MINUTES

Lane County Public Health Community Advisory Councils
Remote meeting via Zoom

February 22, 2021
12:00 p.m.

PRESENT: Mark Buchholz, Rhonda Busek, Carrie Copeland, Wendee Crowfoot, Tara DaVee, Tannya Devorak, Leah Edelman, Chris Eiler, Drake Ewbank, Debi Farr, Adria Godon-Bynum, Caitlynn Hatteras, Val Haynes, Nat Jacobs, Courtney Johnson, Dron Jones, Richard Kincade, Roxie Mayfield, Brandy McLaughlin, Silver Mogart, Jacqueline Moreno, Chris Parra, Heather Pehaim, Robert Phillips, Tina Potter, Char Reavis, Carla Tazumal, Linda Mann, Jeanne Savage, Michelle Thurston, Robin Virgin, Jennifer Webster, Cindy Williams, Lucy Zammerali.

I. Introductions

Ms. Reavis opened the meeting at 12:05 p.m. Everyone present introduced themselves.

II. Committee Reports

a. COVID-19 Update

Dr. Kincade shared that Lane County just went over 10,000 COVID-19 cases. They had not had any deaths in the last several days. People should continue to wear masks, social distance, and get vaccinated. Dr. Kincade said that there were a few strains of COVID-19 growing around the globe. The vaccine should fight against those strains too.

Dr. Kincade had seen an increase in the vaccine supply. Pharmacies would start to get an increased supply as the weeks went by. Almost 50,000 people in Lane County had already been vaccinated, and half a million people had been vaccinated in all of Oregon.

Ms. Parra asked if they needed to vaccinate children to get herd immunity. Dr. Kincade replied that it would help decrease the infection vector. The Moderna shot is currently only for people 18 or older, but it might be approved for 12 or older soon. Dr. Kincade hoped that there would be a vaccine for everyone by the end of the year.

Ms. Reavis asked why people 80 and older were not getting information on the vaccine. Dr. Kincade acknowledged that outreach had been a barrier. He said that people in the queue would be notified when it was their turn. People in rural areas would find it beneficial to have a connection with their doctor. Ms. Virgin added that with PeaceHealth it depended on the number of vaccines they got. They started by targeting their 80 plus population, but i they were hoping to start that week being able to give out 500 vaccines a day. Previously, they had only vaccinated PeachHealth clients, but they would open their queue to everyone by the end of the week.

Ms. Edelman asked what they should tell people who were confused on why they had not been contacted to get vaccinated. Dr. Kincade responded that the County website was still the best place to get information and register for the vaccine.

Mr. Ewbank asked if there was an alternate way to get in contact with the County. He had tried to call in a few times and was left on hold for hour before getting hung up on. Dr. Kincade knew that the phone had been a barrier but at that time it was their only option.

b. Trillium CAP

PacificSource CAP

Ms. Virgin said that they had been reviewing the Community Needs Assessment survey. One big issue was access to behavioral health.

c. Prevention Workgroup

Ms. DaVee shared that they had a guest speaker at their prevention meeting. They received a tobacco report and information on how sellers advertised. They also talked to the Lane Farmers Market about issues around the double up food box.

d. OHA Update

Nat Jacobs said that Dustin Zimmerman would be in a rotation with COVID-19 response unit for the next 18 months. Someone new would be filling in for him. They were planning on getting a grant for a suicide hotline. It would go live in June 2022.

Nat Jacobs shared that there were over 2,000 bills in the Oregon legislature. They highlighted the general fund bill which would cover adults without access to the Oregon Health Plan (OHP). If it was passed, they would be able to cover everyone. Nat Jacobs asked for people to reach out if they had any questions.

III. Culturally and Linguistically Appropriate Services (CLAS)

Ms. Potter, Trillium, shared that she had been working on cultural and linguistical appropriate services. Ms. Godon-Bynum, PacificSource, said that this conversation fit well into their health equity work.

Ms. Potter said that CLAS was created in 2006 and updated in 2013 to reflect nationwide demographic changes and to include a stronger focus on health equity. They had a strong connection to Title VI. The national CLAS standards set a framework for CCOs to deliver services in culturally and linguistically appropriate and respectful way.

Trillium had done an assessment on their CLAS policy. They identified gaps and restated their mission statement to include the elimination of racism and health disparities through innovation solutions.

Ms. Godon-Bynum said that PacificSource was doing a lot of the same work that Trillium was doing around centering CLAS. They had a Health Equity Advisory Council made up of leaders from across the organization. Ms. Godon-Bynum wanted them to remember that CLAS was developed to help reduce disparities and was not meant to be the only work that was done around equity.

Ms. Godon-Bynum said they worked to make the CLAS standards more understandable. The first standard, committing to high quality care and services by supporting diverse cultural beliefs and communication needs, was what the rest of the list stems from.

Standards two, three, and four deal with governance, leadership, and the workforce. Standard two was to have a diverse governance, leadership, and staff that promoted CLAS with their policies, practices, and resources. Standard three was to recruit and support leaders and staff that were responsive to the diverse communities they served. Standard four was to maintain ongoing training for leaders and staff on CLAS.

Standards five through eight focused on communication and language assistance. Standard five was to offer free language support. Standard six was to tell those they served that language help was available. Standard seven was to make sure staff had skills in providing language support and avoid using untrained interpreters. Standard eight was to provide easy-to-understand materials for those that they served in the language and format they used.

Lastly, standards nine through fifteen were about engagement, continuous improvement, and accountability. Standard nine was to form cultural and linguistic goals in their work that addressed the needs of those they served. Standard ten was to assess progress of the goals that had been set. Standard eleven was to collect accurate data about the people they served and use it to help measure progress on their goals. Standard twelve was to find out about and understand community needs and develop actions to solve them. Standard thirteen was to share power with the people they served. Standard fourteen was to work to make sure that community members knew how to share their concerns. Last, standard fifteen was to share progress and challenges towards goals with the community.

They wanted the CAC to talk through a category and help the CCOs know what they should be doing to help their clients. The practice example they gave was asking how CLAS could be used to advance health equity.

Ms. Parra asked what the action for these questions was directed at. Ms. Godon-Bynum replied that they were supposed to be written towards what the CAC could work on. Ms. Parra thought it would be helpful for users to get information on the measures and action since they were doing this for their benefit.

Mr. Ewbank emphasized that they had to work towards cultural competence, not cultural awareness. Also, in behavioral health system they had a cultural of those with lived experience. He wanted them to identify information shareable and if it could be used as data. If they could determine the demographics which needed help, they could figure out which services to focus on.

The activity they would be doing was answer the question of how CLAS could be used to advance health equity. The category was communication and language assistance. They would use standard eight, provide easy-to-understand materials for those that they served in the language and format they understood.

Ms. Edelman asked the group to brainstorm what people wanted regarding communication and language assistance and how the CAC communicate that to the CCOs and keep the CCOs accountable.

Ms. Hatteras said they had to have any translations run past people who spoke that language. Ms. Devorak noted that someone who knew Spanish might not know how to translate something for every Spanish speaking area. There were different terms and dialects for every area. Ms. Reavis added that the legal correspondence included in outreach to clients was difficult to understand. . She thought a cover letter that was not in medical or legal language would help.

Ms. Parra said that hiring a diverse staff was important. Independence was a critical part of providing care and reaching the community. Language and physical barriers should be taken down where and when possible. Ms. Devorak mentioned that she did not need a translator in most parts of her life, but she sometimes needed it when in medical conversations. If she saw a Latino doctor or nurse, she would feel more comfortable with the interaction. Ms. Savage wanted them to think about how they could grow the provider community to serve everyone in their region.

Ms. Reavis stated that when they did activities like this it would be helpful if CCOs came back a few months later and gave an update on what they were doing to meet what the CAC said. They needed to keep the conversations going and keep the CCOs responsible.

Ms. Potter said that this was just the first step and they would continue to use CLAS standards and practices going forward. She wanted everyone to continue to think about ways that they could continue to ensure that CLAS was a part of the fabric of CAC.

IV. Adjourn

Ms. Reavis adjourned the meeting at 1:58 p.m.

(Minutes recoded by Lydia Dysart)