CCO Community Advisory Councils:

Handbook of Best Practices

*Version 9 – February 23, 2021*



Community advisory councils (CACs) are valuable parts of CCOs. They were created by law to make sure CCOs meet the health care needs of their consumers and community.

**How to use this handbook:**

Review the list of best practices in the first column on the left.

Identify those that you would like your CAC to adopt or improve.

Read the suggestions and examples and talk with your CAC about how you could use them.

Check out the additional resources, templates and samples on the [Transformation Center’s website](https://www.oregon.gov/oha/HPA/dsi-tc/Pages/CAC-Learning-Community.aspx).

Set achievable goals for growth. You don't have to do it all at once!

Oregon Health Plan (OHP) members and their primary caregivers are essential members of CACs. In fact, the majority of CAC members must be OHP members. Their perspective provides direct guidance to the CCO on how to best engage OHP members and meet their needs. It also allows OHP members to be active partners in their care and to obtain training, knowledge and experience that benefits them beyond their health care.

To help CCOs increase OHP member participation, and improve the overall function of their CAC, the Oregon Health Authority (OHA) Transformation Center has created this handbook of CAC best practices.

These recommendations are based on insights from a range of sources including Transformation Center meetings, calls, interviews, evaluations, surveys and more. Thanks to the many CAC coordinators, CAC members, OHA Innovator Agents and others doing this work who have provided insights, best practices and examples!

This is a living document and we welcome additional best practices, examples and case studies. You can email them to Tom Cogswell ([thomas.cogswell@dhsoha.state.or.us](mailto:thomas.cogswell@dhsoha.state.or.us)).

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| **1. Establish a clear structure and guiding principles** | |
| *Recommended Best Practice* | *Suggestions and Examples from CACs* |
| a. Create and share a clear organizational structure showing how the CAC works and how the CAC connects to the CCO. | * Make sure the CCO organizational structure shows how communication flows to and from the CAC. (i.e., how the CAC’s input is used and how the CCO’s CEO and board of directors communicate with the CAC) * Many CACs have developed overview presentations that explain the organizational structure of the CCO * Resource: [Eastern Oregon CCO Organizational Structure Overview](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Eastern%20Oregon%20CCO%20Organizational%20Structure%20Overview.pptx) * Resource: [Eastern Oregon LCAC Overview](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Eastern%20Oregon%20CCO%20LCAC%20Overview.docx) * Resource: [PacificSource Central Oregon Governance Structure](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/PacificSource%20Central%20Oregon%20Governance%20Structure.png) * Resource: [PacificSource Columbia Gorge Governance Structure](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/PacificSource%20Columbia%20Gorge%20Governance%20Structure.jpg) |
| b. Establish guiding principles (how we work together), values (what we stand for) and goals (what we aim to accomplish). Engage the full CAC in approving these decisions; revisit regularly. | * If you have an existing CAC charter, review and vote to approve or amend the charter at the beginning of each year * Establish a clear process for voting and decision-making so members understand when and how their input is needed * Discuss and establish clear processes for inclusion and affirm those processes in your charter * AllCare Health Plan established meeting guidelines early in development of the CACs and revisits them annually. They are outlined on the backs of name tents at CAC meetings. One of the meeting guidelines is to use common language and define acronyms as needed. * Resource: [Advanced Health Coos County CAC Charter (2019)](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Advanced%20Health%20CAC%20Charter%202019.pdf) * Resource: [Columbia Pacific CCO Tillamook County CAC Charter](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Tillamook%20County%20Charter%20FINAL.docx) * Resource: [Eastern Oregon CCO LCAC Charter](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Eastern%20Oregon%20LCAC%20Charter.pdf) * Resource: [Umpqua Health Alliance CAC Charter](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Umpqua%20Health%20Alliance%20CAC%20Charter.pdf) * Resource: [Yamhill Community Care CCO CAC Charter](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Yamhill%20Community%20Care%20CAC%20Charter.pdf) * Resource: [Yamhill CCO CAC Ground Rules](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Ground%20rules-Yamhill%20CAC.docx) * Resource: [IHN CCO Benton LCAC Ground Rules & Consensus Process](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/IHN%20CCO%20Benton%20LCAC%20Consensus%20Process.pdf) * Resource: [Eastern Oregon CCO Baker County LCAC Meeting Minutes (June, 2019)](https://www.eocco.com/eocco/-/media/eocco/pdfs/cac-meetings/minutes/2019/june-2019/baker-lcac-meeting-minutes-06042019.pdf) |
| c. Establish common language so that communication is clear and everyone has the same level of understanding and opportunity to participate. | * Create tools such as plain language guidelines and a glossary of terms and acronyms. Post or distribute them at each meeting * Consider strategies or guidelines to ensure language accessibility for non-native or non-English speakers * Many CACs provide appendices in their member binders that include a glossary of acronyms and common terms * PacificSource Central Oregon CAC has a rule that every speaker defines any acronym they use * The Health Share CAC provides bells for each member and encourages them to ring if someone uses an acronym they do not understand. Speakers must explain what the acronym means if a bell rings. * Resource: [Eastern Oregon CCO terms, acronyms and definitions](http://www.oregon.gov/oha/HPA/dsi-tc/Resources/EOCCO%20terms%20acronyms%20definitions.docx) * Resource: [IHN CCO CAC meeting minute template](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/IHN%20CCO%20CAC%20meeting%20minute%20template.docx) |

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| **2. Recruit members to join the CAC** | |
| *Recommended Best Practice* | *Suggestions and Examples from CACs* |
| a. Use a role description that clearly defines the expectation of a CAC member. | * Include role and purpose, tasks, number of hours expected, rules of conduct, where and when meetings are held, expectations for how many meetings each member must attend, any considerations for reimbursement, etc. * Resource: [Health Share of Oregon CAC Flyer](https://www.healthshareoregon.org/storage/app/media/documents/About%20Us/Community%20Advisory%20Council/CAC%20Recruitment%20Flyer_2019.pdf) |
| b. Use a simple application that gathers the information you need but is not too long or difficult. | * Make the written application clear, simple and accessible. Only ask for the most important information needed. Be sure to include non-discrimination language. The goal of the written application is to create a mechanism for people to express initial interest. * Gather additional information (for example, the applicant’s background, interest in the CAC, what they hope to contribute, what they hope to learn) through an in-person meeting or phone call with the applicant * Resource: [Jackson Care Connect CAC Application](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Jackson%20Care%20Connection%20CAC%20Application.docx) * Resource: [Central Oregon Health Council CAC Application](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Central%20Oregon%20Health%20Council%20CAC%20Application.pdf) * Resource: [Columbia Gorge Health Council CAC Application (English)](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CAC%20Membership%20Applic%20Form%20English%20V12.pdf) * Resource: [Columbia Gorge Health Council CAC Application (Spanish)](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CAC%20Membership%20Applic%20Form%20Spanish%20V12.pdf) * Resource: [Umpqua Health Alliance CAC Application Template](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Umpua%20Health%20Alliance%20CAC%20Application.pdf) * Resource: [Yamhill Community Care CAC Application (English)](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Yamhill%20Community%20Care%20CAC%20Application%20-%20English.DOC) * Resource: [Yamhill Community Care CAC Application (Spanish)](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Yamhill%20Community%20Care%20CAC%20Application%20-%20Spanish.doc) |
| c. Give potential members an opportunity to learn more before they commit. | * Instead of simply sharing a stack of background materials, have a phone call or meeting with the prospective member to talk about the CAC * Learn more about community advisory councils by watching this new CAC 101 presentation: * [Updated CAC 101 presentation](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CAC%20101-final%20presentation.zip) - Instructions: Download the zip file to access the PPT presentation. The PPT slides include narration. To enable narration, click on Slide Show>Play Narrations. There are a few videos in the presentation that will also need to be started manually. * AllCare Health Plan CACs invite interested prospects to attend one or two meetings to learn about their work and decide if it’s something they are interested in joining * Cascade Health Alliance CAC pairs CAC applicants with existing CAC members to meet for coffee. The member introduces them to the CAC, talks about the CCO, shares expectations, and answers any questions the new applicant might have. They also invite applicants to observe a meeting to experience how they are run and relieve any anxieties about participation. * Jackson Care Connect CAC challenges members to each invite one person to their next meeting * Annually, Eastern Oregon CCO Sherman County CAC invites each OHP member in the county to attend an education session on how the local CAC operates. The members are offered $35 for attending plus mileage and child-care expenses if needed. * COVID-19 specific: Given that some OHP members have been laid off or furloughed, they might have more time to participate. But since they're also looking for work, they may be hesitant to sign on for a long period of time. Consider offering shorter CAC terms. |
| D. Develop effective marketing materials. | * Take advantage of the editable CAC outreach templates available [here](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CAC%20Member%20Recruitment%20Resources.pdf). These templates were developed by the Transformation Center and the CAC Learning Collaborative. * Use health literacy practices for clear communication. The Fry Graph Readability Formula is an easy tool that can help gauge the readability of a piece of text. Learn more about the formula at: <http://www.readabilityformulas.com/fry-graph-readability-formula.php> * Include these essential messages:  1. Benefits of being on the CAC (don’t forget the personal benefits members receive, such as opportunities for training and new skills they can use in their job search or career, and free lunch – these are often the best-selling points!); 2. What the CAC does and how it helps OHP members; 3. What OHP members would do on a CAC; and 4. How to apply.  * Columbia Pacific CCO CAC uses fliers with tear-off numbers and postcards that are distributed at events * Jackson Care Connect uses postcards and rack cards * Resource: [Umpqua Health Alliance CAC Recruitment Press Release](https://www.oregon.gov/oha/HPA/DSI-TC/Documents/Umpqua%20Health%20Alliance%20CAC%20Recruitment%20Press%20Release.pdf) |
| e. Identify prospects and conduct one-on-one outreach to invite them to join. | * Ask community partners to identify OHP members who might be a good fit for the CAC * Stay in regular contact with partner organizations (Department of Human Services, schools, housing organizations, HeadStart, etc.) regarding emerging leaders and opportunities to promote CAC involvement * Several CCOs encourage CAC members and CCO partners to nominate OHP members (including friends) they think would be well suited to joining the CAC * When care coordinators (or similar providers) are making "well-being checks" on OHP members, have them invite people to join the CAC * Hold virtual "listening sessions" (i.e. "town hall meetings") for members in a particular county or region in order to better understand OHP members' needs during this time; add in a plug for joining the CAC |
| f. Conduct outreach at community events | * Attend community partner events to meet prospective members and share information about your CAC. Community partners are nonprofit organizations that work with OHA to reach people eligible for OHP, help them sign up and answer questions about their coverage. * Cascade Health Alliance CAC hosts booths at health fairs, the county fair and the farmers market to spread the word about their CAC and invite new members to join. This led to the successful recruitment of two new members and empowered existing members who volunteered at the booth. |
| g. Focus on diverse outreach to ensure the CAC represents the population it serves. | * If you are looking for prospects who represent a specific population, talk with community partner organizations that serve those members. They can share with you the most effective way to reach members from these communities and help develop strategies for culturally appropriate communication and engagement. * Translate outreach materials to other languages and disseminate through culturally appropriate methods |
| h. Empower CCO staff and community partners to promote the CAC in the community (provide talking points and materials). | * Attend an Oregon Health Authority collaborative meeting in your county. Collaboratives are groups of OHA community partners who meet regularly to discuss best ways to reach and serve OHP members in their area. To find a collaborative in your area, email Michael “Jon” McDaid: [Michael.J.McDaid@dhsoha.state.or.us](mailto:Michael.J.McDaid@dhsoha.state.or.us). * Eastern Oregon CCO local CACs have had CCO staff provide special presentations at county commissioner meetings to promote and discuss CACs * Advanced Health CAC members help distribute information about meetings at health fairs, farmers markets and by posting them on bulletin boards throughout the community |
| i. Use all available communication channels to promote and share information about the CAC (e.g. social media, digital, print). | * If the CCO is hosting a "micro-website" providing COVID resources, add a link about the CAC * If you have an opening on your CAC, email the OHA Office of Consumer Affairs at [Libbie.D.Rascon@state.or.us](file:///C:/Users/OR0173318/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/2EL2KKCF/Libbie.D.Rascon@state.or.us). They can post it on their website and link to your CAC member application. * Eastern Oregon CCO Lake County CAC uses the following communication channels to promote their CAC: local newspaper, news channel, local radio, fliers, word of mouth, emails and reminders. * Eastern Oregon CCO Malheur County CAC uses Facebook to communicate with community members about CAC activities, while Advanced Health staff routinely post on the “What’s Happening in Coos County” Facebook page * Broadcast CAC meetings via Facebook Live (or a similar platform) and make a pitch to the "audience" at the beginning and end to join the CAC * Launch a social media "campaign" in which all CAC members share the posts to their own networks. Similarly, sponsor a "Twitter storm" to talk about what's great about CACs. * Eastern Oregon CCO Lake County CAC allows meetings to be recorded by the local newspaper, which publishes excerpts for community members to read * AllCare Health Plan CACs share their flier on web pages and social media, and also mail it to all OHP members. They also include CAC recruitment messages in their newsletters. * Post open CAC positions in the [Next Door](https://nextdoor.com/) app * Place posters at CCO/CAC-sponsored locations that says something like "this was made possible by the CAC of [CCO]...join us!" (e.g. a poster could be placed at the life-jacket station at a local lake - this station was funded by the [add name of CAC]) * Send a press release to local media and partners * Resource: [Central Oregon Health Council CAC Press Release (Spanish)](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Board%20Member%20Seat%20Open%20Press%20Release-Spanish.pdf) |

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| **3. Support CAC members to succeed** | |
| *Recommended Best Practice* | *Suggestions and Examples from CACs* |
| a. Provide a clear orientation that covers roles and expectations, as well as background about the CCO and CAC. Recognize that there can be a steep learning curve for anyone joining a CAC and set up the team as a cohesive group where everyone is an equal. | * Provide all new members with a notebook that includes the following (consider translations as needed):   + Orientation materials   + CAC charter, including accessibility policy (for example, “Everyone is an equal no matter their gender identity, race, ability, sexual orientation, ethnicity or language”)   + List of CAC members and their background or role on the CAC   + CCO metrics   + Most recent Community Health Improvement Plan   + Most recent Community Health Assessment   + Minutes from recent meetings for review   + Role descriptions for CAC members, CAC chairs, partners and CCO staff * Resource: [Columbia Pacific CCO CAC Role Descriptions](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/CPCCO%20CAC%20Member%20and%20Staff%20Job%20Descriptions%20(002).docx) (includes consumer stakeholders, community partners, CAC coordinator and others). * Resource: [Examples of CAC chair role descriptions](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Chair-Co-Chair%20Role%20Descriptions.docx) |
| b. Pair new CAC members with a fellow member “buddy” for check-ins, questions, concerns, etc. | * The PacificSource Columbia Gorge CAC created a non-voting CAC mentor role, to assist newer CAC members, and to also help with recruitment of potential CAC members. This role is set aside for previous OHP CAC members who have since fallen off of OHP. Individuals who fill this role continue to receive stipends from the CCO to cover costs such as transportation and childcare. |
| c. Be aware of members’ life circumstances, cultural background and required meeting accommodations. | * Create meeting accommodations to facilitate full inclusion of the group (e.g., times, locations, transportation, translators and interpreters, materials, etc.) * During the COVID-19 pandemic, a few CCOs have been using Zoom to provide simultaneous language interpretation during meetings (since the platform contains a built-in interpretation feature). * One CCO has found success offering language interpretation at CAC meetings before receiving a request, as word has gotten out in the community that this is an accommodation the CCO provides for CAC members. * Handout: [Language Access at CAC Meetings](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Language%20Access%20at%20CAC%20meetings.pdf) (Yamhill CCO) |
| d. Create opportunities to build relationships among members. | * Provide opportunities for face-to-face engagement * At each meeting, allow time to for reflection and celebration in addition to business * Several CCOs have hosted optional ½ hour pre-meeting Zoom gatherings (during the COVID-19 pandemic) to allow CAC members to connect with one another |
| e. Provide resources to CAC members | * Many CACs currently provide stipends to CAC members, meals at CAC meetings, and cover transportation to and from meetings * Stipend amounts range from $25-50/CAC member/CAC meeting. Additional stipends are often given to consumer CAC members for participating in Community Health Improvement Plan (CHP) subcommittees – which are outside of CAC meetings. * Some CCOs also provide a small stipend to consumer CAC members to help with the cost of childcare * During COVID-19, many CAC coordinators have been providing gift baskets/bags to CAC members in lieu of being able to provide an onsite meal during an in-person CAC meeting. Others have identified restaurants with meal delivery and have had CAC members select items from the restaurant’s menu. |

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| **4. Design engaging and effective CAC meetings** | |
| *Recommended Best Practice* | *Suggestions and Examples from CACs* |
| a. Design meeting agendas that are relevant and engaging to all members. | * Columbia Pacific CCO utilizes a rapid feedback process to assess CAC member engagement on meeting topics. * Resource: [Rapid Feedback Form](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Rapid%20Feedback%20Evaluation%20Form%20revised.docx), [Tracking Sheet](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Rapid%20Feedback%20Tracking%20Sheet.xlsx). |
| b. Have the meeting facilitator(s) complete a self-assessment to understand their current skill level. | * Resource: [Facilitation Self-Assessment](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/HANDOUT-Silverberg-Facilitation%20Skills%20Self-Assessment.pdf) |
| c. Ensure that individuals who are responsible for facilitating CAC meetings get access to training and resources on meeting facilitation and consensus building. | * Resource: [Facilitating a Group: Roles and Responsibilities of a Skilled Facilitator](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/HANDOUT-Silverberg-Facilitating%20a%20Group.pdf) * Resource: [Facilitation Cue Card](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/HANDOUT-Silverberg-Facilitation%20Cue%20Card.pdf) * Resource: [Using Consensus](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/HANDOUT-Silverberg-Using%20Consensus.pdf) * Resource: [What Makes for a Collaborative Process?](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/HANDOUT-Silverberg-What%20Makes%20for%20a%20Good%20Collaborative%20Process.pdf) * Resource: [Differentiating Between Consultation and Consensus](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/HANDOUT-Silverberg-Consultation%20vs%20Consensus.pdf) |

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| **5. Help CAC members see their value** | |
| *Recommended Best Practice* | *Suggestions and Examples from CACs* |
| a. Make the connection between CCO leadership and the CAC visible and real. For example:   * Ensure that CCO leadership attends CAC meetings * Ensure that two CAC members are serving on the CCO’s board of directors. At least one of these CAC members must be a consumer. | * Engage CCO leadership in CAC meetings:   + Many CACs have CCO leadership attend their meetings to listen and provide updates   + Several CCOs host joint governing board-CAC retreats once/year to help build relationships between board members and CAC members   + Eastern Oregon CCO shares a regional CAC report with the board annually   + InterCommunity Health Network’s CEO participates in all CAC meetings and CAC leadership meetings, and the CCO’s transformation manager attends all CAC meetings   + Columbia Pacific CCO’s regional CAC attends the CCO board meeting annually to give a presentation on its work   + Health Share’s CAC chair sits on the board, and their CEO attends all CAC meetings. Both serve as connectors to share what happens at the monthly meetings * Give CAC updates at the CCO board meeting   + At many CCOs, CAC chairs hold a seat on the CCO Board   + At each Umpqua Health Alliance board meeting, the CAC chairs provide a report on CAC activities and issues, as well as investments in community health improvement plan projects and outcomes. * Create a mechanism to bring concerns to the board:   + Trillium Community Health Plan CAC provides guidelines for sharing a consumer issue, a form to help identify issues, and a recommendation and concern form to be forwarded to the board   + InterCommunity Health Network CCO CAC has an issue brief that local committees can complete and put forward to the regional CAC   + Advanced Health CAC governing board members collect questions and comments during CAC meetings from other CAC members to bring to their governing board meeting. * Resource: [Eastern Oregon CCO Regional CAC Report (June 2019)](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Eastern%20Oregon%20CCO%20Regional%20CAC%20Report-June%202019.pdf) * Resource: [InterCommunity Health Network CCO – Issue Brief Form](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Issue%20Brief%20Blank%20form-IHN%20CCO.doc) |
| b. Provide regular communication to the CAC about how their participation is benefiting the CCO and their fellow members. | * InterCommunity Health Network CCO created pilot project summaries to help the CAC better see how pilots are working to achieve outcomes identified in the community health improvement plan * AllCare Health Plan staff report back to CACs on how their input helps resolve issues and improve quality and outcomes. For example, the quality manager reported to the three CACs on the challenges around meeting the colorectal cancer screening metric. CACs made suggestions for how to effectively outreach to members to encourage them to get screened * Eastern Oregon CCO hosts four regional meetings that have local CAC representation from each county. This meeting provides an opportunity to discuss how the collective work of all 12 local CACs is impacting the CCO. |
| c. Provide many opportunities for member input at meetings to allow everyone to contribute. | * Build in time for questions and discussion after each agenda item and at the very end of the meeting * Ensure that any updates include an opportunity for questions, reflection and input * PacificSource Central Oregon CAC provides multiple opportunities for feedback, including round-robin share outs, votes, and other interactive techniques * InterCommunity Health Network CCO has developed an Issue Brief process to address member issues brought to the CACs and their various committees * Resource: [InterCommunity Health Network CCO – Issue Brief Form](https://www.oregon.gov/oha/HPA/dsi-tc/CAC%20Learning%20Coomunity%20Meeting%20Docs/Issue%20Brief%20Blank%20form-IHN%20CCO.doc) |
| d. Develop a process and projects to keep members engaged. | * Use work groups or committees—focused on specific, measurable items that members can accomplish—as ways for members to dive in more deeply as desired and feasible. Recognize that some members will have time to be more involved in the work, and others may need to be in an advisory role. * Champion community health improvement plan (CHP) and community health assessment (CHA) projects and form work groups to address different strategies * The Eastern Oregon CCO Baker County LCAC created the “Engage to Empower” subcommittee, to gather consumer experiences with local resources and services to help improve local health care in Baker County. [The Engage to Empower resource guide](https://www.oregon.gov/oha/HPA/dsi-tc/Resources/Engage%20to%20Empower%20Consumer%20Booklet%20-%20Eastern%20Oregon%20CCO%20Baker%20LCAC.pdf) also features stories about consumer CAC members. * Provide space for community partners to give presentations about their work to serve OHP members in the community * Some CCO boards provide funds to CACs and allow them to determine how they will be spent to meet the unique needs of their communities * Yamhill CCO CAC has members review one priority goal of their CHP each meeting by breaking into small discussion groups * Cascade Health Alliance CAC was allowed to determine how their CHP grant dollars should be spent. This made the CAC feel empowered to lead a project on their own. They provided trainings for caregivers, conducted outreach and recruitment activities, and generated in-kind donations to the local coalition for chronic disease self-management programs. * See the [August 2020 CAC coordinator meeting summary](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/8-27-20%20CAC%20Coordinator%20Mtg%20Summary.pdf) for details on how two CCOs have involved their CAC members in reviewing CCO spending on the social determinants of health and equity |
| e. Celebrate success! | * At each meeting, recognize members’ contributions and involvement * Provide professional development and training opportunities to keep members engaged and recognize their contributions (see section 2h) * Yamhill CCO holds a celebration dinner with members of the board, clinical advisory panel, CAC and CCO staff. Everyone receives a small gift with the CCO logo on it (notebook, pens, umbrellas, etc.). |