

Welcome and Introductions

Luci Longoria started the meeting by welcoming the council and reviewing the meeting agenda. The council then started a round-robin of introductions and a discussion of an ice-breaker questions.

Topic 1: Community Engagement Operations

Meeting Notes

October 9th meeting minutes were approved by the council.

Community Engagement Strategy 2.0 Update

Luci Longoria explained that there continues to be steady progress regarding the next steps for approving the strategy of community engagement – purpose and strategy.

Phyusin Myint highlighted Ana Tellez's role as a consultant, assisting with strategic planning for Health Share. Ana facilitated council feedback, conducted board meetings, and worked on community engagement efforts. In 2023, she organized a leadership retreat to map engagement activities, followed by a 2024 session to finalize the strategy with Mariam Ukbazghi, Christine Kan, Luci Longoria, Maria Tafolla, and Phyusin.

For 2025, the leadership team aims to apply the strategy to major initiatives, including Health Related Social Needs (HRSN) and CCBF work. Feedback is crucial to align the strategy with engagement goals. Luci will provide more details and encourages CAC members to suggest agenda items and connect for discussions on specific projects.

CAC Stipend reminder

Just a reminder to turn in your CAC Stipend.

Identify CAC agenda topics for 2025

- Plan for CAC Charter Review

Lara Media Messaging Campaign video topics input

Abrahan Rodriguez Guillen reviewed the Lara Media Messaging Campaign with the CAC, emphasizing its continuation of the community engagement strategy. The partnership aims to update messaging across various platforms, aligning with a Health Equity approach to better engage members and clarify their benefits. Key points include:

Campaign

Overview

1. The campaign continues the community engagement strategy.
2. Partnership with Lara Media to update messaging across various platforms.

3. Focus on aligning messaging with the Health Equity approach to engage members and clarify benefits.

Goals:

4. Update website, advertisements, and physical materials.
5. Improve member engagement and service usage.
6. Clarify Health Share's role and member benefits.

Motion Graphic Videos:

- Five videos will be created, focusing on effective messaging.
- Topics include dental and mental health access.
- Emphasis on visuals over words.
- Videos will be culturally and linguistically accurate.

Key Points from Discussion:

- Importance of accurate language translation and cultural specificity.
- Need for clear communication on navigating the system and accessing benefits.
- Emphasis on making information transparent and easy to understand.
- Addressing specific community needs, such as OHP Bridge benefits for Medicare recipients.

Feedback Request:

- Seeking feedback on health topic priorities for the videos.
- Details and specifics are encouraged to guide the media team.

Review Process:

- Rounds of review for different member dynamics, including videos.
- Engagement with CAC and other stakeholders for feedback.

The campaign aims to refresh outdated materials and ensure clear, accessible communication for members.

Topic 2: Community Health Improvement Plan (CHIP)

Christine Kan reviewed the draft document; provide input on approach to inclusion of 2019 statement on structural racism; identify items to highlight in 2024 CHP Progress Report closeout; and discuss CHP implementation engagement opportunities.

**OHA Prompts to Close Out the 2019-2024 CHP:
(Questionnaire only; Narrative Report no longer needed!)**

1. Please list the most significant changes during the period of the CHP.
2. Please list the most successful strategies used during the period of the CHP.
3. Please indicate which of the following partners were involved at any point during the period of the CHIP.
4. Describe how the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community.

Discussion

Christine discussed that they have been preparing a comprehensive summary of what efforts have taken place over the past five years for Health Share, focusing on the most successful strategies used during the CHP period. Here are a few points to consider:

Highlight Key Strategies: Make sure to list the most impactful strategies that were implemented. These could include specific programs, initiatives, or partnerships that significantly contributed to our goals.

Feedback from CAC: Gathering feedback from the Community Advisory Council (CAC) is crucial. The CAC's insight provides a well-rounded view of what worked well and what could be improved.

New Reporting Requirements: As Christine mentioned, the Oregon Health Authority (OHA) has simplified the progress report requirements. Instead of a detailed narrative report, we'll now complete a questionnaire with six questions. This change should streamline the reporting process.

High-Level Summary: Ensure that the summary captures the high-level picture of our efforts, including major achievements, challenges overcome, and lessons learned.

How we are responding:

“Please list the most significant changes during the period of the CHP”

- Reflections on COVID-19 erupting right after CHP submission, and quickly adapting to focus on emergency response
- Responding to racial uprising in 2020, intentionally responding with the development of a health equity statement to service as a guide for Health Share.
- Distribution of quality funds to culturally specific CBOs serving priority populations with greater health disparities

Discussion

COVID-19 Disruptions and Adaptations: Highlighted how the pandemic forced us to quickly adapt our initial plans and shift focus. Emphasize the successful strategies and accomplishments despite these challenges.

Response to Racial Uprising in 2020: Discuss the development of the Health Equity statement and how it has guided efforts at Health Share. This demonstrates the commitment to addressing racial disparities and promoting equity.

Distribution of Quality Funds: Explain how it allocated funds to culturally specific community-based organizations (CBOs) serving populations with greater health disparities. This shows a proactive approach in response to the pandemic's impact.

Please list the most successful strategies used during the period of the CHP.

- **COVID Response**
- **Supportive Housing**

- Partnered and awarded funding to 58 CBOs to continue operations
- Highest vaccination rates in the state
- **Health Equity and Specific Outreach**
 - CHEW Workgroup
 - Contracted with 9 CBOs for redetermination outreach
- **Language Access**
 - Implementation of the 2022 Meaning Language Access Survey
 - Worked with Plan Partners to effectively report use of language interpreters
- Metro 300 project housed more than 400 individuals
- Housing benefit pilot was an early demonstration of HRSN Housing
- **Heat Wave and Climate Devices**
 - Created Climate Dashboard to identify and outreach vulnerable members
 - Generated heat mapping report to identify climate pockets in Portland
- **Child & Adolescents**
 - Funded Autism Capacity Project
 - Meet monthly with 3 early learning hubs and 3 public health authorities in our region.

Discussion

COVID-19 Impact Support Funds: Highlight the distribution of \$4.6 million to 58 community-based organizations (CBOs) and the various services they provided, such as vaccination programs, hiring clinicians of color, developing emergency sites, providing free childcare, and more. Emphasize the success of these initiatives, including the high vaccination rates achieved.

Targeted Outreach: Mention the specific focus on hard-to-reach groups, such as unhealth members, refugee and immigrant communities, and non-primary English-speaking communities. This shows our targeted approach in addressing health disparities.

Partnerships with Key Organizations: Acknowledge the importance of partnerships with key organizations, particularly those serving European, Russian-speaking, and Somali communities. These partnerships were crucial in increasing vaccination rates and reaching underserved populations.

Operational Teams' Contributions: Recognize the efforts of different teams, such as the operations team for supportive housing and heat wave work, and the child youth and family's team for their contributions. This highlights the collaborative effort across various departments.

Engagement with Early Learning and Youth Councils: Note the increased engagement with early learning councils and youth advisory councils as directed by the Oregon Health Authority (OHA). This shows our commitment to involving these groups in future CHIP work.

Support for Immigrant and Refugee Families: Include the support provided to immigrant and refugee families, particularly those temporarily housed near the airport. This demonstrates the efforts in addressing the needs of vulnerable populations.

CAC Involvement: Address the feedback regarding the Community Advisory Council's (CAC) involvement. Acknowledge that while the CAC was less involved during the pandemic, there are opportunities to increase their engagement in future initiatives.

Share Funding: This funding process played a significant role in providing resources to various organizations to meet specific needs.

Traditional Health Worker and CCBF Shares: Highlight the work done in these areas, emphasizing the robust engagement and input from various stakeholders.

Describe how the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescent in the community.

Bulk of the work lives in the Children Youth and Family Group and Children's Health Advisory Council

- Autism Assessment Capacity Project: HSO funding to address long wait times experience for assessment/diagnoses
- EveryStep Leadership Council: Aligned all 5 health plans to adopt EveryStep model
- Help Me Grow
 - Expansion of Bilingual Peer Family Navigators
 - Increasing access through families with Connect Oregon referral system.

2025 CHP to Board of Directors by CAC Representatives

Christine presented the information on the 2025 CHP to Board of Directors information

Introduction

- Letter of Commitment from Health Share + Trillium
- List of Acronyms + Terms
- About the CHP
- Guiding Values + Principles
- Racism + Health Equity
- CCO Membership

Discussion

Christine expressed gratitude for the extensive effort involved in gathering historical knowledge and interviewing staff at Health Share. She emphasized the importance of this partnership and acknowledged Health Share's approach to onboarding new staff.

The introduction to the Community Health Improvement Plan (CHIP) will set the stage for readers, including a letter of support from the CEOs of Health Share and Trillium. The CHIP, a shared document with Trillium, will use plain language to ensure clarity on goals, priorities, and strategies. A glossary in the appendix will define acronyms and terms. The document will also elaborate on guiding values and principles.

CHP 2024 - FINAL PHASE



Discussion

We are currently in the writing and design phase of the Community Health Improvement Plan (CHIP), collaborating with a creative agency. Our goal is to submit the final CHIP to the Oregon Health Authority (OHA) by the end of the year. We are finalizing language and ensuring alignment on priority areas, goals, and strategies.

Christine want to share our progress and present an overarching storyboard of the CHIP. We will review the structural racism statement, originally created by the CAC five years ago, as health equity remains our guiding principle. Your approval is crucial in this process.

Structural Racism

- Only when we acknowledge the harm caused by policies and practices, and actively create inclusive systems with communities of color that share power and center the expertise of the community, can we begin to interrupt institutional white dominance.
- How?
- Change how we invest and prioritize the distribution of resources, sharing power in decision-making and collaborative efforts, making intentional efforts to create policies and infrastructure that dismantle structural racism and creating systems that uplift marginalized and oppressed communities.

Racism is pervasive throughout society, with visible and invisible consequences creating tangible impacts on the lives of many individuals and communities.

Structural racism and institutional white dominance, as evidenced in the disparate outcomes of all social determinants of health, are foundational to the distribution of and access to resources, including health care.

Inequitable access to resources serves to privilege the dominant culture while demonstrating an increase in long-term impacts of stress, notable disparities in educational attainment and employment, infant mortality, maternal health, and poverty rates – all clear indicators of a community's health. Research and data demonstrate the

clear relationship between structural racism and the social determinants of health, which has been foundational to extreme inequities in health outcomes.

Though racism and oppression are embedded in the foundation of this country, Oregon has a unique history of racialized policies and practices that have perpetuated generational and lasting health impacts experienced by communities of color. It is only when we acknowledge the harm caused by these policies and practices, and actively create inclusive systems with communities of color that share power and center the expertise of the community, that we can begin to interrupt institutional white dominance.

We can start addressing disparities in health outcomes, in part, through changing how we invest and prioritize the distribution of resources, sharing power in decision-making and collaborative efforts, making intentional efforts to create policies and infrastructure that dismantle structural racism, and creating systems that uplift marginalized and oppressed communities. This is why we have prioritized addressing racial equity and social determinants of health in our CHP – we believe that we all have the right to live long and healthy lives and envision a healthier community for all.

Discussion

Luci Longoria discussed:

- Emphasized the importance of including detailed information from the e-mail in the CHIP.
- Stressed the need to honor and acknowledge this information within the CHIP.

Christine Kan brought up:

- Suggested including the entire statement or adding it as an appendix.
- Proposed working with a graphic designer to visually break up the content.
- Sought opinions and perspectives from the CAC on this approach.

Natasha Davy highlighted the importance of including the impact of the pandemic, noting its significant effects over the past four years.

Additional points made were:

- Multiple storyboards are available for review.
- Trillium supports the statement and aligns with the guiding values and principles.
- Both Health Share and Trillium's Health Equity statements will be included in the appendix.
- Feedback is being sought on the inclusion of the Statement on Structural Racism with the following options:
 1. Agree to include the statement, as is, in the CHP.
 2. Agree to include part of the statement in the CHP and the remainder as an appendix.
 3. Disagree to include the statement in the CHP.
 4. Provide an alternate suggestion.

CCO Members Demographics

- County
- Age Group

- Race/Ethnicity
- Gender Identity
 - We acknowledge the shortcoming and misrepresentation of this data, which is reported as gender assigned at birth rather than gender identity. We are working collaboratively with the Oregon Health Authority to continue working towards improved representation in these data,
- Disability
- Spoken Language

Discussion

This is the list of member demographics. It's very similar to what has been reported in previous prior reports, so not much has changed. We're doing the best that we can to report on race, ethnicity, language, sexual orientation and gender identity data. A lot of that is just based on what's available to us through OHA and so there is some data that is not available to us, like gender identity.

CHP Process

- 2022 Community Health Needs Assessment
- Community Engagement for the CHP

Discussion

The second section is really just unpacking more of the CHIP process. What went into informing our CHIP so we'll be lifting up the 2022 CHNA and as well as in addition to the CHNA, we have done some community engagement this year to help bridge some of the gaps that we've seen in the engagement with tribal communities and so that will be reflected in a summary.

CHP Priorities

- Health Share + Trillium's Three Priority Areas
- What Important?
 - Priorities are all connected
 - Lining up with Regional + State Priorities
 - Strategies + Metrics
 - Community Vital Signs
- Priority 1: Access to Equitable Care
- Priority 2: Prevention
- Priority 3: Social Health Needs

Discussion

The three priority areas have been identified before. We dive into each of the priority areas. We are going to be talking about how the priorities are all connected. Our commitment to lining up with regional and state priorities. We'll be talking about just the different ways that we stay engaged through the HCWC and alignment with the state health improvement plan healthier together Oregon. Unpacking what strategies and metrics mean, and then we're talking about something called community vital signs. We also want to be able to make a greater impact to the Community and so we have a commitment to aligning with our county health departments and other partners that hold data that represent our regional community. An impact toward, but we may not have direct ways of changing those metrics or changing those measurements but through our partnerships. We'll be able to sort out indirectly making an impact and so we are planning to include some of that and continue to develop that over the next

five years. We do want to make sure that we mentioned that so that we're not just focusing on Health Share specific metrics, but we're really wanting to base ourselves within a larger community.

Next Steps

- Develop Implementation plan for the CHP.
- USE CCO + community-based data to identify geographic regions and population strengths and needs aligning with CHP goals.
- Continue to gather CAC guidance on CHP implementation.
- Host community conversations.
- Collect data, stories and information to support progress + reporting.
- Produce annual progress reports.
- Continue to develop, refine and monitor interventions + metrics related to CHP.
- CHP Implementation
- Next Steps for each CCO

Discussion

This a little bit more in an e-mail. Some next steps that we have determined, but Natasha, you mentioned that CHIP implant implementation could and should look very different for the next five years. There's a lot of intention for me and our team in beginning to ID around what that could look like and I'm looking forward to meeting, particularly with our county health, public health partners in like a week or two to talk through some of that and really engage them.

Next steps we're going to talk about implementation. Really begin to highlight what we're planning to do to implement.

Appendix

- Acronyms
- Acknowledgements
- Community Partner List including Community Advisory Committee Members
- Summary of Community Input
- Include links as needed for public transparency
- CCO Metrics/Definitions/Data Sources
- Reference

Discussion

The appendix will be acronyms. We're going to include acknowledgements. We're planning to acknowledge each and every one of you as really big partners in helping to make this this work happen. I'm not going to go into every little thing here, but typical things that you would want to see in an appendix for, well, there'll be like a shorter version, like an executive summary, something like that've, we will have an executive summary. We are hoping to have that translated. Yes, that will come in 2025. I'll see that.

Community Health Assessment 2025 Update

- Healthy Columbia Willamette Collaborate is working on a 2025 CHNA/CHA update that will be finalized and published in October 2025
- 2025 CHNA Community Survey went live on November 7, Collecting responses through December 20

Discussion

Implementation Goals and Community Feedback:

- Emphasis on the importance of the Community Advisory Council (CAC) in the implementation process.
- Seeking input on what parts of the report should be translated and shared with the community to ensure it meets their needs.

Community Partners and Data Access:

- Maria Tafolla highlighted the need for community partners to access data for grant applications and other purposes.
- Discussion on what specific information should be included in the executive summary to benefit the community.

Community Perspective:

- Luci Longoria emphasized the importance of including community perspectives and voices in the report to drive content and implementation steps.

Community Survey:

- Christine Kan mentioned an ongoing community survey and encouraged sharing it within networks to gather more input.

Feedback on CHP Structure and Content:

- Seeking CAC's agreement on moving the current content forward for review by the Health Share of Oregon Board of Directors.
- Options for feedback: agree to move forward, agree with suggestions, or disagree with moving forward.

Questions for CAC:

- Inclusion of the statement on structural racism in the CHIP and its appendix.
- Feedback on the proposed structure and content of the Community Health Improvement Plan (CHIP).

Topic 3: CAC Recruitment Strategy Next Steps

Notes from the October 25 CAC Recruitment Strategy meeting:

- Luci reviewed the purpose of the workgroup (Outline and propose method for determining non-consumer community-based CAC representatives)
- Luci clarified the timeline for the workgroup (no deadline but would be ideal to be responsive to pending applicants and CAC meeting schedule through 2024)

- Group brainstormed list of identifiers/variables for applicants to share/disclose through an application process
 - Those already indicated on the [application](#) found on our [CAC website](#)
 - Located in the geographic region (lists physical location and/or P.O. Box? Based or has office locally?)
 - Populations served (race/class, marginalization history, etc.)
 - Organizational leadership makeup
 - Queer and gender affirmation
 - Community-based organizations and partners being represented through partnerships/networks
 - Nature of services offered (health, education, safety, nutrition, transportation, utilities, civic engagement, other social determinants, etc.)
 - Terminology of "community based organization" is evident and demonstrated in expressed identity of organization
 - Demonstrated experience participating in CHNA/CHP/CCBF/SHARE initiatives (including challenges) and partnerships in the TriCounty
- Timeframe or cadence for recruitment: Annually check number/ratio/vacancies and determine
- Examine demographic of existing CAC to identify representation needs/gaps, if any
- Use (the to be developed) checklist of self-attributed characteristics to engage CAC (or ad hoc subcommittee) to review landscape of available candidates and/or need to promote recruitment of prioritized representative types or populations served

Discussion

The workgroup is making great progress in defining the criteria for selecting new CAC members from community-based agencies. To summarize the key points:

- Workgroup Members: Dr. Joy Mutare, Yamungu Seraya and Lung Wah Lazum are supporting the effort.
- Objective: Define criteria for selecting non-consumer representatives from community-based agencies to serve on the CAC.
- Current Status: Initial meeting held, many ideas and criteria discussed.
- Next Steps: Compile these ideas into a proposal to present to the CAC for feedback and alignment.

Lung Wah Lazum raised an important question about the expectations for new recruits and how they align with Health Share's strategy, such as HRSN, CHIP, or OHP information.

Luci Longoria emphasized the importance of transparency and ensuring that all notes and ideas are accurately captured and shared with the group.

Wrap-up

Identify follow up action and future agenda items December agenda items include:

- Identify 2025 CAC agenda topics (continued)
- CHP Implementation planning
- CAC Charter review
- CLAS Policy Update
- CCBF Update

Meeting Adjourn

Meeting Schedule:

Next meeting is scheduled for a **virtual** meeting on **December 11th** from 1:30p – 3:30pm.

Upcoming monthly CAC meetings are scheduled for:

January 8, 2025	1:30pm – 3:30pm	In-person
February 12, 2025	1:30pm – 3:30pm	Virtual
March 12, 2024	1:30pm - 3:30pm	In person

Participation		
Organization	Representative	Present
Clackamas County Council Representative	Jaime Zentner	x
Community Council Members	Candice Jimenez	x
Community Council Members	Lung Wah Lazum	x
Community Council Members	Yamungu Seraya	x
Consumer Council Members	Francisco Elias	
Consumer Council Members	Hilary Flaming	
Consumer Council Members	Joy Mutare	x
Consumer Council Members	Lauren Riddle	
Consumer Council Members	Rachel Schutz	x
Health Share of Oregon	Abraham Rodriguez Guillen	x
Health Share of Oregon	Christine Kan	x
Health Share of Oregon	Love Richardson	
Health Share of Oregon	Luci Longoria	x
Health Share of Oregon	Maria Tafolla	x
Health Share of Oregon	Mariam Ukbazghi	x
Health Share of Oregon	Mariotta Gary-Smith	
Health Share of Oregon	Marissa Sliwka (<i>recorder</i>)	x
Health Share of Oregon	Ophelia Vidal	x
Health Share of Oregon	Phyusin Myint	x
Multnomah County Council Representative	Natasha Davy	x
Oregon Health Authority	Rebecca Donell	x
Washington County Council Representative	Laura Daily	x
Siletz Tribal Representative	Forrest Pearson	x
Washington County Council Representative	Magdalena Ramirez	x