Lower costs.

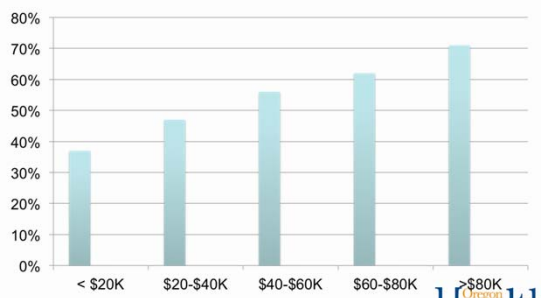
www.health.oregon.gov

Wrong focus = wrong results



16

"Very Good" or "Excellent" Health, by Income Level



17 5/19/2015

NHIS, 2001-2005

Medicaid Behavioral Risk Factor Surveillance System Survey (MBRFSS)

- Modeled off the general population Behavioral Risk Factor Surveillance System Survey (BRFSS), the Medicaid BRFSS (MBRFSS) includes information from adult Medicaid members about:
  - Behaviors that put health at risk and protect health
  - Preventive services and screening
  - Social determinants of health
- The MBRFSS provides health plans, providers and community partners with an assessment of the health needs of the Medicaid population.
- Funded by the Oregon State Innovation Models grant and fielded in 2014.
- Survey report to be released in Fall 2015.

18

Oregon's Coordinated Care Model

19

No child should have to go to the Emergency Room because of an asthma attack

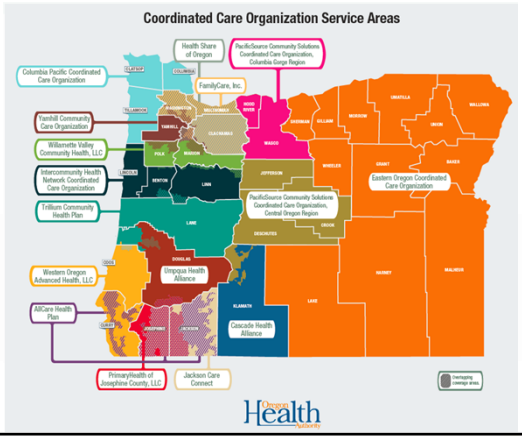
20

Coordinated care organizations

- The coordinated care model was first implemented in Oregon's Medicaid/OHP program.
- There are 16 coordinated care organizations in every part of Oregon, serving the majority of OHP members; two CCOs are also available to state employees through the Public Employees Benefit Board
- Locally governed by a partnership between health care providers, community partners, consumers, and those taking financial risk.
- Consumer advisory council requirement
- Behavioral health, physical, dental care held to one budget.
- Responsible for health outcomes, receive incentives for quality.

21

Coordinated Care Organization Service Areas



Before and After CCOs

Before CCOs	With CCOs
Fragmented care	Coordinated, patient-centered care
Disconnected funding streams with unsustainable rates of growth	One global budget with a fixed rate of growth
No incentives for improving health (payment for volume, not value)	Metrics with incentives to improve quality and access
Health care services paid for	Flexible services beyond traditional medical care may be provided to improve health
Health care delivery disconnected from population health	Community health assessments and improvement plans
Limited community voice and local area partnerships	Local accountability and governance, including a community advisory council

23

CCO's Early Work…

- Reducing unnecessary Emergency Department visits.
- Working to better integrate mental and physical health care.
- Developing a complex care model for patients with chronic and complex conditions.
- Hiring community health workers to help people manage the most acute and chronic conditions.
- Developing processes that enable families to address all of their child's health needs at a single clinic.

24

Better Health and Value Through

- Innovation
- Focus on chronic disease management
- Focus on comprehensive primary care and prevention
- Coordination: physical, behavioral and dental health
- Alternative payment for quality and outcomes
- More home and community based care, community health workers/non-traditional health workers
- Electronic health records – information sharing
- Tele-health
- New care teams
- Use of best practices and centers of excellence

25

Next steps for health system transformation

- The coordinated care model has been implemented in the state's public employees benefits program, PEBB
- Aligning care models in Oregon Health Plan, PEBB, OEBB and private market
- Leverage work to reduce costs, increase transparency in commercial market

26

MEASURING SUCCESS

27

CCO performance
OHA accountability and CCO incentives

State Performance Measures

- Annual assessment of statewide performance on 33 measures
- Financial penalties to the state if quality goals are not achieved

CCO Incentive Measures

- Annual assessment of CCO performance on 17 measures
- Quality pool paid to CCOs for performance
- Compare current performance against prior baseline year

28

CCO Performance in 2013

All CCOs improved on…

Ambulatory care: emergency department utilization
✓All CCOs met their improvement targets.

Developmental screening
✓All CCOs met their improvement targets and four met benchmark.

Early elective delivery
✓All CCOs were below the benchmark (lower is better).

Electronic Health Record (EHR) adoption
✓All CCOs met their improvement target or surpassed benchmark.

Mixed Results on

- **Adolescent well – care visits** (7 CCOs met targets)
- **Colorectal cancer screening** (6 CCOs met targets)
- **Follow up after hospitalization for mental illness** (10 CCOs)
- **Follow up care for children prescribed ADHD meds** (13 CCOs)
- **Assessments for children in DHS custody** (12 CCOs)

Prenatal and postpartum care (11 CCOs made improvements)

Satisfaction with care (12 CCOs made improvements)

29

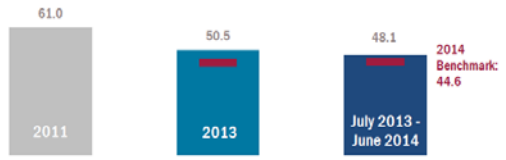
Coordinated care model continues to show improvements for Medicaid members

- Decreased emergency department visits.
- Decreased hospital admissions for short-term complications from diabetes.
- Decreased hospital admissions for chronic obstructive pulmonary disease.
- Increased enrollment in Patient-Centered Primary Care Homes.

30

Statewide, emergency department utilization has continued to decline.

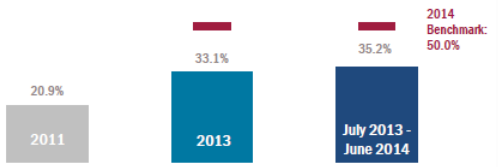
(Lower scores are better)
Data source: Administrative (billing) claims
2014 benchmark source: 2013 National Medicaid 90th percentile



31

Statewide, developmental screening continues to increase.

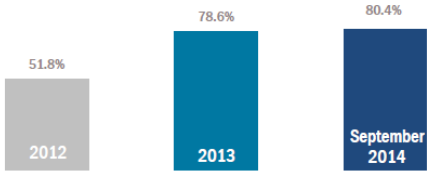
Data source: Administrative (billing) claims
2014 benchmark source: Metrics and Scoring Committee consensus



32

Statewide, patient-centered primary care home enrollment continues to increase.

Data source: CCO quarterly report
2014 benchmark source: n/a



33

TRANSFORMATION CENTER

34

Why a Transformation Center?

- The Transformation Center help good ideas travel faster
- OHA's hub for health system innovation and improvement
- Goals:
  - **Champion and promote transformation** in partnership with CCOs, providers, and communities
  - **Build an effective learning network** for CCOs and CAC members
  - **Foster the spread of the coordinated care model** beyond Medicaid to other payers

35

Transformation Center: areas of support

Transformation Center programs support:

- Leadership development
- Community engagement
- Clinical delivery system redesign
- Integration of care
- Health equity promotion
- Financial alignment
- Accountability and transparency

Transformation Center's Work

- Learning Collaboratives
- Council of Clinical Innovators
- Technical Assistance Bank
- Coordinated Care Model Summit

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COMMUNITY ADVISORY COUNCILS

Community Advisory Councils (CACs)

Oregon Statute: CCOs must have a CAC to ensure that the health care needs of the consumers and the community are being addressed.

CACs must:

- Include representatives of the community and of the government of each county served by the CCO. Consumer representatives must constitute a majority of the membership.

Community Advisory Councils (cont.)

- Identify and advocate for preventive care practices to be utilized by the CCO
- Oversee a community health assessment and adopt a community health improvement plan to serve as strategic guidance for the CCO to address health disparities and meet health needs for the communities in their service area(s)
  - Annually publish a report on the progress of the community health improvement plan

36 CACs across Oregon's CCOs

- AllCare Health Plan: 3
- Cascade Health Alliance: 1
- Columbia Pacific CCO: 5
- Eastern Oregon CCO: 13
- FamilyCare, Inc: 1
- Health Share of Oregon: 1
- Intercommunity Health Network: 3
- Jackson Care Connect: 1
- PacificSource Central Oregon: 1
- PacificSource Columbia Gorge: 1
- PrimaryHealth of Josephine County: 1
- Trillium Community Health Plan: 2
- Umpqua Health Alliance: 1
- Western Oregon Advanced Health: 2
- Willamette Valley Community Health: 1
- Yamhill Community Care Organization: 1

Summary of CAC topics of interest/need

- Health disparities and promoting health equity
- Policy areas (behavioral health, prevention, social determinants of health, trauma, understanding data, health care financing)
- Working effectively with the CCO
- Clarity on CAC's role in Community Health Assessments and Community Health Improvement Plans

Summary of CAC topics of interest/need

- Recruiting, selecting and retaining CAC members
- Sharing and hearing about other CAC projects
- Understanding how CCOs operate
- Understanding CCO requirements (Transformation Plan elements, metrics, incentive payments, performance improvement projects)
- Establishing clear objectives, and guidance in creating measurable outcomes

Transformation Center supports for CACs

- **CAC Learning Collaborative:** allows CAC members to share their work and learn about topics from outside experts
  - **CAC Leadership Networks:** for CAC Coordinators and Chairs/Co-Chairs
  - **CAC Summit:** May 2014 and June 2015 gatherings of CAC members from all 16 CCOs
- **Technical Assistance:** CHIP development, CAC strategic planning, etc.

Community Health Improvement Plans: summary of priorities

- Public health/social determinants/health equity: 60% of CHIP priorities
  - Public health: maternal and child health/early childhood; chronic disease; tobacco use; obesity prevention
  - Social determinants: housing, transportation, jobs
  - Health equity: addressing disparities; cultural competency; health literacy
- Clinical: 40% of CHIP priorities
  - Mental health/substance abuse; oral health; access

Community Health Improvement Plans: priority areas

- Mental health integration (13 CHIPs)
- Maternal health, early childhood & youth (11 CHIPs)
- Access to care (8 CHIPs)
- Health equity and socioeconomic disparities (7 CHIPs)
- Oral health (7 CHIPs)
- Healthy housing and the built environment (7 CHIPs)
- Public health, chronic disease and chronic illness prevention (6 CHIPs)

CAC Funding Opportunities

Oregon Community Foundation

- Community Grant Program
- Deadline: July 15, 2015

Northwest Health Foundation

- Kaiser Permanente Community Fund
- Next funding cycle will start in March 2016
- Sponsorship Grants
- Applications are currently being accepted for events taking place during the next three to 12 months

Cambia Foundation

- Transforming Health Care Program
- Deadlines: August 14, 2015

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INNOVATIVE CAC PROJECTS

Pair Share/Small Group Activity

- At your table, discuss the innovative projects your CAC is working on.
- Be sure to highlight the successes and challenges associated with those projects.

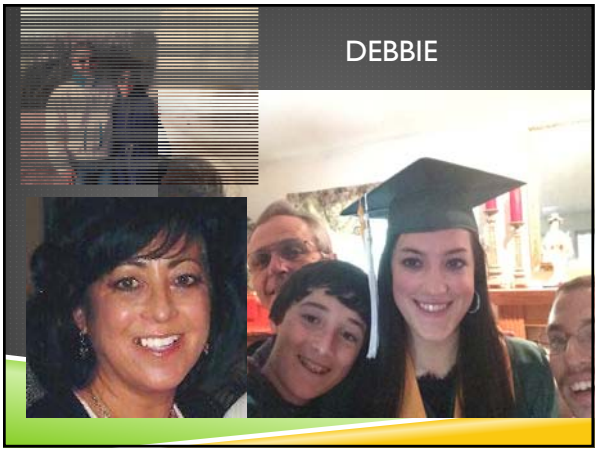
To learn more….

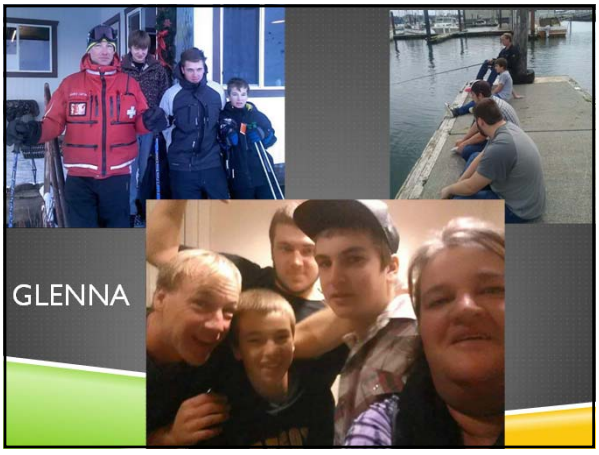
www.health.oregon.gov

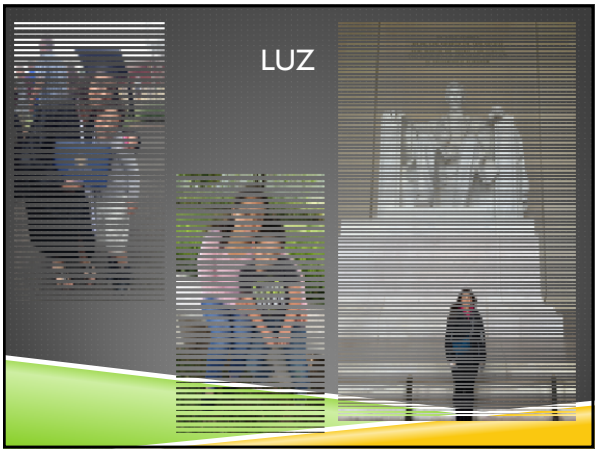
COMMUNITY ADVISORY COUNCIL MEMBERSHIP: A GUIDE TO BUILDING STRONGER, MORE MEANINGFUL, AND LASTING PARTNERSHIPS

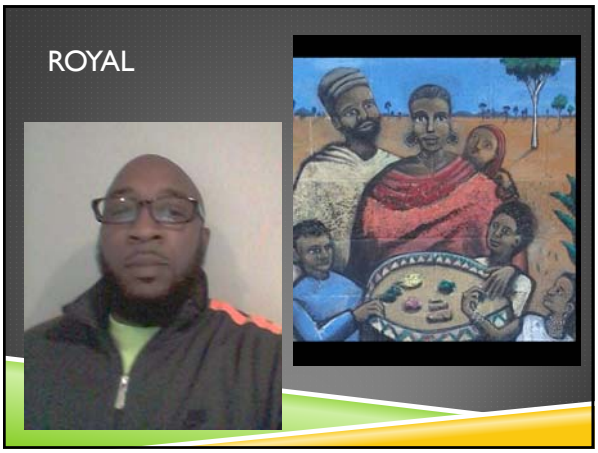
Community Advisory Councils: Engaged and Active 2015 Summit
Sunriver, Oregon
June 4, 2015

THANK YOU FOR JOINING US!









OBJECTIVES

Upon completion of this session, people attending will:

- Share their ideas about how to build strong Oregon Health Plan (OHP) member engagement on the CACs across the state and how to sustain individual and group enthusiasm and commitment
- Learn about and explore diverse and effective ways to inspire and strengthen CAC member engagement
- Discover one practical tool or activity that could be used in your community to improve or enhance the CAC experience

HOW WE'LL SPEND OUR TIME

- What Engages You and Your Team
- Identifying Questions That Matter
- Panel: What Did You Want Me To Do? Reflections about Engagement and Partnership as a Community Advisory Council Member
- Questions That Matter: Capturing Your Best Ideas and Brainstorming New Approaches
- Top Ten Tips on Engaging, Inspiring, and Building Lasting Community Partnerships
- Q & A

"Engagement, broadly defined, is an active partnership among individuals, families, health care clinicians, staff, and leaders to improve the health of individuals and communities, and to improve the delivery of health care."

Health Affairs, 32(2) 2013

TEAM EXERCISE # 1 – 15 MINUTES

- Table Team Introductions –
  - WHO - Share your name
  - WHERE - Tell us where you are from
  - WHY – Share why you decided to come to be a Community Advisory Council Member
  - WHAT – Share what keeps you continuing to participate
- Individual - List What You Want to Learn About This Topic
- Together –
  - Share your list & listen to your team members list
  - Identify the two top questions to move forward to the larger group
  - Write those two questions down – one per sticky note

PANEL

What Did You Want Me To Do?

Reflections from Community Advisory Council Members on Engagement and Partnership

TEAM EXERCISE # 2 – 13 MINUTES

- GATHERING THE WISDOM OF THE GROUP
  - Each table has 2 Questions That Matter
  - Brainstorm answers to the each question (5 minutes each)
  - Record the answers on a the paper provided

The responses will be summarized and shared with each Community Advisory Council and key leadership across the state.

TOP TEN BEST PRACTICES

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

WHAT'S NEXT?

- Share our collective thinking broadly
- Learn from your evaluation of our session
- We invite you to continue the conversation with us and others

Community Advisory Council Summit 2015

How to Build a Diverse CAC

Carol Cheney
Equity, Policy and Community Engagement Manager

Oregon Health Authority | Office of Equity & Inclusion

Overview of Today's Session

- The Case for CAC Diversity
- Challenges and Strategies
- Finding the Right People
- Ensuring Success

Advisory Council Basics

"Establishing an advisory group commits [an organization] to a new organizational structure."

•Saidel & D'Aquanni, ***Expanding the Governance Construct: Functions and Contributions of Nonprofit Advisory Groups,*** © The Aspen Institute, Winter 1999.

The Power of an Advisory Council?

- Makes recommendations on the strategic direction of the organization
- Allows the organization to be responsive to consumers and community health needs

CACs are intended to enable consumers to take an active role in improving their own health, that of other family and community members.

The Power of an Advisory Council?

Building blocks for health equity

CAC Diversity Matters!

- ☑ Cultural guidance and specialized expertise
- ☑ Organizational capacity
- ☑ Succession and leadership
- ☑ Relevancy
- ☑ Augment outreach efforts
- ☑ In-roads to individuals, networks and entire communities

Why People of Color Join Advisory Committees

"Very Important"

Passion for the mission	64.4%
Opportunity to give back	61.1%
Opportunity for professional growth	23.8%
Organization's need for my skills	22.6%

Vital Voices: Lessons Learned from Board Members of Color, BoardSource, 2009.

Perceptions of Acceptance

Perception	Almost Always/Often	Sometimes/ Never
Encouraged to be yourself	74.4%	25.7%
Same opportunities as others for leadership	72.7%	27.3%
Comfortable discussing issues of diversity with fellow members	70%	30%
Treated differently because of race/ethnicity	10.1%	89.9%
Ideas/opinions valued by other members	77.8%	22.2%
Comfortable voicing ideas/opinions	86.3%	13.7%

Vital Voices: Lessons Learned from Board Members of Color, BoardSource, 2009.

To what extent did you feel you were treated differently to other board members because of race and ethnicity?

Fewer than 3 years	69% Never
3 – 6 years	51% Never
More than 6 years	41% Never

Vital Voices: Lessons Learned from Board Members of Color, BoardSource, 2009.

Drivers of Negative Experiences

- Board culture
- Tokenism
- Tone set by board leaders or CEO
- Access to power (held in the hands of a few)
- Asked to be the voice for all of that race
- Lack of genuine commitment to diversity and inclusiveness
- Too few people of color

Effecting Change, Experiencing Success

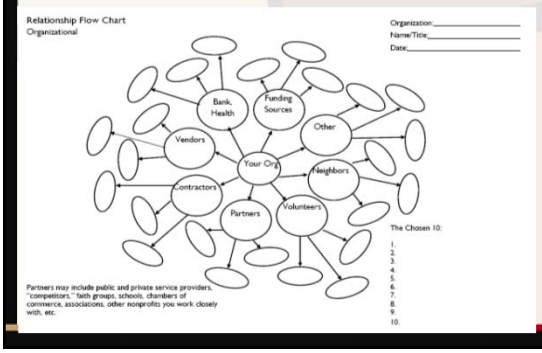
Most Effective Strategies:

- Active, targeted recruitment
- Proactive policies and practices
- Understand the value of diversity and embrace diverse perspectives
- Openly discuss diversity and inclusion issues

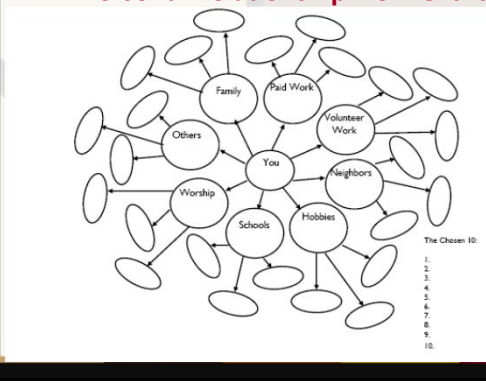
Active, Targeted Recruitment

- Population Analyses
- Health Data
- Profile Grids
- Visibility in communities – "showing up is half the battle"

Organizational Relationship Flowchart



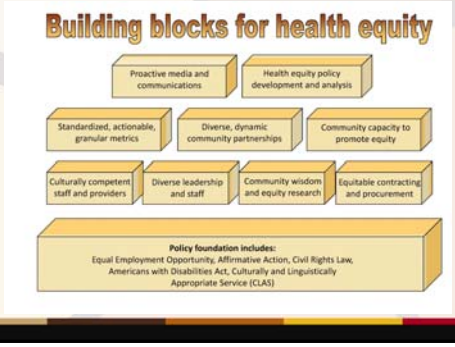
Personal Relationship Flow Chart



Proactive policies and practices

- Equity and Inclusion statement and goals
- Equity and inclusion embedded in core values
- Strategic Equity and Inclusion plan
- Strategic board recruitment process to identify gaps and cultivate relationships

Understand the value of diversity and embrace diverse perspectives



Open Discussion of Equity and Inclusion

Include Equity and Inclusion Principles and Language

- Welcome letter or official invitation
- Background and presentations on CCOs, Health System Transformation
- Advisory Council Goals/Objectives/Values
- Council Membership Diversity/List
- Individual roles, responsibilities, limitations and behavioral expectations

Supporting Ongoing Involvement of Diverse Council Members

- Sub-committee structures and responsibilities
- Meetings and other logistics
- Contract or agreement
- Alphabet soup list
- Asking for feedback – (inclusion, meeting times and structure, orientation, engagement)

Supporting Ongoing Involvement of Diverse Council Members

- Honor the wisdom, voice, and experience of all CAC participants
- Treat participants with integrity and respect
- Be transparent about motives and power dynamics
- Share decision-making and leadership
- Engage in continuous reflection and willingness to change course

Finding the Right People

Start here:

- ✓ Mission, Vision, Short and Long Term Goals
- ✓ Statement of Purpose
- ✓ Assets, Skills, Talents, Perspectives

Then consider:

- ✓ Credibility and trust of community
- ✓ Cultural humility
- ✓ Willingness

Finding the Right People

Personality traits of a strong advisory council member

- Committed to the organization
- Exercises common sense and judgment
- Is respectful of group process
- Is centered
- Is open-minded
- Has a sense of humor

Finding the Right People

Personality types to avoid

- Johnny One-Note
- The Over-Boarded
- The Devil's Advocate
- Authority Figures
- Unfocused Creative

Management Assistance Group

Ensuring Success

- Strong leadership of Chair and CCO Director/Staff
- Using time wisely
- Dealing with problems
- Recognition and appreciation
- Succession

Ensuring Success

- **The Role of the Chair**
  - Plan, shape and facilitate the work
  - Encourage and focus members' participation
  - Set a good tone and culture
  - Partner with and support the CCO Director and Governance Board
  - Represent the Council at the Board level?

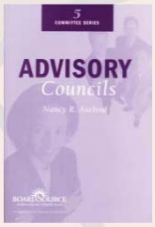
Ensuring Success

- **The Advisory Council and the CCO Governing Board**
  - Recruitment help
  - Opportunities to meet
  - Presentations at Board meetings
  - Involving Advisory Council in Organizational Planning
  - Training/prep for full Board service (succession)

Helpful Resource

Advisory Councils by Nancy R. Axelrod. BoardSource, 2004.

36-page guide covers many of the basics of creating and implementing an advisory council. The author differentiates these councils from formal Boards, and explores important topics such as choosing the right members, structuring the group and its work, and handling common conflicts and challenges.



Helpful Resource

The Sustainable Communities Initiative: The Community Engagement Guide for Sustainable Communities, by Bergstrom, Rose, Olinger, and Holley. Policy Link and The Kirwan Institute, (date).

This 26-page guide offers strategies to ensure meaningful engagement of marginalized communities, including:

- Opportunities for inclusion
- Sample governance structures
- Do's and don'ts
- Strategies to develop cultural competency
- Strategies for specific communities (rural immigrant, etc.)

Equity and Inclusion Consultants

- Professional consultation
- Training
- Toolkits

Charniece Tisdale
OEI Training Coordinator

971.673.1341
charniece.tisdale@state.or.us

- Cross-cultural community engagement
- Cultural competency
- Health literacy
- Language access
- Workforce diversity
- Civil rights
- Data collection and analysis by race, ethnicity, language and disability
- Planning and quality improvement

Questions?

Carol Cheney
971.673.2960
carol.i.cheney@state.or.us

http://www.oregon.gov/OHA/oei

Oregon Health Authority | Office of Equity & Inclusion

Oregon Tobacco Quit Line Demonstration

CAC Summit
June 3, 2015

Maria Martin, MPH
Client Services Manager at Alere Wellbeing
maria.martin@alere.com

Today's Agenda:

- ✓ What is the Oregon Tobacco Quit Line?
- ✓ What services does the Oregon Tobacco Quit Line offer?
- ✓ How do residents access services?

Oregon Tobacco Quit Line

- ✓ Founded in 1998
- ✓ Coordinated by the Tobacco Prevention and Education Program (TPEP) in Public Health Division of the Oregon Health Authority (OHA)
- ✓ Operated by Alere Wellbeing, Inc.

- ✓ Nicotine addiction often requires repeated attempts to overcome.
- ✓ Only 3% to 5% of smokers are able to quit on their own.
- ✓ Addiction to tobacco use is physical, behavioral, and psychological.

Did you know?

Nicotine is as addictive as heroin, **1,000 times** more potent than alcohol, and 5-10 times more potent than cocaine.

The leading evidence-based tobacco cessation program. Combines phone-based behavioral coaching and medication support with web-based learning, tracking, and social support.

Oregon Tobacco Quit Line provides this program at **no cost** to Oregon residents. This program includes:

- ✓ Coaching
- ✓ Quit Guide
- ✓ Youth Program and Pregnancy Program
- ✓ Nicotine replacement therapy
- ✓ Web Coach®
- ✓ Referral to community resources
- ✓ Integration with Community Resources

- ✓ Highly trained in cognitive behavioral coaching
- ✓ Over 50% have 3+ years of prior counseling experience
- ✓ Receive more than 240 hours of training and evaluation

Did you know?

Our team of Quit Coaches represent multiple ethnicities, speak 10 different languages, and range in age by **several decades**.

Tobacco use is an **addiction**, not a habit.

7

How To Access Oregon Services

- ✓ 1.800.QUIT.NOW
- ✓ 1.855.DEJELO.YA (Spanish)
- ✓ 1-877-777-6534 (TTY)
- ✓ Web enrollment www.quitnow.net/oregon
- ✓ Fax referral
- ✓ E-referrals

8

Program Design: Timing

9

Participant Experience: Quit Line Call

5 Elements of an Effective Quit Plan

- ✓ Set a Quit Date
- ✓ Use medications effectively
- ✓ Manage your urges
- ✓ Tobacco proof your environment
- ✓ Get social support

10

Web Coach®

- ✓ www.quitnow.net/oregon (English)
- ✓ www.quitnow.net/oregonsp (Spanish)

11

Oregon Tobacco Quit Line makes it easier to quit tobacco **for good.**

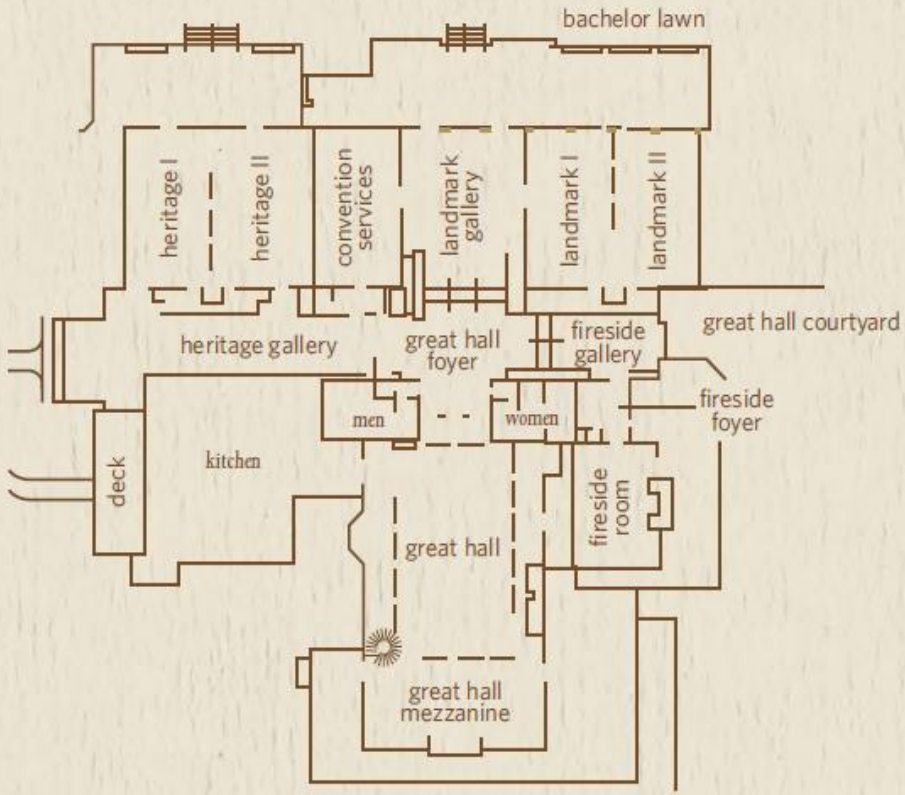
12

SUNRIVER RESORT
A DESTINATION® RESORT

Meeting All Your Needs

The Great Hall

GREAT HALL



room	sqft	classroom	theater	banquet	reception	conference	u-shape	t.t. exhibits
great hall	5,650	185	280	400	500	-	-	-
great hall main floor	3,600	220	300	280	-	48	56	42
great hall mezzanine	2,050	35	100	120	-	-	-	29
great hall courtyard	4,500	-	-	150	400	-	-	-
landmark I	900	40	65	60	60	30	30	15
landmark II	900	40	70	60	60	30	30	15
landmark I & II	1,800	105	146	130	150	48	40	30
landmark gallery	918	-	-	-	130	-	-	10
fireside room	672	24	50	50	60	20	24	10
fireside gallery	168	-	-	-	20	-	-	3
heritage I	828	36	70	60	50	28	26	14
heritage II	1,008	48	90	60	60	28	28	15
heritage I & II	1,836	114	162	140	150	56	56	29
heritage gallery	1,296	-	-	-	175	-	-	14
bachelor lawn	1,360	-	200	150	200	-	-	-

Coordinated Care Organization Service Areas

Health Share of Oregon

PacificSource Community Solutions Coordinated Care Organization, Columbia Gorge Region

Columbia Pacific Coordinated Care Organization

FamilyCare, Inc.

Yamhill Community Care Organization

Willamette Valley Community Health, LLC

Intercommunity Health Network Coordinated Care Organization

Trillium Community Health Plan

Eastern Oregon Coordinated Care Organization

PacificSource Community Solutions Coordinated Care Organization, Central Oregon Region

Western Oregon Advanced Health, LLC

Umpqua Health Alliance

AllCare Health Plan

Cascade Health Alliance

PrimaryHealth of Josephine County, LLC

Jackson Care Connect

CLATSOP
COLUMBIA
TILLAMOOK
WASHINGTON
MULTNOMAH
HOOD RIVER
YAMHILL
CLACKAMAS
WASCO
SHERMAN
GILLIAM
MORROW
UMATILLA
UNION
WALLOWA
POLK
MARION
WHEELER
GRANT
BAKER
LINCOLN
BENTON
LINN
JEFFERSON
LANE
CROOK
DESCHUTES
DOUGLAS
COOS
HARNEY
MALHEUR
KLAMATH
LAKE
CURRY
JOSEPHINE
JACKSON

Overlapping coverage areas.

Oregon Health Authority