

Community Advisory Council (CAC) Meeting Attendance

Date: September 25, 2017

Location: Mid-Columbia Fire & Rescue
 Providence

	Sep 25	Aug 28	Jul 24 w/ Board	Jun 26	May 22	Apr 24	Mar 20	Feb 27	Jan 23	Dec 19
VOTING MEMBERS										
Carol S. Olvera, Consumer	X	X	X	X	X	X	X	X	X	P
Connie Armour, Consumer				X		X				
Heather Thompson, Consumer	X	X	X	X	X	X	X	X	X	P
Jack Miller, Consumer	X	X	X	X	X	X	X	X	X	P
Joel Pelayo, Consumer	X	X	X	X		X	X	X	X	P
Karen Polehn, Consumer			X	X	X	X	X	X	X	P
Luz Oropeza, Consumer	X	X	X	X		X	X	X	X	P
Mayra Ulloa, Consumer		X		X	X	X		X	X	
Susan Lowe, Consumer	X	X	X	X	X	X		X	X	P
Barb Seatter, Mid-Columbia Center for Living	X		X		X	X	X			P
Christa Rude, Early Learning Hub			X			X		X		
Ellen Larsen, Chair, HRC Health Department	X		X		X	X	X	X		
Lori McCanna, DHS	X	X			X	X	X	X	X	P
LIAISONS										
Dustin Zimmerman, OHA	X	X	X	X	X	X	X	X	X	P
Trish Elliott, CAP liaison	X		X	X	X	X	X	X	X	
Trudy Townsend, PacificSource		X	X		X	X	X	X	X	P
EXTENDED MEMBERS										
211Info, Lorena Herrera		X			X	X			X	
Advantage Dental, Ashley Danielson								X	X	
AGA, Tina Castanares							X			
CGHC, Coco Yackley	X	X	X	X	X	X	X	X	X	P
CGHC, Claire Ranit		X		X		X		X		
CGHC, Katy Williams	X	X	X	X	X	X	X	X	X	
CGHC, Suzanne Cross	X	X	X	X	X	X	X	X	X	X
Community Impact Specialist, Paul Lindberg	X	X		X	X	X		X	X	
Gorge Grown, Sarah Sullivan							X			
Gorge Owned, Lindsay Miller	X			X		X				
HAVEN, Becca Simmons		X	X	X		X	X	X		
HAVEN, Tara Koch										P
Helping Hands Oregon, Stephanie Irving	X									
HR Co. Prevention Dept., Belinda Ballah			X			X		X		P
HR Co. Prevention Dept., Jane Palmer					X			X		
HR Co. Prevention Dept., Ilea Bouse						X	X			X
HR Shelter Services, Andy Wade				X	X	X				

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Klickitat County, Megan Winn	X		X	X	X				X	
Klickitat Valley Health, Jeff Teal	X	X			X		X		X	
MCEDD, Kathy Fitzpatrick	X									
MCMC, Celeste Hill-Thomas	X		X							
Mid-Columbia Action Council, Jim Slusher							X		X	P
Mid-Columbia Housing Authority, Joel Madsen	X		X			X	X	X		P
Mid-Columbia Housing Authority, Karen Long		X		X	X				X	
NCPHD, Hayli Eiland							X			
NCPHD, Judy Bankman				X			X			
NCPHD, Shellie Campbell	X	X	X		X		X		X	
OCDC, Sandy Pulido						X	X	X		
One Community Health, Kristine Mier	X	X	X					X		
Oregon State Extension, Lauren Kraemer				X	X	X	X	X	X	
ORPRN, Emily Chirnside					X	X	X	X	X	X
PacificSource, Elke Towey	X	X		X	X	X	X	X		
Providence, Mark W. Thomas	X	X		X	X	X	X	X	X	X
Providence, Gladys Rivera	X	X		X	X	X		X	X	P
Providence, Anna Williams		X		X				X		
Revell Coy Insurance, Shanon Saldivar			X		X		X		X	
Sherman Co. Commissioner, Tom McCoy					X				X	
Skyline Hospital, Debi Budnick	X		X		X	X	X	X		
The Next Door, April Abernethy			X	X		X	X	X		
The Next Door, Janet Hamada			X		X	X			X	
United Way, Jarrod Holmes	X	X		X	X					
YouthThink, Debby Jones	X	X							X	P

(P) Partial attendance

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Jessy Rose, AOC; Cara Kangas, 211Info; Ashley Danielson, Advantage Dental; Molly Johnson, Advantage Dental; Tina Castanares, Aging in the Gorge Alliance; Bonnie New, Aging in the Gorge Alliance; Becki Rawson, Aging in the Gorge Alliance; Aaron Patnode, Blue Zones Project Oregon; Dillon Melady, Blue Zones Project; Kim Bangerter, MBA, COIPA; Micahel Krimmel, PhD, Columbia Gorge Community College; Kris Boler, GOBHI; Gale Arnold, Gorge Grown; Liz Oberhausen, Gorge Grown; Jenna Cohan, HAVEN; Stephanie Irving, Helping Hands Against Violence; Cassie Whitmire, Hood River County School District; Ilea Bouse, Hood River County Prevention Department; Jane Palmer, Hood River Prevention Department; Becca Sanders, PhD, Iteration Evaluation; Kevin Barry, Klickitat County Health Dept; Jim Daniel, Klickitat Valley Health; Leslie Hiebert, Klickitat Valley Health; Rita Pinchot, Klickitat County; Chelsea Ruder, Mid-Columbia Children's Council; Crystal Ross, MCCOG; Julie Reynolds, MCCOG – Area Agency on the Aging; Amanda Hoey, MCEDD; Dave Lapof, Mid-Columbia Fire & Rescue; Blanca Flores; MCMC; Alida Raynor, MCMC; Stephanie Buell, NCPHD; Jeremy Hawkins, NCPHD; Teri Thalhofer, NCPHD; Shannon-Marie O'Brien, OCH; Meagan Schorr, OCADSV; Kim Brown, OHSU; Melinda Davis, OHSU; Robyn Pham, OHSU; Kristine Mier, One Community Health; Brooke Nichols, One Community Health; Tracy Welker, One Community Health, Sarah Foster, Oregon Healthiest State; Heather Simmons, MPH, PacificSource; Kate Wells, PacificSource; Lindsey Hopper, JD, PacificSource; Don O'Donoghue, Reliance HIE; Elizabeth Vaivoda, Skyline; Jarrod Holmes, United Way; Roelina Dempsey, Veggie Rx; Tyler Beane Kelly, Zion Lutheran Church

**Due to food sensitives, please remember no peanuts or peaches are allowed in the room. Other nuts can be in the room but should be clearly marked if they are for the group consumption.

Community Advisory Council (CAC) Meeting Minutes

Date: September 25, 2017

Location: [X] Mid-Columbia Fire & Rescue
[] Providence

Agenda Item	Duration, Presenter and CAC Actions
Welcome & Introductions	The group introduced themselves. Guests included: Dan O'Donoghue- Reliance HIE, Laura Ferrara- Researcher, Gail Severinsen- Helping Hands, John Topper- Second Refuge
Announcements	<ul style="list-style-type: none"> • Elke announced PacificSource has "Where to Get Care" flyers that will be distributed in the community. • Joel announced that 21 participants are currently being trained as Community Health Workers by The Next Door. • Barb announced a Building Resilience event in response to the Eagle Creek fire on Saturday, Sep 30 at CGCC in Hood River for adults and kids sponsored by MCCFL, Resilience Network of the Gorge and the MARC grant. • MCCFL is open in Cascade Locks (located in the back of the school) every night from 4-6p for drop ins related to the fire for as long as needed.
Approve August CAC meeting minutes	On a motion made and seconded, the August meeting minutes have been approved.
Recent CGHC Board Meeting topics	Topics at the last board meeting: CEO of MCMC, Bridges to Health Pathways, Blue Zones update and board membership.
QIM Update – General message – Get to Primary Care Providers (PCP)	Coco gave an update on the status of the Quality Incentive Metrics (QIMS). She gave examples of the metrics and explained that when metrics are not met 100% of the money withheld from the CCO doesn't come back into the community. She urged the CAC to assist with the CCO's success by ensuring people of all ages get PCP visits annually.
Grant Application status	Coco shared that there were 29 Community Grant applications received. The deadline to submit applications was Friday, Sep 22 so the information will be compiled and reviewed at the October CAC meeting.
Listening Session report out and CAC Comments	<p>Lindsay Miller and Sandi Scheinberg reviewed the main topics and overall themes discussed from the community listening sessions.</p> <p>Lindsay gave an overview of listening sessions conducted and attendance. Sessions were categorized as Access, Community and Built Environment. There were issues spanning across all three topics such as native American access, resource awareness and language barriers.</p> <p>Input from the listening sessions included:</p> <p>1- Access</p> <p>Access challenges (physical health): access to specialists without having to drive far, long waits and scheduling challenges, limitations in insurance coverage, Youth</p>

reported accessing sexual health resources, many reports about challenges with dental care, navigating the system and language.

Access challenges (mental health): lack of access for some participants, language barriers for Spanish-speaking patients, a need for specialized mental health supports such as, crisis support, LGBTQ support, support for caregivers and PhD psychologists and mental health services for youth.

Access challenges (dental health): without dental insurance people go without, lack of dental care with Medicare, Medicaid recipients have little or no choice and a hard time getting into providers and even those with private insurance said costs for specialty dental care was too high.

Access (provider coordination): some people benefitted from good collaboration between providers while others felt it was disjointed, many people felt providers didn't communicate well, also a lack of culturally responsive care, experiences of judgement and bias or perceived discrimination.

2- Sense of Community:

Community Safety: Most white people felt safe, many LGBTQ feel safe, community members of color shared increasing instances of discrimination and limited their movements around the community.

Social Support Networks: people rely on family, friends and faith. Barriers contributing to social isolation are lack of transportation and language barriers.

3- Built Environment:

Housing: clear shortage of housing both affordable and available, wages don't support cost of housing, people forced to move further from urban center, Housing resources are being used and appreciated, HUD vouchers are not meeting the need, securing housing for people with special needs (mental health and disabilities) is particularly difficult also for Latino community members, resources are lacking to address homelessness.

Food: People appreciate food resources (Veggie RX, gleaners, food banks), Challenges are: fresh produce is prohibitively expensive, seniors struggle to eat healthy, schools need to offer more healthy foods and need to expand resources to fresh food and education programs.

Infrastructure: most communities lack consistent sidewalks and bike lanes, lack of infrastructure significantly impacted kids, families and people with disabilities, a need for more safe healthy activities for older children. Improving infrastructure can help everyone (especially elderly) access the world-class outdoor resources.

Transportation: Transportation was an issue that spanned all topics as it effected people's ability to access all services and employment. Without transportation, people feel socially-isolated. Transportation systems met the needs for pre-planned future appointments but was not consistent, reliable and not available for day-to- day, regular use. There is a felt need for increased transportation for people with disabilities. Suggestions included a pedestrian or bike lane across the Hood River bridge or using Link or an Uber.

	<p>Issues highlighted:</p> <p>Native American access: tribal members living along the river don't have basic infrastructure and supports in the places they live many months, if not all year-round. Health care is hours away, no mental health or dental providers, many people live in tents or vehicles. No regular transportation from the in lieu sites back and forth to the reservations.</p> <p>Language barriers: for all non-English speakers access to all services is challenging.</p> <p>Lastly, in general, there is inconsistent knowledge to resources available in the community. Volunteers in Action in Hood River was recognized as helpful for seniors in Hood River.</p> <ul style="list-style-type: none"> ❖ The highlights from the report can be read in the CAC meeting materials that will be sent out to the CAC.
<p>Next CAC Meetings</p>	<p>October 23, 2017 @ Providence, 3 – 5pm</p> <p>Agenda:</p> <ul style="list-style-type: none"> • Racies - Joel Pelayo/Jody O'Connor. Share Information. • Community Grant Application Review <p>November 27, 2017 @ Mid-Columbia Fire & Rescue, 3 – 5pm</p>

Acronyms	
<p>A1C. Specific test for monitoring diabetes</p> <p>ACA. Affordable Care Act</p> <p>ACE. Adverse Childhood Experience</p> <p>ADHD. Attention Deficit Hyperactivity Disorder</p> <p>AGA, Aging in the Gorge Alliance</p> <p>AOC. Association of Oregon Counties</p> <p>APD. Adults & Peoples with Disabilities</p> <p>AWCV. Adolescent Well Child Visit</p> <p>BMI. Body Mass Index</p> <p>CAHPS. Consumer Assessment of Healthcare Providers and Systems</p> <p>CAWEM, Citizen Alien Waived Emergent Medical</p> <p>CCO. Coordinated Care Organization</p> <p>CGFM. Columbia Gorge Family Medicine</p> <p>CGHC. Columbia Gorge Health Council</p> <p>CHA. Community Health Assessment</p> <p>CHARA. Community Health Advocacy & Research Alliance</p> <p>CHIP. Children's Health Insurance Programs</p> <p>CHIP. Community Health Improvement Plan</p> <p>CME. Continuing Medical Education</p> <p>CMS. Center of Medicaid Services</p> <p>COIPA. Central Oregon Independent Practice Assoc.</p> <p>CRAFFT. (Adolescent Screening Technique) Car, Relax, Alone, Forget, Friends, Trouble</p> <p>CRC. Colorectal Cancer</p> <p>DCO. Dental Care Organization</p>	<p>HIT. Health Information Technology</p> <p>HRCHD. Hood River County Health Department</p> <p>HRCPD. Hood River County Prevention Department</p> <p>HTN. Hypertension</p> <p>IIS. Immunization Information System</p> <p>IMMS. Immunizations</p> <p>LARC. Long-acting Reversible Contraceptive</p> <p>MA. Medical Assistant</p> <p>MARC. Mobilizing Action for Resilient Communities</p> <p>MCCFL. Mid-Columbia Center For Living</p> <p>MCEDD. Mid-Columbia Economic Development District</p> <p>MCHA. Mid-Columbia Housing Authority</p> <p>MLR. Medical Loss Ratio</p> <p>NCPHD. North Central Public Health District</p> <p>NEMT. Non-Emergency Medical Transportation</p> <p>NICH. Novel Interventions in Children's Healthcare</p> <p>OCADSV. Oregon Coalition Against Domestic & Sexual Violence</p> <p>OCDC. Oregon Child Development Coalition</p> <p>OCH. One Community Health</p> <p>OHA. Oregon Health Authority</p> <p>OHP. Oregon Health Plan</p> <p>OHPB. Oregon Health Policy Board</p> <p>OHSU. Oregon Health and Science University</p> <p>OKQ. One Key Question</p> <p>ONE. Oregon Eligibility</p> <p>ORPRN. Oregon Rural Practice-Based Research Network</p>

DHS. Department of Human Services	OSAA. Oregon School Activities Association
DNR. Do Not Resuscitate	PCP. Primary Care Provider
DTAP. Vaccine for Diphtheria, Tetanus and Pertussis	PCPCH. Patient-Centered Primary Care Home
eCQM. Electronic Clinical Quality Measure	PDMP. Prescription Drug Monitoring Program
ECHO. Extension for Community Healthcare Outcomes	POLST. Physician Orders for Life-Sustaining Treatment
ECU. Effective Contraceptive Use	POTA. Pain and Opiate Treatment Advisory
ED. Emergency Department	QHOC. Quality & Health Outcome Committee
EHR. Electronic Health Record	QIM. Quality Incentive Measure
EMR. Electronic Medical Record	RWJF. Robert Wood Johnson Foundation
EOB. Explanation of Benefits	SBHC. School-based Health Center
FIT. Fecal Immunochemical Test	SBIRT. Screening, Brief Intervention and Referral for Treatment
GGFN. Gorge Grown Food Network	SBST. STarT Back Screening Tool
GOBHI. Greater Oregon Behavioral Health Inc.	SNAP. Supplemental Nutrition Assistance Program
HERC. Health Evidence Review Committee	TANF. Temporary Assistance for Needy Families
HIE. Health Information Exchange	