



**CAC Member Recruitment & Engagement: A Meeting for CAC Leaders
May 24, 2016, Valley River Inn, Eugene, OR
Willamette Ballroom East & Middle**

- 7:30 - 8:30 a.m. **Event Registration & Breakfast**
- 8:30 - 8:35 a.m. **Welcome & Introductions**
Chris DeMars, Director of Systems Innovation,
Adrienne Mullock, Transformation Analyst,
Oregon Health Authority Transformation Center
- 8:35 - 9:00 a.m. **Opening Networking Activity**
Carolyn Waterfall, Consultant
- 9:00 - 10:30 a.m. **Presentation: Appreciative Advocacy**
Sharon Kuehn, Consultant
- 10:30 - 10:45 a.m. **Break**
- 10:45 - 11:15 a.m. **Recruiting for Success: Engaging and Sustaining your Members**
Chantelle Fitz-Amado, Program Coordinator, Patient and Family Centered
Care, Providence Medical Group
- 11:15 a.m.-12:15 p.m. **Lunch**
**Public Service Announcement (PSA) Viewing & Implementation
Strategies Discussion;**
CAC Recruitment & Engagement Materials Sharing
Adrienne Mullock, Transformation Analyst
Oregon Health Authority Transformation Center
- 12:15 - 12:45 p.m. **A Culture Shift of Engagement: Setting the Table to be Inclusive of
Consumers**
Tammi S. Paul, Statewide Training Program Manager,
Oregon Family Support Network (OFSN)
- 12:45 - 1:15 p.m. **Group Activity**
- 1:15 - 1:45 p.m. **Exploring the Engagement of Rural CAC Members through the Lens
of Rural Health Care Equity**
Meredith Howell, Regional Program Coordinator,
Rural Development Initiatives, Inc.
- 1:45 - 2:15 p.m. **Q & A Panel with all Presenters**
- 2:15 - 2:45 p.m. **Next Steps**
Carolyn Waterfall & Adrienne Mullock
- 2:45 - 3:00 p.m. **Wrap-up & Evaluations**

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May 24, 2016

7:30 – 8:30 a.m.

Event Registration & Breakfast

Valley River Inn lobby

8:30 – 8:35 a.m.

Welcome & Introductions

Willamette Ballroom East & Middle

Chris DeMars, Director of Systems Innovation, OHA Transformation Center
Adrienne Mullock, Transformation Analyst, OHA Transformation Center

8:35 – 9:00 a.m.

Opening Networking Activity

Carolyn Waterfall

503-686-3918

c.waterfall@comcast.net

www.carolynwaterfall.com

Description: In the first activity, you will have the opportunity to connect with your tablemates to share something for which you are grateful. In the second activity, you will have the chance to mingle, introduce yourself, and find people whose CAC participates in the activities listed on the networking scorecard handout. The person whose CAC matches the description on the scorecard will sign their name in the appropriate box.

Objectives: By the end of these activities, you will:

- Have energized some new neural pathways;
- Have gotten to know each other a little better; and
- Learned a little about what other CACs are doing.

Notes:

Appreciative Advocacy

Sharon Kuehn, LifeForce Learning,
510-593-4966
sharon@lifeforcelearning.net

Description: The Appreciative Advocacy workshop provides an interactive opportunity for peers and family members to work together for change using an approach that is both fun and effective. Simple, proven principles from the science of appreciative inquiry are applied to the art of advocacy and advisement in the health arena. Come to learn a positive, hope-filled approach to effecting change. Participants learn to envision the change they seek and to let the power of that vision guide their actions.

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

- Understand basic concepts of appreciative inquiry;
- Practice positive change skills such as creating a provocative proposition;
- Learn the connection between how we think, positive action and desired outcomes;
- Find more joy and connection in the process of advisory committee work; and
- Have a personal experience of a welcoming engagement process.

Notes:

Recruiting for Success: Engaging and Sustaining your Members

Chantell Fitz-Amado, Program Coordinator, Patient and Family Centered Care,
Clinical Innovation and Transformation, Providence Medical Group
Phone 503-893-6613 | Mobile 503-821-9379 | Fax 503-893-6685

Chantell.Fitz-Amado@providence.org

Description: Recruiting the right members, and having an engaged supportive leadership team, is the foundation to the success of the council. It can be challenging to make sure that all voices are heard. A consistent process for recruiting, onboarding and educating members for cultural competency, teamwork and a shared purpose will support sustainable recruitment efforts.

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

- Understand what the most meaningful referral is to patient and families;
- Understand the importance of an engaged physician/provider/and leadership team; and
- Brainstorm ideas for reaching out and recruiting new CAC members.

Notes:

**Public Service Announcement (PSA) Implementation Strategies Discussion;
CAC Recruitment & Engagement Materials Sharing**

Adrienne Mullock, Transformation Analyst,
Transformation Center, Oregon Health Authority

(971) 673-3384

adrienne.p.mullock@state.or.us

Description: During this portion of the agenda, together we will view and discuss implementation strategies for the public service announcement (PSA) that was developed to support the recruitment efforts of all community advisory councils (CACs) across the state of Oregon. We will also have the opportunity to explore innovative ways that CACs are currently recruiting new members.

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

- Identify opportunities for using the public service announcement for your local CAC; and
- Describe ways that some CACs are recruiting CAC members.

Notes:

A Culture Shift of Engagement: Setting the Table to be Inclusive of Consumers

Tammi S. Paul, Statewide Training Program Manager,

Oregon Family Support Network (OFSN)

1300 NE Broadway Street, Suite 403

Salem, Oregon 97301-1420

541-912-4009 (cell)

tammip@ofsn.net

Description: This presentation will introduce the concept of meaningful consumer engagement with specific examples and will discuss six best practice strategies to increase engagement of consumers.

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

- Understand the concept of meaningful consumer engagement;
- Gain six specific strategies to increase consumer engagement; and
- Know how to access specific consumer advocacy training through OFSN.

Notes:

Carolyn Waterfall

Trainer, Consultant, Facilitator

503-686-3918

www.carolynwaterfall.com

Description: In this activity, participants will reflect on the experiences and activities of the day and will work with their tablemates to create positive actions/next steps towards their CAC visions.

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

- Integrate what you have learned about recruitment and engagement and apply those insights into action steps.
- Hear from other CAC members about their next steps.

Notes:

Exploring the Engagement of Rural CAC Members through the Lens of Rural Health Care Equity

Meredith Howell, Regional Program Coordinator,

Rural Development Initiatives, Inc.

541-547-3588 (home office)

541-760-6255 (cell)

mhowell@rdiinc.org

Description: Health care disparities and health care equity are important issues for rural residents and rural CAC members. How do CAC recruitment efforts include conversations about health care equity? How do CACs support the engagement of its rural members in work towards health care equity?

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

- Understand the importance of health care disparities and health care equity for rural Oregon; and
- Begin to understand the need for CACs to address these concepts in the work that they do.

Notes:

1:45 – 2:15 p.m. Question & Answer Panel with all Presenters

Description: Now's your chance to hear answers to your questions! All presenters will have the opportunity to respond to any questions compiled throughout the day.

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

- Have gained new insights from subject matter experts; and
- Understand how other CACs across the state are recruiting and engaging CAC members.

Notes:

Carolyn Waterfall

Trainer, Consultant, Facilitator

www.carolynwaterfall.com

503-686-3918

Adrienne Mullock, Transformation Analyst,

Transformation Center, Oregon Health Authority

adrienne.p.mullock@state.or.us

(971) 673-3384

Description: In this final activity, participants will begin to think about how to create SMART recruitment and engagement goals for their CACs. This will serve as a starting point for each of the CACs to enhance recruitment and engagement efforts of CAC members. Tools will be provided to assist CACs in identifying next steps with regard to recruitment and engagement efforts for their CACs.

- Objectives:** By the end of the presentation, you will be able to:
- Review concrete tools to assist you in recruitment and engagement efforts;
 - Develop recruitment and engagement SMART goals; and
 - Identify future supports from the Transformation Center.

Notes:

Biographies of OHA staff & presenters

Tom Cogswell

Tom Cogswell has served as the Transformation Program 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 21-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.

Chantell Fitz-Amado

As Program Coordinator for Patient and Family Centered Care at Providence Medical Group in Portland, Oregon, Chantell supports over 16 clinics with advisory councils in the Oregon Region. Chantell has over 10 years of clinic operations and leadership experience in primary and specialty care clinics with Providence. Chantell earned a Diploma in Medical Assisting, and is an Alumni of Warner Pacific College, where she earned a Bachelor of Arts in Business Administration. Chantelle is a member of both the Beryl Institute and Patient and Family Centered Care Partners, organizations dedicated to improving the patient experience by engaging patients and families. Chantell lives in Portland and enjoys reading and spending time with her family exploring the outdoors by cycling, hiking and taking nature photos.

Meredith Howell

Meredith joined Rural Development Initiatives (RDI) in 2012 after spending several years helping rural Oregon nonprofit organizations and schools develop projects and match funding sources to those projects. Her background in scientific research, teaching and curriculum development at the university level helps her effectively communicate complicated and abstract concepts to audiences of youth and adult learners. Through RDI, Meredith now works as a nonprofit consultant to design and facilitate board retreats, design and facilitate strategic planning processes and present on board development and fund development concepts. She also facilitates leadership classes through the Ford Institute for Community Building. In 2010, Meredith developed a 20 hour grant writing workshop series entitled, *Learn By Doing*. She coordinates and instructs this popular workshop series throughout rural Oregon.

Sharon Kuehn

Sharon is a longtime leader in the peer recovery movement, with a focus on peer involvement and empowerment. Sharon is passionate about creating new approaches in which consumers and families play key leadership roles. In addition to her consulting work with LifeForce Learning LLC, Sharon serves on the Oregon Consumer Advisory Council as the Chair of the Peer Delivered Services Committee. She also volunteers on several nonprofit boards: the Oregon Consumer/Survivor Coalition, Food by Design and Capacitar International. Sharon loves the ocean, hiking, yoga and photography.

Adrienne Mullock

Adrienne Mullock is a Transformation Analyst at the Oregon Health Authority's Transformation Center. At the Transformation Center, Adrienne provides targeted technical assistance to coordinated care organizations (CCO), including the recruitment and engagement efforts of the CCO's community advisory councils. 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 ten years and now feels like this is her home. Adrienne is passionate about yoga and has taught various classes in Portland, including a class she initiated to share the practice with her daughter, Alex Uma Mullock (aka Zuma).

Tammi S. Paul

Tammi is the parent to three children, and she and her husband own a farm north of Eugene. Tammi's background is in higher education administration and special education law (in addition to being an artisan goat milk cheese and soap maker).

Tammi serves as the Statewide Training Manager for Oregon Family Support Network (OFSN), is a certified Peer Support Specialist and serves as a state consultant to the OHA System of Care/Wraparound Statewide Initiative touching all counties in Oregon. Her lived experience as a parent to a child who experiences ADHD and anxiety and another child who is on the autism spectrum gives her a unique perspective as a family member navigating multiple systems as an advocate for her children. Tammi serves on multiple statewide boards and commissions including the State Advisory Council on Special Education (SACSE), the Oregon Consumer Advisory Council and the Traditional Health Worker Commission.

Carolyn Waterfall

Carolyn is an organization and professional development trainer, meeting facilitator and coach. Carolyn provides engaging, results-oriented training solutions, meeting facilitation, presentations, curriculum development, project management and technical assistance. In addition to master's degrees in Counseling and Organization Development/Adult Education from the University of Oregon, Carolyn has 25 years of experience in a wide variety of public, private and not-for-profit organizations. Carolyn has completed post-graduate work in interpersonal neurobiology and is a certified mediator. She teaches in the Customized and Workforce Training departments at Clackamas and Portland Community Colleges and can work with you to build cohesive, high performing teams and CACs, improve retention and engagement, enhance listening skills and manage conflict, provide excellent customer service, work with difficult people and difficult situations, and develop emotional intelligence. She can help you manage change and increase your organization's effectiveness and health.

PowerPoint Presentation Slides



Appreciative Advocacy

Sharon Kuehn
LifeForce Learning LLC
sharon@lifeforcelearning.net

Advocacy



- An activity by an individual or a group which aims to influence decisions within political, economic, and social systems and institutions.

Introductions

- Please introduce yourself and include something you appreciate (value) about yourself
- Notice the strengths, passions and gifts we bring to this discussion



What is Appreciative Inquiry (AI)?

- “Cooperative search for the best in people, their organizations and the world around them.” (Cooperrider & Whitney)
- Appreciate means:
 - To value (the best of what is)
 - To increase in value
- Inquiry means:
 - To ask questions
 - To engage in a dialogue

What is the focus of AI?

- Emphasizes the positive aspects of our lives
- Leverages the positive to correct the negative
- Opposite of “problem-solving” (White)



As an advocate...



- You can bring out **the best** by...
 - Habitually wearing an **appreciative lens** that enables you to see the **best** in every human & system.
 - Seeing at least **one drop of water** in every glass (i.e., human system), no matter how dry or empty it may appear to be.

As an advocate & leader...



- You can help others...
 - Move from a critical or negative mind set to an appreciative mind set.
 - Focus on the **water** (the life-giving forces) that are in the glass so that, together, you can fill the glass to half full, full or even overflowing!

Two pathways to change

- Deficit-based approach (traditional problem-solving)
 - Focus on what is wrong.
- Strength-based (appreciative) approach
 - Focus on what is working.

Two Pathways:

Traditional

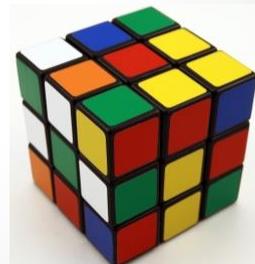
- Felt need, identification of problem
- Analysis of causes
- Analysis of possible solutions
- Action planning (treatment)
- Basic assumption: there is a problem to be solved

Appreciative

- Discovering “what is working”
- Dreaming “what might be”
- Designing “how it can be”
- Delivering “what will be”
- Basic assumption: there is a mystery or something different to be embraced

What about the problems?

- Appreciative Advocacy does not ignore problems--it recognizes them as a desire for “something else,” “a call for change.”
- Appreciative Advocacy can help people see their past and present experiences as contrast, highlighting the “something they wish for to focus on, reaching for the goal.”



Why learn a new way of thinking about change?

- *“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”*

-Albert Einstein

Appreciative Inquiry & Change

- Appreciative Inquiry/Advocacy is a useful approach to change or improvement in any human or system of any scale
- It can be...
 - Rapid
 - Sustainable
 - Transformative
- It can bring “change at the speed of imagination!”

The Power of Questions

- Inquiry Creates Change
 - Inquiry is an intervention
 - The moment we ask a question, we begin to create a change!



Study What is Important and What We Want More Of

- We Can Choose What We Study/Research
 - People and Organizations, like open books, are endless sources of study and learning
 - What we choose to study makes a difference. It describes--even creates--the world as we know it



Image of the Future is Important

- The Image Inspires Action
 - Humans and systems move in the direction of their images of the future
 - The more positive and hopeful the image of the future, the more



positive the present-day action

Positive Questions Leads to Positive Change

- Momentum for [small or] large-scale change requires large amounts of positive thinking and ideas and social bonding
 - “What do I love about serving on the CAC?”
- This momentum is best generated through positive questions that amplify the positive core
 - “How can I contribute to creating a an engaged CAC that is active, effective, and demonstrates community values in action?”

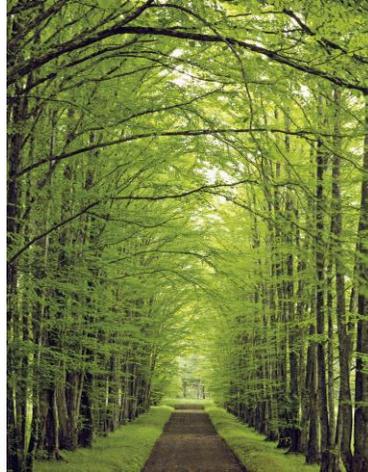
Act As If

- The **Enactment** Principle: Acting “As If” Is Self-Fulfilling
 - To really make a change, we must “be the change we want to see”
 - Positive change occurs when the process used to create the change is a living model of the ideal future

The Appreciative Inquiry Cycle: Moving Toward

- **Define:** Choose the positive as the focus of inquiry
- **Discover:** Inquire into exceptionally positive moments
- **Dream:** Create shared images of a preferred future (vision)
- **Design:** Innovate and improvise ways to create that future
- **Deliver:** Evolve into the preferred future

Create images of a preferred future



Keep those thoughts in mind and consider...

- What is the positive core (the life-giving forces or conditions) that supports **engaged, active CACs**?
- As a small group, select one to three themes or common threads that your group finds most energizing and exciting.

Create a great Provocative Proposition (statement) that is...

1. "Provocative"
2. Grounded in your collective history
3. Desired
4. Stated in affirmative and bold terms
5. Written in present tense
6. Provides guidance for the group's learning
7. Stimulates group learning

Ultimately create a statement that illustrates what you value about consumers sharing their voices to impact the CCOs.



Design: Innovate and improvise ways to create that future



- What can you do to create the future that you envisioned in your Provocative Proposition?

Think "Engagement Plan!"



What is your VISION for your CAC?

Wrapping Up

- What parts of the vision do you personally want to bring to life?



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Deliver: Evolve into the preferred image or vision

- Postcard to Yourself
 - Write a brief note to yourself about what you plan to do in the next month to be the change you wish to see.
 - Write your name and address on the postcard. I'll send the note to you in a month and you can see how you did.

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How to Make Appreciative Advocacy a way of life

- Develop an appreciative mind-set
 - Be clear about what you want MORE of (not less of)
 - Track it
 - Fan it
 - Praise it - call attention to something that has already happened
 - Bless it - give license to continue
 - Ask for more of it
 - Meta-fan it
 - Add support and mutuality



I like it, I love it, I want some more of it!

Using Appreciative Advocacy with your peers/colleagues

- Reframe issues or problems into a topic (two or three words) that is:
 - Positive
 - Desirable
 - Will stimulate learning
 - Will stimulate conversations about desired futures

This is the beginning of your advocacy campaign!

Every day Appreciative Advocacy

Examples

- Poor leadership
 - What are the leadership traits we value?
- Intolerance of diversity
 - What are the benefits of diversity?
- Voice and inclusion
 - What are examples of excellent, inclusive processes in which every voice counts and the results are visible?

Thank You

*“Imagination is more important than
knowledge.”*

--Albert Einstein



Contact Info

*"Go confidently in
the direction of your
dreams. Live the life
you've imagined."*

-Thoreau



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Recruiting for Success



PFAC

Chantell Fitz-Amado

Program Coordinator

Patient and Family Centered Care

Who do we look for?

- Someone able to bring their perspective and see many different points of view.
- Able to communicate and cooperate with individuals whose backgrounds, experiences and styles may be different from their own.
- Must maintain confidentiality of patient and organizational sensitive information.
- Able to commit 4-6 hours per month for 2 years.



Diversity

- Potential Advisors should represent the diversity of the patients and family served at the clinic
- Cultural competency
- Have a general understanding of other cultures and differing communication styles



What is most meaningful?

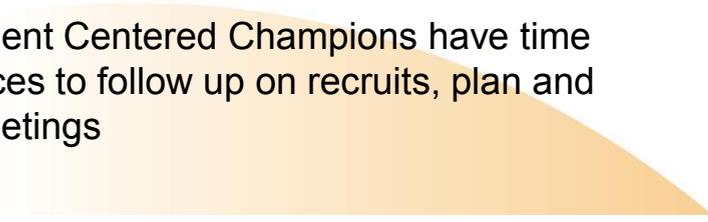
- Referral from physician/provider
 - Another member of care team
- 
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Lead by example

Leadership is onboard and engaged

- Medical Director
- Physician/Provider Champion
- Management team

Ensure Patient Centered Champions have time and resources to follow up on recruits, plan and execute meetings

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Get everyone onboard

- Educating caregivers about what Patient and Family Advisors are and the value they bring to the organization
- Standing agenda item at staff meetings
- Reach out to other departments and programs

Recruitment Strategies

- Physician recommendation
- Staff recommendation
- Recruitment posters and brochures
- PFAC created clinic newsletter
- Flyers in patient areas (lobby, exam room, restrooms)
- PowerPoint slide on TV in lobby
- Article in internal caregiver department newsletter
- Information on external PMG website
- PMG Quality Department



Recruitment strategies

Providence Medical Group-Glisan

Volunteer to be a Providence Medical Group-Glisan Patient and Family Advisory Council member

Our Providers
Our Programs
Our Services

How do we engage our patient and family advisors?

- Input into improving patient care. Council members serve as partners with Providence Medical Group-Glisan leadership, medical providers, staff, and patients and families to discuss how we can continue to make our programs and policies patient-centered.
- Patient education review. Our patient education materials and programs are reviewed by our advisory council members for clarity, consistency and tone.

What are some Patient and Family Advisory Council accomplishments?

- Explaining our patient-centered medical home. Patient and family advisors help explain Providence's new team-based health care model to our patients.
- To learn more about our patient-centered medical home model, please watch this short video:
 - English
 - Spanish
 - Russian
 - Vietnamese

We have a Patient & Family Advisory Council

- Our Patient and Family Advisory Council (PFAC) is focused on bringing the views of patients and families into health care.
- The PFAC is made up of patients, family members of patients, and clinic staff.
- Patient and family advisors share their knowledge and experiences in partnership with Providence Medical Group.

Website includes projects

Handouts and slide decks for TV's

Recruitment strategies

¡Queremos saber de USTED!

En Providence Columbia Women's Clinic su voz se escucha. Únase a nosotros como asesora de pacientes y familias y comparta su perspectiva de cómo podemos mejorar su salud y bienestar de usted y su familia.

Asesora de pacientes y familias, significa:

- Compartir su conocimiento y experiencias
- Formar equipo, mejorar la situación de la paciente
- Asistir a reuniones con el personal de Columbia Women's Clinic y asesoras de pacientes y familias

¿A quiénes buscamos, y para qué?

- A una persona o familiar que recibe cuidado médicos en Columbia Women's Clinic.
- Alguien con un deseo e interés de compartir su experiencia de mejoría
- Respeto de otras opiniones, poder trabajar bien con los demás.

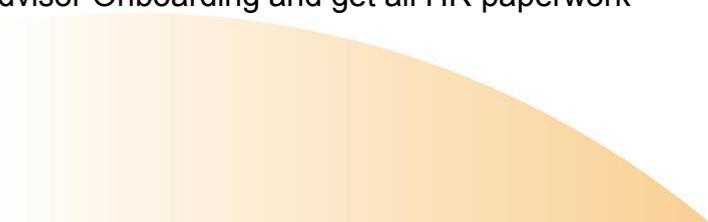
Un compromiso de tiempo:
Se trata de un puesto voluntario. Las reuniones son cada mes. Según sea la función, se le podría pedir que participe 2 a 3 horas por mes.



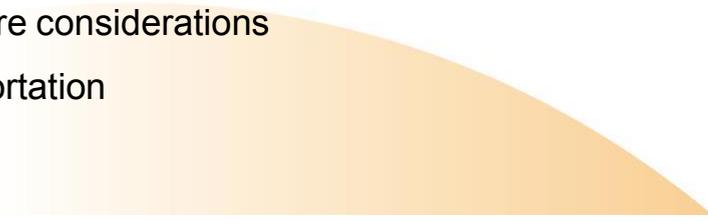
Social media

Demographic specific

Recruiting follow through

- Follow up in a timely manner with the patient or family member
 - Phone screenings to narrow down viable candidates
 - Schedule in person interviews
 - Schedule Advisor Onboarding and get all HR paperwork signed
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Recruiting Challenges

- Thinking there isn't a demand for advisors
 - Not planning for ongoing recruitment
 - Demographics excluded (not purposely)
 - Not enough diversity (age, gender, race & ethnicity, payor type (commercial vs. Medicaid/Medicare); parents of children
 - Childcare considerations
 - Transportation
- 
- A large, light orange gradient shape that tapers from left to right, positioned below the list.

References and resources

- This presentation was adapted in part from M. Abraham & M. Minniti. (2013) Essential Allies: Patient, Resident and Family Advisors A guide for Staff Liaisons. Institute for Patient and Family Centered Care
- The Beryl Institute <http://www.theberylinstitute.org/>
- Institute for Patient and Family Centered Care www.ipfcc.org
- Center for Medical Home Improvement
<http://www.medicalhomeimprovement.org/>
- PFCCpartners- <https://pfccpartners.com/>
- Oregon Primary Care Association (OPCA)
<http://www.orpca.org/initiatives/patient-experience>

Thank you!
Questions?



Oregon
Family Support
Network

hallo สวัสดี 喂 привет xin chào
привет hello olá
Γειά bonjour olá
hola こんにちは ciao ahoj salut שלום



A Culture Shift of Engagement: Setting the Table to be Inclusive of Consumers

Presentation Outcomes

- ❑ Introduce Oregon Family Support Network (OFSN)
- ❑ Define Meaningful Family/Consumer Engagement
- ❑ Discuss strategies to increase Family/Consumer engagement

An Introduction to OFSN

-
- Founded in 1991
 - 501(c)3 non-profit
 - Family Run Organization (FRO)
 - Working statewide in Oregon
 - Founded as a grass roots organization providing support groups, education and children's mental health advocacy.

Our Mission

- Families and youth working together to promote mental, behavioral and emotional wellness for other families and youth through education support and advocacy.

Who we serve

- Children, youth and families with complex mental or behavioral health challenges or other special health needs
- Families and youth across Oregon
- Families and youth with private and public insurance as well as those without insurance benefits

What we do

- Provide referrals, technical information, training and consultation related to family/consumer voice and advocacy
- Facilitate family to family connections
- Provide assistance in navigating systems so that families can gain the support and services they need
- Facilitate support groups and family events
- Provide one to one peer support services

What we do (cont.)

- Provide policy, advocacy and leadership training for families and system partners
- Advocate for awareness, funding and policies that support children's mental health
- Address needs that parents and caregivers have identified as significant impacts on their lives (ie., isolation, daily stress, special education, respite, social and recreational resources, advocacy)

Meaningful Family/Consumer Engagement means...

- Family/youth/child/consumer perspectives are intentionally elicited and prioritized
- Planning and discussion is grounded in the family/consumer members' perspectives
- Options and choices are provided that reflect family/consumer perspectives and values
- Family/youth/child/consumer's voice drives the process and plan
- Family/Consumer members feel safe using their voices and expressing their choices

Engagement Strategy #1

- Change the culture from system driven to consumer driven



Engagement Strategy #2

- Provide ongoing consumer mentorship, coaching and training



Engagement Strategy #3

- Use family/consumer friendly language and minimize acronyms



Engagement Strategy #4

- Be culturally responsive and agile



Engagement Strategy #5

- Focus on the meaningful work that consumers are concerned about



Engagement Strategy #6

- Hear the voice, honor the experience,
value the learning



Questions???



Exploring the Engagement of Rural CAC Members through the Lens of Rural Health Care Equity



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Session Overview



- ✓ Understand the importance of **equity** and **disparity** in rural health care systems
- ✓ Discuss **recruitment** and **engagement** of CAC members in rural areas



Primary Question



How do CACs best support their rural members to feel engaged and empowered?



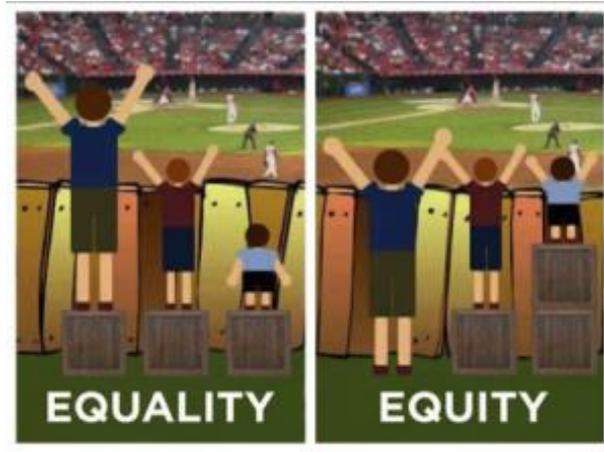
Listening to Learn



Rural members; what motivated you to join your CAC?



Equality and Equity



Rural and Urban Equity Activity



✓ What do rural communities need to thrive?



Rural and Urban Equity Activity



✓ What do urban communities need to thrive?



Health Equity



What does health care equity mean?



Health Equity



**Attainment of the highest level
of health for all people.**

National Partnership for Action to End Health
Disparities



Rural Health Equity



**Before we can talk about rural
health equity, we must first
introduce a few more terms...**



Health Disparities



Health disparities are differences in health status when compared to the general population

Rural Americans are a population group that experiences significant health disparities



Survey data for rural residents



- **older**
- **poorer**
- **have fewer physicians to care for them**



Risk Factors for Rural Health Disparities



- **geographic isolation**
- **lower socio-economic status**
- **higher rates of health risk behaviors**
- **limited job opportunities**
- **higher rates of chronic illness**
- **poor overall health**



Causes of Rural Health Disparities



- **health care access**
- **socioeconomic status**
- **unhealthy behaviors**
- **chronic conditions**



Rural Health Equity



To achieve health equity, we must eliminate all disparities in healthcare and the associated factors that influence health



An Important Role of Rural CAC Members



- 1. Understand rural and local health disparities**
- 2. Work towards rural health equity**



Role of Rural CAC Members



What are the barriers to helping CAC members work towards creating local health equity?



Role of Rural CAC Members



What are opportunities for engaging CAC members in rural health equity issues?



Resources



Rural Healthy People 2020, Texas
A&M's Health Science Center School of
Rural Public Health's Southwest Rural
Health Research Center

**The 2014 Update of the Rural-
Urban Chartbook, Rural Health**
Reform Policy Research Center

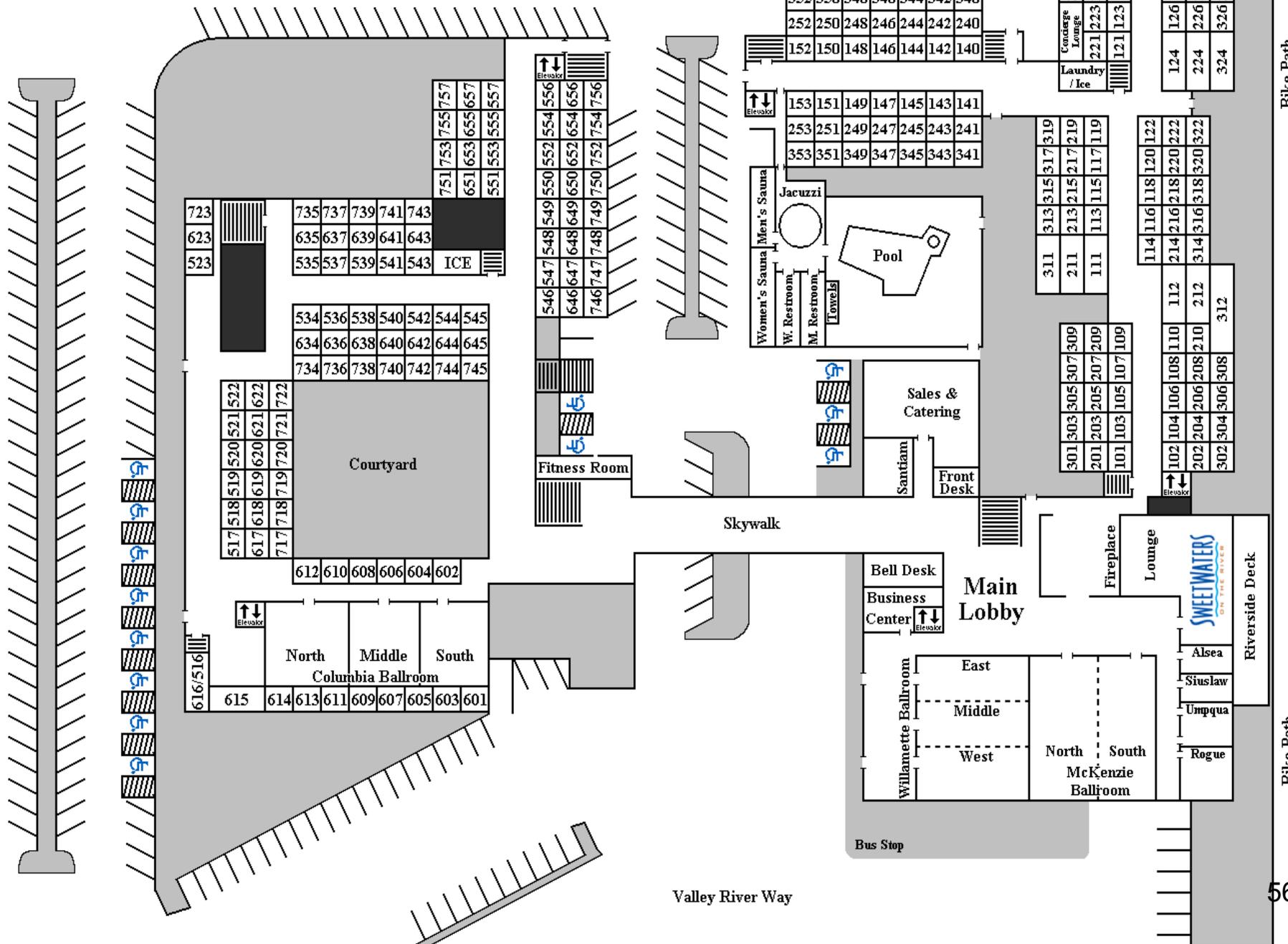




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Bike Path

Willamette River

Bike Path

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Coordinated Care Organization Service Areas

