NAME

The Umpqua Health Alliance (UHA) Board officially established an advisory council to be known as the Umpqua Health Alliance Community Advisory Council (CAC). The UHA Board is responsible for the development of the Charter of the CAC and for any and all revisions of the Charter.

PURPOSE AND RESPONSIBILITIES

1. Purpose and Objectives

The purpose of the CAC is to advise the Umpqua Health Alliance in matters regarding the health care needs of the consumers and the community. The CAC ensures the opportunity for involvement of consumers in advising the UHA Board.

2. Responsibilities

The CAC will establish procedures for the internal operation of the CAC to include electing officers of the CAC, conducting regular meetings for the purpose of carrying out the responsibilities of the CAC, and reporting to the UHA Board of Directors.

The duties of the CAC include:

- Advise the Board on health care needs of consumers and the community.
- Advise the Board on issues of access to health care and ease of navigation of the health care system.
- Identify and advocate for preventive care practices.
- Oversee a community health assessment and adopt a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the Umpqua Health Alliance
- Publish annually a report on the progress of the community health improvement plan.

In order to advise the UHA Board on areas identified in the responsibilities listed above, the CAC should develop an annual work plan. The work plan may (1) identify information, and data needed to develop recommendations to the UHA Board; 2) define methods to collect and analyze that information including timelines and responsible parties; 3) describe the format for recommendation reporting. The information collection phase may include but is not limited to: consumer surveys, conducting public meetings and other methods of collecting comments and recommendations from consumers regarding issues affecting their health care.

MEMBERSHIP AND VOTING

1. Membership

A. Members of the CAC will be broadly representative of the community with a balance of age, sex, ethnic, socioeconomic, geographic, professional, and consumer interests represented. Members will be residents of Douglas County.

B. The CAC will consist of not more than fifteen (15) regular members appointed by the UHA Board and one (1) member from the UHA Board appointed as Chairperson of the UHA Advisory Council. One additional member of the UHA Board may also participate as an Ex-officio non-voting liaison to the CAC. At least eight members will represent consumers of health services under the responsibility of the Umpqua Health Alliance in Douglas County.

C. Positions 1 through 5 are at-large community positions.

The following positions may be filled by consumers of services or community members with special interest or knowledge in the following:

Position #6	Seniors & People with Disabilities
Position #7	Mental Health & Addictions
Position #8	Health/Medical
Position #9	Dental
Position #10	Education
Position #11	Local Government
Position #12	Children
Position #13	Tribe
Position #14	Housing
Position #15	Faith Community

The following positions will be members of the Umpqua Health Alliance Board:

Position #16	Chairperson of the Umpqua Health Alliance Advisory Council

2. Appointments

The UHA Board may seek qualified candidates through an application process. The UHA Board will review applications received and appoint members to the Advisory Council.

3. Term of Membership

The term of office for CAC regular members will be two years. Terms of the appointments will be designated by the UHA Board. No regular member may serve more than three (3) consecutive two-year terms, exclusive of appointment to fill unexpired terms. The UHA Board will stagger the terms of office for the first appointees as follows:

Position #1	2 years	Position #9	2 years
Position #2	1 year	Position #10	1 year
Position #3	2 years	Position #11	2 years
Position #4	1 year	Position #12	1 year
Position #5	2 years	Position #13	2 years

Position #6	1 year	Position #14	1 year
Position #7	2 years	Position #15	2 years
Position #8	1 year	Position #16	2 years

4. Absence

An Advisory Council member who fails to attend three (3) consecutive meetings without notifying the Chairperson may be removed by a vote of the UHA Board of Directors.

5. Resignation

A member may resign by written notice to the Chairperson. Automatic resignation from the CAC occurs when a member moves from Douglas County.

OFFICERS AND DUTIES

1. Officers

The officers of the CAC will be a Chairperson and a Vice-Chairperson. The Chairperson will be appointed by the UHA Board from the community directors on the UHA Board. The Vice-Chairperson will be elected by the Advisory Council. The UHA Board may provide staff to the Advisory Council to take and produce a report of the meetings.

2. Term of Office

Officers may hold office for a period of two (2) years.

3. Elections of Officers

Election of the Vice-Chairperson may be held at a regular meeting of the Advisory Council.

4. Duties

The CAC Chair is accountable for:

- Convening and leading meetings;
- Working with staff to develop meeting agendas;
- Providing leadership to CAC members;
- Working with staff to provide monthly reports to the UHA Board on behalf of the CAC;
- Ensuring regular communication to the CAC members.

The CAC Vice-Chairperson is accountable for:

- Partnering with the CAC to accomplish tasks outlined above;
- In the absence of the Chair, cover Chair's duties.

MEETINGS

1. Regular Meetings

Regular meetings of the CAC may be held no less than once every three months at a date, time, and place designated by the Chairperson. If regular meetings are not open to the public, the CAC should hold a meeting in public at least once per quarter, that:

a) Reports on the activities of Umpqua Health Alliance and the CAC;

b) Provides opportunity for the public to provide written or oral comments.

The CAC will post reports of its meetings and discussions to the Umpqua Health Alliance website to keep the public informed of the CAC's activities.

2. Special Meetings

Special meetings may be called by the Chairperson upon request of five (5) members of the CAC, at the request of the Chairperson, or the request of the UHA Board.

3. Notice of Meetings

Members will have written notice five (5) days in advance of each regular and special meeting of the CAC.

4. Quorum

A quorum will consist of a simple majority of the CAC present at the meeting.

5. Action

Each regular member of the CAC will have one (1) vote on all business presented at regular and special meetings at which the member is present. The action of a simple majority of the members present and voting at regular and special meetings of the CAC will constitute the action of the CAC.

COMMITTEES

1. Executive Committee

The Executive Committee may act on behalf of the CAC in the oversight of all CAC affairs. The Executive Committee consists of the Chairperson, Vice Chairperson and one member of the CAC selected by vote of the CAC. Specific responsibilities of the Executive Committee will be delegated by the UHA Board.

2. Standing Committees

By majority vote of the members of the CAC, standing committees may be established. The function of standing committees and the number of members may be prescribed by the CAC, who will also determine the committee's business, and appoint the committee chairperson and members. At least 50% of the members must be members of the CAC.

3. Special Committees

By majority vote of the members of the CAC, special committees may be established. Special Committees of the CAC are to be appointed by the CAC. The function of special committees and the number of members therein may be prescribed by the CAC, who may also determine the committee's business, and appoint the committee chairperson and members. At least 50% of the members must be members of the CAC.

4. Liaison Assignments

Members may be appointed by a vote of the UHA Board as official liaison person(s) to facilitate communications with other advisory committees, commissions or organizations.

Adopted: March 14, 2012
Amended: March 20, 2012
Name change: April 25, 2012
Amended: April 9, 2014
Amended: January 4, 2017
Amended: February 1, 2017

2017 CORPORATE BUSINESS PLAN - COMMUNITY ADVISORY COUNCIL STRATEGIES FOR SUCCESS

Umpqua Health's CAC serves a key role in helping set priorities for the CCO and serves the broad mission of improving the health of our community. In 2017, the CAC will perform a second Community Health Needs Assessment (CHA) which will ultimately inform the Community Health Improvement Plan (CHIP). Umpqua Health Alliance will ask the CAC to address three key policy areas in the next CHIP, in addition to the requirements of the CHA and CHIP as outlined in the CCO Contract (Attachment 1).

a) **Social Determinants of Health** – Social determinants of health are the structural determinants and conditions in which people are born, grow, live, work, and age. They include factors such as socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

b) **Health Equity** – health equity refers to the study and causes of differences in the quality of health and healthcare across different populations. Health equity implies that health should not be disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.

c) **CAC - Community Health Improvement Plan Funding** – Umpqua Health Alliance will invest $250,000 in programs that improve Community Health and/or advance OHA-defined Quality Programs. Programs will be reviewed, selected, and governed by the CAC.

QUARTERLY DELIVERABLES

1. Work with staff to develop written reports to the public on the activities of Umpqua Health Alliance; these reports may be derived from the Umpqua Health Alliance Transformation Plan Update.
2. Work with staff to develop written reports to the UHA Board on the activities of the CAC.
3. Submit a report on the status of CHIP applications, funded programs, and program data/ outcomes.
4. In preparation for the annual progress report of the CHIP, prepare quarterly CHIP status reports.

ATTACHMENT 1

Community Health Assessment (CHA) and Community Health Improvement Plan (CHP)

a. The Contractor, through its CAC, shall adopt a CHA and a CHP with responsibilities identified in OAR 410-141-3145 and in compliance with ORS 414.627. To the extent practicable, Contractor shall include in the CHA and CHP a strategy and plan for:

(1) Working with the Early Learning Council, the Youth Development Council, Local Mental Health Authority, oral health care providers, the local public health authority, community based organizations, hospital systems and the school health providers in the Service Area; and

(2) Coordinating the effective and efficient delivery of health care to children and adolescents in the community, as follows:

(a) Base the CHP on research, including research into adverse childhood experiences;

(b) Evaluate the adequacy of the existing school-based health center (SBHC) network to meet the specific pediatric and adolescent health care needs in the community and make recommendations to improve the SBHC system;

(c) Improve the integration of all services provided to meet the needs of children, adolescents, and families; and

(d) Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents;

(3) Including school nurses, school mental health providers, and individuals representing child and adolescent health services in the development of Contractor's CHP.

b. Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful baseline data on health disparities. Contractor shall include in the CHA identification and prioritization of health disparities among Contractor's diverse communities, including those defined by race, ethnicity, language, disability, age, gender, sexual orientation, and other factors in its Service Areas. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization.

c. Contractor shall conduct the CHA and CHP so that they are transparent and public in process and outcomes. Contractor shall assure that the contents and development of the CHP comply with Section ORS 414.627.

d. The CHA and CHP adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities, and results achieved. The CHP may include, as applicable:

(1) Findings from the various community health assessments made available by OHA to Contractor;

(2) Findings on health needs and health disparities from community partners or previous assessments;

(3) Findings on health indicators, including the leading causes of chronic disease, injury and death in the Service Area;

(4) Evaluations of and recommendations for improvement of school based health systems in meeting the needs of specific pediatric and adolescent health care needs in the community;

(5) Focus on primary care, behavioral health and oral health;

(6) Analysis and development of public and private resources, capacities and metrics based on ongoing CHA activities and population health priorities;

(7) Description of how the CHA and CHP support the development, implementation, and evaluation of patient-centered primary care approaches;

(8) Description of how the objectives of Health Systems Transformation and Contractor's Transformation Plan, described in Exhibit K, are addressed in the CHA and CHP;

(9) System design issues and solutions;

(10) Outcome and Quality Improvement plans and results;

(11) Integration of service delivery approaches and outcomes; and
(12) Workforce development approaches and outcomes.

e. The CHP shall identify the findings of the CHA and the method for prioritizing health disparities for remedy. Contractor shall provide a copy of the CHP, and annual progress reports to the CHP, to OHA on or before June 30th of each year. The CHA and CHP must be updated at least every five years. Contractor can update the CHA at any time and the updated CHA can be substituted for the annual progress report requirement for that year.

f. Contractor shall ensure that the LMHA(s) in the Service Area determine the need for local mental health services, coordinate its local planning with the development of the CHP, and adopt a comprehensive local plan for the delivery of local mental health services for children, families, adults and older adults that describes the methods by which the LMHA will provide those services. OHA, with the Contractor, may require the LMHA to review and revise the local plan periodically as referenced in ORS 414.627.