



Community Advisory Council Event April 17, 2018, Salem Convention Center

Desired Outcomes: By the end of this event, participants will have:

- Learned and shared ideas for enhancing CAC member engagement in the Community Health Assessment (CHA) & Community Health Improvement Plan (CHP) processes.
- Developed initial plans for recruiting and retaining a CAC that engages a diverse set of consumer members.
- A better understanding of CCO 2.0 and the role CACs can play in accelerating health transformation in Oregon.

7:00 a.m. - 8:00 a.m.	Event Registration & Breakfast
8:00 a.m. - 8:05 a.m.	Welcome Chris DeMars, OHA Transformation Center
8:05 a.m. - 8:20 a.m.	Opening Remarks Zeke Smith, Chair, Oregon Health Policy Board
8:20 a.m. – 8:30 a.m.	Event Overview Adrienne Mullock, OHA Transformation Center
8:30 a.m. - 9:15 am	Introductions/Icebreaker Renée Markus Hodin & Jessie Zimmerer Center for Consumer Engagement in Health Innovation
9:15 a.m. - 10:30 a.m.	CAC Interview Assessment Results/Best Practices <i>Facilitators:</i> Renée Markus Hodin & Adrienne Mullock <i>Panelists:</i> Ginny Rake, Dori Statton, Char Reavis, & Michael Anderson-Nathe
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. – 12:15 p.m.	Community Health Needs Assessment/Community Health Improvement Plans <i>Facilitator:</i> Adrienne Mullock <i>Panelists:</i> Cami Miller, Laura Williams & Paul Lindberg
12:15 p.m. - 12:45 p.m.	Lunch Break
12:45 p.m. – 2:15 p.m.	Recruiting & Retaining Diverse CAC Members Jesse O'Brien, OSPIRG; Rebecca Pearson, Unite Oregon; Estela Munoz Villarreal & Linda Jaramillo, Oregon Latino Health Coalition
2:15 p.m. - 2:30 p.m.	Break
2:30 p.m. - 3:45 p.m.	CCO 2.0 Chris DeMars & Steph Jarem, OHA
3:45 p.m. - 4:00 p.m.	Closing and Evaluations Renée Markus Hodin & Adrienne Mullock

Community Advisory Council Event

April 17, 2018



TRANSFORMATION CENTER
Health Policy & Analytics Division

Welcome

Chris DeMars

OHA Transformation Center, Director

Opening Remarks

**Zeke Smith: Chair, Oregon Health
Policy Board & Chief Impact Officer,
United Way of the Columbia
Willamette**

Overview

Adrienne Mullock OHA Transformation Center

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CCO 2.0 – OHP Member Engagement Questions

- What are three things that OHP could do that would help you stay healthier?
- Have you ever needed a health service but had to “give up” on the idea? Why was that?
- What do you wish your health plan could do for you that it doesn’t already do?

Instructions:

1. Write your answer to each individual question on a separate post it note (provided on your table).
2. Place your answers on the appropriate newsprint, which are posted around the room.

Center for Consumer Engagement in Health Innovation

Renee Markus Hodin, Deputy Director

Jessie Zimmerer, State Advocacy Manager

Ground Rules

- ??

Introductions/Icebreaker

- Take a penny from the bowl.
- Introduce yourself, stating your name, the CCO and CAC you're associated with and something memorable or remarkable that happened to you during the year on the penny.



Insights on the CAC Experience

Findings from a Qualitative Assessment

Methodology

- 22 key informant interviews conducted using a semi-structured interview protocol (26 contacted)
 - 13 Current or Former CAC Members
 - 8 OHP Consumers (current or former) - representing 6 CCOs
 - 9 Current or Former CAC Coordinators/CCO Staff
- All CCOs represented
- Interview subjects identified by Innovator Agents
- Conducted by Transformation Center staff and a consultant from the Center for Consumer Engagement in Health Transformation
- 30-50 minute interviews

CAC Membership

Describe your CAC's composition. Is it made up of a majority of OHP consumers? How is your CAC defining consumers?

- 17 interviews representing 11 CCOs reported that they are currently maintaining at least 51% consumer membership, per regulation
- 4 reported that they are currently recruiting for consumer members in order to reach the 51% threshold
- All define consumers as current OHP members (or parents/guardians of)
 - At least 6 respondents said their CAC includes former OHP members (or parents/guardians of) in this definition

How Being a Consumer Impacts Role

How does being an OHP consumer inform your role on the CAC?

I am one of the people they serve so I can let them know what's working or what's not. I am a "foot soldier" with my ear to the ground.

~ CAC Consumer Member

It gives the CCO a better perspective on what consumers face. The CCO and OHA is well-intentioned but can't really know how things play out until a consumer member is part of the conversation. ~ CAC Consumer Member

I understand what it's like to try and get a doctor, to call and then be told s/he is no longer available or to have a doctor leave and then have to start the process all over again.

~ CAC Consumer Member

Being an OHP member definitely informed my role on the CAC. ***I have felt things on a very personal level,*** e.g., forms, clinic assignments, reenrollment.

~ CAC Consumer Member

Meeting Dynamics

Who talks more at meetings – the CCO, OHP members, caregivers or the community-based organizational representatives?

The majority of interviewees felt that the consumer members spoke up most or that it was evenly split.

- Evenly split (11)
- Consumer Members (8)
- CCO Staff (2)
- Non-Consumer Members (1)

I always feel treated with respect. I don't feel lower than anyone else because I am a low-income consumer. My experience with my PCP has been improving, e.g. s/he now talks to me instead of being on the computer. I know the CAC had an impact on this.
~ CAC Consumer Member

Meeting Dynamics

Is more time spent on CCO “business”/presentations or on consumer feedback and recommendations for improvement?

The greatest number of interviewees felt that CAC meeting time/agenda items are evenly split:

- Evenly Split (10)
- CCO Business/Presentations (7)
- Consumer Feedback/Recommendations (5)

“We reserve 15-20 minutes at the end of each meeting to bring health related issues up. We call it **“Word on the Street.”**”

~ CCO staff member

We only have presentations that we specifically ask for. For example, we asked the CCO to come speak about why it lost OHP members.

~ CAC Consumer Member

The agenda is **almost entirely CCO-driven. I haven’t witnessed a space for consumer feedback.**

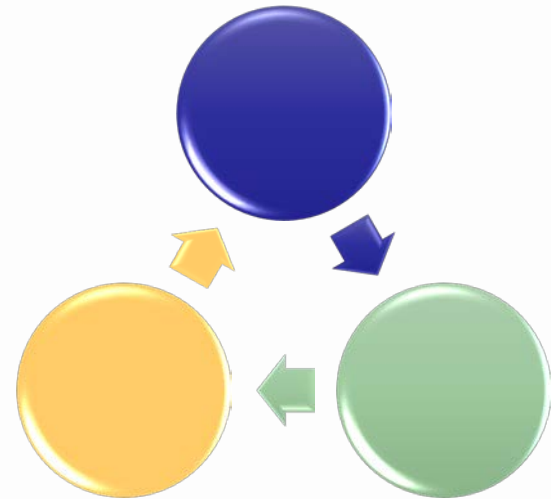
~ CAC Consumer Member

Meeting dynamics

How does CAC input get communicated to the CCO and does that result in communication back to the CAC (“feedback loop?”)

Interviewees named several, overlapping means of communicating to and from the CCO:

- CAC Member on Board (15)
- CCO Staff/CAC Coordinator (9)
- CEO Attends CAC Meetings (3)
- Regional Bodies (3)
- Joint Board/CAC Meetings (1)
- CAC Members meet with CEO (1)
- None (1)



Best Practices/Success Stories

To date, what has been the CAC's greatest accomplishment in helping the CCO address/understand a particular problem that later resulted in improved service delivery, better health outcomes or lower costs?

Because of my work outside of the CAC, I knew about the prevalence of undiagnosed mental health issues in kids. ***I brought the issue to the CAC, and we really took it on. We went to the CCO Board with this information and, as a result, the CCO has made childhood trauma one of their priorities.*** In line with this priority, the CCO gave a grant to a local hospital clinic that funds a social worker to do ACE screening with pregnant women in order to do early intervention.
~ CAC Consumer Member

Best Practices/Success Stories

Last year, we started ***inviting CAC members to outreach events***, such as a multicultural fair. The members were great, talking to attendees about the CAC.
~ CCO Staff Member

We are really beginning to engage CAC members in broader community engagement activities. This includes ***participating in CCO member-facing events*** such as health fairs or new member orientations. We also hold ***public listening sessions*** to gather input from the community.
~ CCO Staff Member

Best Practices/Success Stories

Our local **CAC is encouraged to write “issue briefs” on matters that it would like to see brought to the CCO.** The brief first goes to the regional CAC where it is discussed and, if it is in agreement, it gets sent to the CCO and the CCO Board. In one instance, our issue brief about the “user-unfriendliness” of the provider directory was elevated to the CCO Board and **resulted in the creation of an online, searchable provider directory.**

~ CAC Member

Best Practices/Success Stories

I was voted in as the chair of my CCO Governing Board!
~ CAC Consumer Member

Our CAC had been hearing that some CCO members with pain related to hernia and gallbladder issues were being told by their Community Health Worker (CHW) to go to the Emergency Department only to find that the visit was not covered. ***Our CAC did some research into the issue and, as a result, the CCO provided additional training to the CHWs on appropriate referrals to the Emergency Department for members experiencing pain.***
~ CCO Staff Member

Best Practices/Success Stories

The CAC demanded, early on, that the CCO address health equity more robustly. They began by calling for equity and inclusion trainings for staff as part of an effort to build a “culture of equity work” throughout the CCO and our operations. ***This early advocacy work by the CAC led to an ongoing and deep focus at the CCO on issues of Diversity, Equity and Inclusion (DEI)*** including, for example, the creation of four new positions focused on DEI and the systematic collection of data stratified by race, ethnicity, and language. The CAC “laid the foundation to make all of this work possible.”

~ CCO Staff Member

Funding

Does your CCO provide funds to the CAC to administer? If so, how much?

- 16 interviewees representing 12 CCOs reported that their CAC has some say in the administration/distribution of CCO funds; 5 interviewees representing 3 CCOs reported that their CAC does not; 1 was uncertain
 - CAC makes recommendations to CCO, which makes final decision (8) – representing 7 CCOs
 - CAC has final decision making authority (3) – representing 3 CCOs
- Amounts ranged from \$5,000 to \$300,000/year
- Funds came from a wide variety of sources

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Our CCO dedicates \$250,000 per year to Community Projects. The CAC is responsible for putting out requests, reviewing submissions and make funding recommendations. Recommendations are then reviewed/approved by the CCO board. ***Every funded project gets assigned a CAC member who serves as a “champion” in order to provide input or guidance to the project.*** For example, a CAC member who is a vegan chef was designated as the champion for a funded project on vegan cooking classes and offered the grantee additional leadership and ideas.
~ CCO Staff Member

CCO Governance Role

Are you on your CCO's board?

Yes (8) – representing 8 CCOs

- Consumer Members (4)
- Non-Consumer Members (4)

No (14)

Length of Tenure: wide range

- Some exceedingly new
- Some have been on since the beginning



CCO Governance Role

Please describe your experience in sitting on the board

The Board really wants to hear member stories, i.e. what about the member experience the CAC has found when it has gone out and talked to the community.
~ CAC Member

“At the beginning, it was a little daunting, but then I realized that ***I had opportunity to inform all of these hospital administrators and CFOs.*** When you’re talking about improving healthcare, you’re talking about the lives of real people.”
~ CAC Consumer Member

I was voted in as the chair of my CCO Governing Board!
~ CAC Consumer Member

Looking Forward, Part 1

What are the top 1-2 changes you would like to see for your CAC moving forward?

Better Use

- How to best utilize the CAC - CCO Staff Member
- Would like to better define what purpose of CAC is – needs a mission statement; If CAC went away, nothing would change how CCO operated - CAC Consumer Member
- Think about where we take it from here. What else besides CHP? Transportation?
- CAC Consumer Member
- Would like to see more consumer input on the CCO service delivery and what it looks like; challenges and advantages (but this has to be carefully facilitated because it's a small provider community – people could be in the room) - CAC Member
- Offer CAC members as partners to help organizations awarded CHP grants. This will empower CAC members more and allow them to be more connected to the work.
- CCO Staff Member
- We could always use more to do, but overall I have been very happy with my experience.
- CAC Consumer Member
- More “user centered design” i.e. identifying the consumer and making sure they are involved in co-design of processes and programs. - CAC Member

Looking Forward, Part 1

Membership/Size/Diversity

- Diversity - CC Staff Member
- Would like to see the CAC grow in numbers. - CAC Member
- Recruit younger people. - CAC Consumer Member
- Continue to look at consumer representation - youth, Native Americans, other perceived holes. - CAC Member
- More representation from the education sector. - CAC Member
- Find better ways to recruit. Find ways to engage youth. - CCO Staff Member
- Add more OHP Members. Use Facebook or other social media to recruit. Assign someone to manage that. - CAC Consumer Member
- Diversify the CAC membership. - CAC Consumer Member
- Member engagement, recruitment and retention are important to our CAC and continue to be a struggle. It's difficult to find the best day/time to schedule our CAC meetings to make it easier for new members to attend. - CAC Member
- Biggest struggle – recruitment/retention; Thinking about the time, space, location that would be inviting to OHP members (esp diverse ones); Currently 4-6 pm/weekend in offices - CCO Staff Member

Looking Forward, Part 1

Training/Empowerment

- How to fully empower those few CAC members who have been on our CAC for a few years but maybe have different expectations of what the CAC should do, that aren't entirely realistic. - CCO Staff Member
- Would like to see annual training for all CAC members in state – expert presenters (OHA-run); Educate - CAC Consumer Member
- We have a few members who have been on the CAC since the very beginning. They say the same things over and over and aren't as collaborative. Topics they are passionate about are either not CCO topics or they want something very specific that's not going to happen. The challenge is how to get them in the right spot. - CCO Staff Member
- Would like to see CCO staff increase capacity around facilitation and help build capacity of CAC in terms of their participation and leadership. Determine how to empower consumers to bring forward concerns and to be responsible for parts of the agenda. - CAC Member
- How to empower consumers to bring forward concerns; to be responsible for parts of the agenda- CAC Member
- I miss the conferences. I think networking is incredibly important. It creates a great amount of energy. I wish the CCOs could fund that better. - CAC Consumer Member

Looking Forward, Part 1

Structure/Processes

- Doing away with term limits - CCO Staff Member
- An incentive for the CCO Board to more engaged with the CAC and make the connection stronger. - CAC Member
- Community grants and selection of new chair processes could use some fine tuning. - CAC Member
- Develop a CAC website page. - CAC Consumer Member

Community Engagement

- Community member meetings keeps getting pushed to the back burner; something that's more out there in the public, roadshow; get out there more; how to get word to OHP folks about benefits (e.g. about NEMT, free pool passes); needs funding for this - CAC Consumer Member
- Create more public awareness of the CAC across all areas of the region. Would like the public to be able to go to the CAC as their representative. - CAC Consumer Member
- A CHA/CHP process that will bring more diversity to the table and elevate that voice. - CCO Staff Member

Looking Forward, Part 1

Funding

- It would be great if outside funding opportunities could be taken to the CAC. - CAC Member
- Get our CCO to provide funds to the CAC that it can then administer. - CAC Member

Social Determinants of Health

- Would like to see more recognition of social determinants of health. The CCO is doing some stuff around ACEs; but I never see discussion of housing and transportation, good paying jobs. - CAC Member
- Holding other entities, like housing and transportation, accountable. Not just the CCO. - CAC Member

Other

- Bridge the big disconnect between the metrics and member experience. For example, we saw so much progress on access to care from a metrics standpoint. And, yet, members still had major access issues. - CAC Member

Looking Forward, Part 2

Are there any additional areas/opportunities for CCOs to work more closely with consumers, community-based partners and/or the consumer advocate community?

- As of late, the CCO has participated in projects that benefit members such as park cleanups in poor neighborhoods. Last year the CCO organized a community festival for members which was received well. They are reaching out to members through case management or through the member benefit process. - CAC Member
- CCO has invested \$24,000 in training people to become CHWs and coordinated with OR State University CHW program to get the certificate program up and running at the community college. Funds were also used to train new peer support specialists. - CAC Consumer Member
- There should always be a spot on the agenda for the CEO – CAC Member

Looking Forward, Part 2

- We don't have a member newsletter; more marketing opportunities - CCO Staff Member
- Would like to figure out ways to really hear about member experience, i.e. what it's like for you to live as a member when you're poor, when you don't have a car, when there's an addiction etc. - CAC Member
- Would like to find better ways to engage with the community and reach people who aren't coming to the table. Can we link to other bodies, e.g. the regional health equity body? - CCO Staff Member

Final Thoughts

“I am so proud of them!”
~ CCO Staff Member

“I am very proud to be involved in
the CAC.”
~ CAC Consumer Member

“If the CAC puts its mind to it;
something will be done!”
~ CAC Consumer Member

CAC Panel

Ginny Rake: CAC Chair, Yamhill Community Care

Dori Statton: CAC Member, Advanced Health

Char Reavis: RAC Chair, Trillium Community Health Plan

Michael Anderson-Nathe: Health Engagement Officer, Health Share



Community Health Assessment (CHA)/ Community Health Improvement Plans (CHPs)

Insights on the CAC Experience

Findings from a Qualitative Assessment

CHA/CHP: Round One

Were you involved in the previous CHA/CHP development? What contributed to this being a positive experience? What was challenging?

Positive

- Great collaboration among CCOs and/or outside organizations (4)
- Good alignment/agreement on priorities (3)
- CAC had a strong role (3)
- Really guided activities of the CCO (1)
- Breaking into subgroups on topical areas (2)

Challenging

- CAC had minor role or limited to just a few members (4)
- Coordination was difficult (3)
- Newness of CAC and of task (3)
- Information was hard to understand (2)
- Difficult to narrow down priorities, information (1)

CHA/CHP: Round Two

Where is your CCO in the process of developing the new CHA/CHP? How engaged in the CAC? What is contributing to this being a positive experience? What is challenging? How would you compare this experience to the prior one?

Stage

- Early (8)
- Middle (7)
- Deep (5)

Positive

- CAC has a clear and strong role (8)
- Using better systems to guide the process (4)
- More community engagement (3)
- Great collaboration among CCOs and/or outside organizations (2)
- Data is more easily accessible (1)
- More experienced (1)

Challenging

- Nothing yet!

The CAC is deeply involved in the CHA process. CAC members are **responsible for planning and recruitment for focus groups**. The CAC is also **responsible for designing and disseminating the survey**.

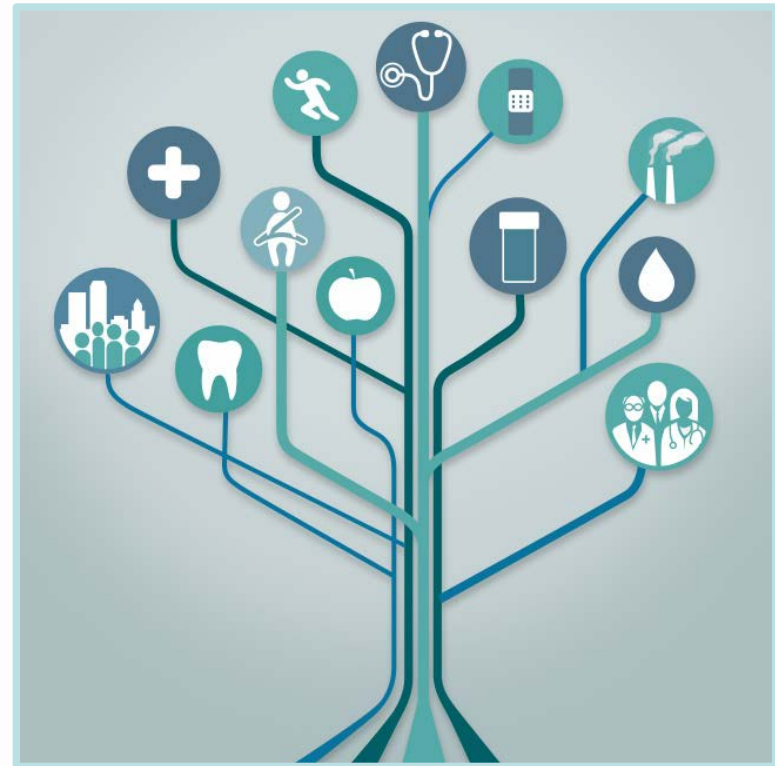
~ CCO Staff Member

CAC Panel

Cami Miller: CAC Coordinator, Eastern Oregon CCO (Union County)
Laura Williams: Director, Community Engagement, Advanced Health
Paul Lindberg: CAC Chair, PacificSource Columbia Gorge

CHA/CHP Discussion at Tables

1. Reflect on the worksheet questions individually.
2. Assign a reporter to record table's discussion.
3. Discuss your responses with your table.
4. Report back.



Lunch

12:15-12:45 pm

Recruiting & Retaining Diverse CAC Members

Introductions

- Jesse O'Brien, Policy Director, Oregon State Public Interest Research Group (OSPIRG)
- Rebecca Pearson, Health Equity Organizer, Unite Oregon
- Linda Jaramillo, Interim Executive Director, Oregon Latino Health Coalition
- Estela Munoz Villarreal, Latinx Leadership Development Coordinator, Oregon Latino Health Coalition

Insights on the CAC Experience

Findings from a Qualitative Assessment

CAC Diversity

What is your perception about the diversity of your CAC? What needs to change?

Nearly all interviewees (19) felt they could improve the diversity of their CAC in some way. The most commonly cited aspects of needed diversity were:

- Youth (9)
- Geographic, esp. rural (8)
- Latinx (7)
- Race/ethnicity general (6)
- Tribe (6)
- LGBTQ (5)
- Men (2)

Looking Forward, Part 1

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- Biggest struggle – recruitment/retention; Thinking about the time, space, location that would be inviting to OHP members (esp diverse ones); Currently 4-6 pm/weekend in offices - CCO Staff Member

JEOPARDY!

Diversity Edition!

Start

CAC Member Diversity Assessment and Planning

At your table, with your CCO:

1. Count the number of current CAC members that have the listed characteristics;
2. Place a check in the box where current gaps exist.
3. Identify concrete next steps to address gaps.





CCO 2.0

INSERT SLIDE

Deck

Gallery Walk Insert instructions and questions

Closing & Evaluations



**Questions?
Thank you!**