



*Lane Community Health Council is the governing board of PacificSource Community Solutions - Lane.

Lane County Coordinated Care Organization (CCO) Community Advisory Council (CAC)

Remote Meeting via Zoom

February 27, 2023

12 pm – 2 pm

CAC Members: Co-Chair Char Reavis (PacificSource OHP representative), Co-Chair Tara DaVee (Trillium OHP representative), Brian Johnson (Lane County Public Health), Caity Hatteras (Trillium OHP representative), Carla Tazumal (Lane County Developmental Disability Services), Chris Hanson (Trillium Clinical Advisory Panel Liaison), Drake Ewbank (PacificSource OHP representative), Jessica Hibler (Confederated Tribes of Siletz Indians), Josephine Williams (PacificSource OHP representative), Kristin Gustafson (PacificSource OHP representative), Lana Gee-Gott, MD (PacificSource Clinical Advisory Panel Liaison), Michelle Thurston (Trillium OHP representative), Sheila Wegener (OR Dept of Human Services), Silver Mogart (Trillium OHP representative), Tannya Devorak (PacificSource OHP representative), Todd Hamilton (Springfield Public Schools), Val Haynes (Head Start of Lane County), Isis Barone (PacificSource OHP representative)

Attendees: Courtney Johnston (Trillium Community Health Plan), Debi Farr (Trillium Community Health Plan), Demond Hawkins (Trillium Community Health Plan), Jacqueline Moreno (Lane County Public Health), Katharine Ryan (PacificSource Community Solutions), Kayla Watford (Lane County Public Health), Kristina Rogers (Trillium Community Health Plan), Lee Bliven II (Trillium OHP member), Lelani Brewer (PacificSource Community Solutions), Lisa Hernandez (PacificSource Community Solutions), Marissa Lovell (Lane County Public Health), Senna Towner (Oregon Health Authority), Suzy Kropf (Lane Community Health Council), Teresa Coppola (Lane County Public Health), Grace Jelks (Lane Council of Governments, Transcriptionist), Charlotte Carver (South Coast Regional Early Learning), Rhonda Busek (Lane Community Health Council), Martha Edwards (PacificSource Community Solutions), Rio McGee-Castaneda (Reedsport representative), Analuz Torres (Regional Outreach Coordinator, OHA), Jacqueline McCall (Regional Outreach Coordinator, OHA), Emily Farrell (Trillium Community Health Plan), Stephanie Cameron (Restored Connections Peer Support), Jeanne Savage (Trillium Community Health Plan), Genesis Lopez (Lane County Public Health)

Facilitator: Char Reavis **Support Person:** Teresa Coppola

I. Welcome and Introductions

- a. Char Reavis opened the meeting and introduced members.
- b. Char reminded attendees of shared meeting agreements included in the agenda packet.
- c. There was no public comment.

II. Routine Approvals

- a. **January Minutes:** Michelle Thurston moved to approve the January CAC minutes as presented, Silver Mogart seconded, and the motion passed.

III. CCO Health Equity Plans

- a. Leilani Brewer presented PacificSource Community Solutions' 2023 Health Equity Plan. Health inequities are defined as the difference in the access to resources to achieve good health, such as healthy food and education. Health disparities are defined as the measurable differences in health outcomes on different population groups, such as higher rates of diabetes, infant mortality, and substance abuse. "Intersectionality is the lens through which you can see where power comes and collides, where it locks and intersects, and an acknowledgement that everyone has their own unique experiences of discrimination and privilege" - Dr. Kimberly Crenshaw). Dr. Crenshaw did a TED talk about this, if you are interested in learning more:

https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality?language=en

Member comments and questions included current difficulties for immigrants when accessing services and lack of provider availability.

Drake Ewbank commented that people seem to have an issue with the term - intersectionality. Leilani provided a historic case example from 1976 in which a court dismissed a lawsuit based on rule of dealing with race **OR** gender. Intersectionality was introduced to allow courts to rule when dealing with multiple factors (i.e., race **AND** gender).

- b. Demond Hawkins presented Trillium Community Health Plan's 2023 Health Equity Plan. The Health Equity Plan is community informed, updated and reported to OHA annually, and based on National Culturally and Linguistically Appropriate Services Standards (CLAS). The two new

focus areas are 1) priority populations (people with disabilities and people who identify as LGBTQIA2S+), and 2) community engagement. This will be accomplished through REALD (race, ethnicity, language and disability) and SOGI (sexual orientation and gender identity) data collection. The goal for these priority populations is to improve systems and processes to provide effective, equitable, understandable, and respectful care and services. The goal for community engagement is to work with the community to improve health outcomes. Debi Farr added that health equity is aligned with the Community Health Improvement Plans (CHPs). Senna provided the definition for LGBTQIA2S +: Lesbian, gay, bisexual, transgender, and or gender expansive, queer and or questioning, intersex, asexual or ally, two-spirit.

IV. Breakouts: CAC Health Equity Plan Discussion

Questions for consideration and discussion in the group breakouts:

- Community Feedback: What are the best ways to continue to collect community feedback about health equity?
- People with Disabilities and LGBTQIA2S+ People: Are there any health equity concerns that you would like to share about these populations?

V. Break

VI. Breakout Recap

- a. Attendee comments and suggestions for both questions discussed in the breakout sessions included: conducting focus groups and surveys in many languages to effectively gather community feedback; learning from other information streams; accessibility and the use of QR codes for surveys combined with an acknowledgement upon submittal; targeted efforts for feedback from at-risk populations; shared definition of equity; building relationships; create safety to learn from people's lived experience; funding equity events; building relationships in a trauma informed way; trust with a provider is difficult to build; educating providers that have concerns or are resistant; and, at-risk populations or people with disabilities frequently experience unfavorable environmental factors.

- b. **Additional question:** How can the CCO Health Equity teams support the CAC's health equity efforts or plans?

Member comments included the need for more information and more lived experience; a one-size fits all answer is discriminatory and does not acknowledge the complexities of the situation; reach out to advocates of underserved groups; and emphasize focus groups and community engagement.

VII. Updates and Announcements

a. CCO Clinical Advisory Panels (CAPs)

- i. Dr. Lana Gee-Gott (Lane Community Health Council CAP) shared that there was not a meeting in December. The January meeting focused on clinical metrics, such as the pandemic effects on care; lack of mental health providers; retaining staff; and, the effects on health equity. In response to a question from Char Reavis, the Council will be discussing housing inequity at a future date.
- ii. Dr. Chris Hanson (Trillium Community Health Plan CAP) shared updates about: BHRNS (Behavioral Health Resource Networks), which are a new integrated platform that offers more collaboration and direction for behavioral health needs; keeping up on metrics in the new year; the need for volunteers for the new Trauma Informed Program (TIP) that pairs volunteers with first responders for those experiencing traumatic situations; a public health update; Quality Pool measures and metrics; and, working with the Governor to focus on housing needs and needs of the unhoused.

b. Oregon Health Authority

- i. Dr. Senna townner, OHA Innovator Agent, gave an update on the change in SNAP emergency benefits. There is a link to the Public Health Emergency website that gives information about SNAP emergency benefits ending and the State's effort to push for more resources. There is a map where you can enter your zip code and pull up food resources in your area:
<https://foodfinder.oregonfoodbank.org/?q=97405> The website has a community partner toolkit to assist organizations that provide information on available resources and a link to the Action Partnership of Oregon for information on about basic needs, such as rental assistance.

c. CAC Vacancies and Leadership Opportunities

Kayla Watford presented and discussed the following:

- i. Mary Ann Wren, is stepping down from the CAC, but will continue to be in the Prevention Workgroup. Next steps are to initiate a selection committee and begin outreach for the Open Oral Health position.
- ii. Brief overview of the CAC Subcommittees and shared that there are open community partner positions.
- iii. Open Co-Chair and Co-Lead roles and there will be an open discussion on March 2nd with people that have previously filled those roles.
- d. CAC Stipend Policy has been updated. It will be emailed to everyone and mailed to those who want a hard copy. Contact CAC staff with any questions.
- e. CAC Feedback Survey: feedback requested to help staff continue to build tools and seek opportunities that support member participation.
 - i. Link to Feedback Survey:
<https://www.cognitoforms.com/LaneCountyTechnologyServices/communityadvisorycouncilfeedbacksurveyfebruary2023>
 - ii. Response requested by Friday, March 10, 2023

VIII. Breathing Exercise

CCO Health Equity Presentation

- **Leilani Brewer** | Health Equity Liaison | PacificSource
- **Demond Hawkins** | Health Equity Specialist | Trillium CHP

2023

Today we will...

- Define
 - Health equity
 - Health inequity
 - Health disparity
 - Intersectionality
- Learn about changes to the 2023 Health Equity Plan
- Share stories in breakout rooms



What is health equity?



Defining Health Inequities and Disparities

Health Inequities

Difference in the **access** to resources to achieve good health.

Lack of access to...

healthy food

safe outdoor spaces

education

Health Disparities

Measurable differences in health **outcomes** on different population groups.

Higher rates of...

diabetes

infant mortality

substance use disorder

These terms are often used interchangeably.

Predictability



Intersectionality



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

– Kimberlé Crenshaw –

@sylviaaduckworth



Activity

Choose three parts of your identity:

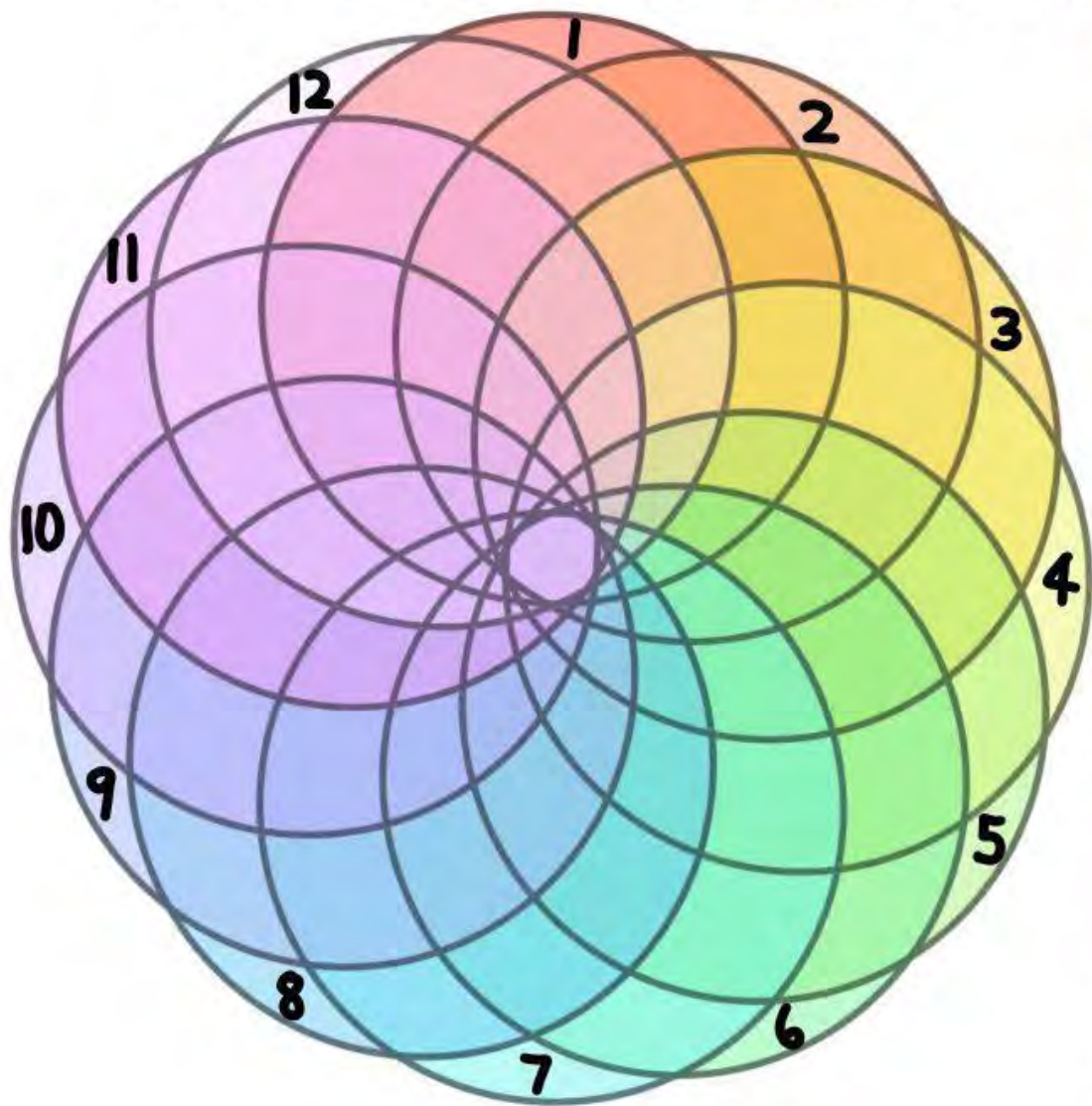
1. _____

2. _____

3. _____



INTERSECTIONALITY



- 1 Race
- 2 Ethnicity
- 3 Gender identity
- 4 Class
- 5 Language
- 6 Religion
- 7 Ability
- 8 Sexuality
- 9 Mental health
- 10 Age
- 11 Education
- 12 Body size
- (...and many more...)

Intersectionality

The importance of using inclusive language



Health Equity Plan 2023

- New focus areas and priority populations
- Discussion/Break out rooms



Health Equity Plan

- Community-informed
- Reported to the Oregon Health Authority and updated each year
- Based on National Culturally and Linguistically Appropriate Services Standards (CLAS)
 - Guidance for healthcare organizations in developing practices that center health equity

2023 New Focus Areas

- **Priority populations**
 - *People with Disabilities*
 - *People who identify as LGBTQIA2S+*
- **Community Engagement Activities**

2023 HEP Focus Areas

- **REALD & SOGI** data collection and use
 - *Race, Ethnicity and Language +Disability (REALD)*
 - *Sexual Orientation and Gender Identity (SOGI)*
- Meeting Culturally and Linguistically Appropriate Services Standards (**CLAS**) **operationally** at PacificSource
 - *Governance, Leadership, Workforce, Communication and Language Access*
- **Priority populations** (*new in 2023*)
 - *People with Disabilities*
 - *People who identify as LGBTQIA2S+*
- **Community Engagement Activities** (*new in 2023*)
- **Organizational Health Equity Infrastructure**

People with Disabilities and LGBTQIA2S+ People

Goal: Systems and processes provide effective, equitable, understandable, and respectful care and services to:

- people with disabilities
- people who identify as transgender, nonbinary, or gender diverse
- people with sexual orientation diversity*

**who do not identify as straight or heterosexual*

Community Engagement Activities

Goal: work with the community to improve health outcomes by:

- working together to help guide projects and activities to increase health equity
- collaborate with cultural community partners

Time for connection!

- Discussion questions
- Break out rooms (20-mins)
- Break (10-mins)
- Break out recap (10-mins)
- CAC's health equity efforts (time-permitting)



Discussion Questions

Community Feedback:

What are the best ways to continue to collect community feedback about health equity?

People with Disabilities and LGBTQIA2S+ People:

Are there any health equity concerns that you would like to share about these populations?

Remember to choose someone from your group to give a recap of what was discussed.

Break Time!

- Kayla will let us know what time to return.



Break Out Recap

- A person from each breakout room can give a summary of what was talked about.
- Others can chime in too!



CAC's Health Equity Efforts

How can the CCO Health Equity teams support the CAC's health equity efforts or plans?

Resources Shared

- African American Policy Forum “A Primer on Intersectionality”
<http://www.intergroupresources.com/rc/Intersectionality%20primer%20-%20African%20American%20Policy%20Forum.pdf>
- Short videos on Intersectionality
 - <https://www.youtube.com/watch?v=w6dnj2lyYjE> (3 minutes)
 - <https://www.youtube.com/watch?v=-885E7gqVB4> (1 minute)
 - https://www.youtube.com/watch?v=v_GfpuavblU (2 minutes)
- TED Talks
 - https://www.ted.com/talks/fahad_saeed_the_importance_of_using_inclusive_language (Fahad Saeed - 16 minutes)
 - <https://www.youtube.com/watch?v=JRci2V8PxW4> (Kimberlé Crenshaw with Animation – 6 minutes)

Contact Us!

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