



Lake County Community Health Improvement Partnership (CHIP)
700 South J Street
Lakeview, OR 97630

Lake County CHIP/LCAC Minutes

Date and time: January 21, 2021 – 3:00 p.m.
Place: Virtual Meeting (Zoom)

Partnership members and staff in attendance: Linda Watson, Tracey Blood, Paul McGinnis, Arvinder Singh, Katie Mannina, Susan Pointere, Clara Morris, Piper Marks, Kristi Albertson, Estela Gomez, Gloria Stringer, John Adams, James Williams, and Michele Totten.

Susan Pointere called the meeting to order at 3:05 p.m. and asked all members to introduce themselves.

Pointere asked the members to review the meeting minutes. Pointere asked the committee to approve the minutes. Paul McGinnis passed a motion to approve the minutes and Katie Mannina seconded it. The minutes were approved unanimously.

Public Comment: None.

EOCCO update: Tracey Blood shared about the RCAC (Regional Community Advisory Council) meeting, which was held on December 15th. Focus of the meeting was on health equity, inclusion and diversity. There was utilization of technology on the Google platform and were able to breakout into smaller groups that focused on smaller topics. Mannina commented on attending the breakout on CBIR (Community Benefit Initiative Reinvestment) funds. She added that it was interesting to hear from other CACs and counties on what they were planning to use it for and that it's going towards health equity and community health improvement plans. Blood continued with updates and spoke about the CBIR grant application deadline that was on January 15th with extensions provided to Public Health departments through March 1st.

Next, Blood informed the council about the first edition of monthly EOCCO newsletter. Some information shared was about incentive measures benchmarks and how LCAC's are moving forward in 2021 considering the pandemic. 2019 metrics are being used as baseline. There is no new data from MODA, have not seen new updated reports since March 2020. Good conversation with Troy Soenen, supervisor of the field team and manager regarding goals to accomplish by June 30th. Soenen will check with GOBHI IT to see if there is any data that can be used to update the community health plan and roster updates such that 51% of the LCACs are composed of OHP members (Oregon Health Plan).

Blood shared about her meeting with Melanie Lasley and James Williams in November as a subcommittee to review the LCAC and this is another requirement by the OHA (Oregon Health Authority). Plan is to have the subcommittee meet quarterly and continue the conversation and review about the Lake County roster. Blood then brought up the roster and went over the list to pare it down. She informed the members that if somebody on the roster is a parent/guardian of an OHP member then that does count towards the 51% membership.

Linda Watson commented that there needs to be a further conversation regarding rosters for all of the CACs. To work towards coming down to sector representations. EOCCO will be looking at how many of the community partners are cross sector representatives. Pointere questioned how CACs were planning to have success with portion of members identifying themselves as OHP members. Watson replied that this was a challenge and have to come up with local ways to keep it equitable and not call people out. She said that we would not be having this conversation here today if OHA in the CCO 2.0 contract had not made this a deliverable. As a field team, Blood and she will continue to come back to the LCAC in ways in which to come up with strategies to make this a comfortable process even though in her opinion the whole process is a bit uncomfortable. Blood agreed with Pointere's concern and said that there is a balance to meet the requirements, maintain the membership and not alienate people already at the table.

McGinnis inquired what would happen if CACs do not comply with the OHA's 51% mandate. Blood replied that it was not clear and that the CACs may show the efforts they put into it. Then, McGinnis commented that the agenda and materials still say community health improvement partnership. That was the model that started community involvement in the healthcare delivery system and targeted a variety of different sectors that would not be motivated to participate if the conversation only centered around Medicaid/OHP population. McGinnis shared his concern of losing valuable input from broader community partners who have an interest in making sure that the healthcare delivery system in their rural communities is still going. Blood agreed with McGinnis and said that it was a huge effort to de silo and LCACs were a vessel to be able to that and to undo all of that work seems so disheartening. And the strategy is to meet the requirements without undoing all of the work put into this and alienating our partners.

Watson spoke about how important it is to have these difficult conversations. These are the things that we have to figure out and meet the requirements. She added that the VISTA members Mannina and Morris have a huge advantage here with the work that they are doing in recruitment of OHP members and showing that in a report. This will show as the efforts going forth in other communities as well. Pointere commented about the PFAC (Patient Family Advisory Council) meetings that are held as well. She said it was painful to get patients to join those meetings and it seems like there are requirements to be PCPCH (Patient-Centered Primary Care Home) certified to conduct the PFAC meetings. Pointere believes regarding OHA's 51% mandate that we absolutely want to support our Medicaid/OHP population but would like to also support the rest of the population in our community health improvement partnership. Michele Totten commented that there is going to be difficulty to get the 51% people who are willing to commit. To this Blood added the other dynamic of how to make meetings member friendly to the 51%. She said from personal experience of having the intention to conduct an inclusive meeting for the 51% members however, it ended up being business laden and full of jargons and acronyms making it uncomfortable and intimidating. How do we avoid tokenizing members of our community, how do we avoid making this into a harmful thing because of a requirement given to us by a mandate.

Arvinder Singh asked whether the next RCAC meeting would be a good venue to bring up these concerns. Watson replied that that would be a good venue and we would need a commitment from LCACs to have this discussion as a region because the field teams have gone as individuals to OHA expressing

some of these concerns and have been shot down. She feels there has to be a concerted group effort and the March RCAC meeting would be a platform for that to happen.

Project update — Clara Morris: Morris spoke about building a report for Lake County where she'll be identifying OHP members to get their input on how COVID response has been, the barriers they have experienced and how we can make recommendations to better improve for future disaster response. At this point in her project, Morris said she has finished a narrative report. The first draft of the narrative report looks into the data set of interviews she conducted and has gotten good feedback. Interviews were conducted with stakeholders from Lake Health District's point of view of how they have been personally impacted and reflecting on whom they have identified as most vulnerable. She is going to continue interviewing North Lake contacts.

Morris then spoke about speaking to other CCO's and how they are meeting their 51% membership requirement. Given that, the solution will look different for every LCAC. Morris then said that after having discussions with Kristi Albertson, it became apparent that we needed to change the infrastructure. She spoke about resources like information forms that can be dispersed to interested members and other creative ways.

Project update — Katie Mannina: Mannina shared about reaching out to OHP members and doing that for a survey that closed at the end of December. Survey topic is broader than COVID response and includes community health topics and social determinants of health. Mannina was able to export responses last week and is sorting through them.

CHIP updates: Singh shared information about the vaccine clinic set up at the Lake County fairgrounds. Vaccine clinic was successful and ended up vaccinating around 450 people. Next vaccine clinic will be on February 12th and 13th.

Singh then shared a training opportunity to become a lifestyle coach for the national diabetes prevention program.

Grant updates: Mannina shared that the CBIR grant proposal was submitted before the deadline. Review of what was included in the LCAC grant such as supporting EOHLA (Eastern Oregon Healthy Living Alliance) implementing Veggie Rx, motivational interviewing training for Wellness center providers, EMDR (Eye Movement Desensitization and Reprocessing) training and evaluation and sustainability planning for Outback Strong campaign.

Albertson shared that we have applied for two opt-in grants from the EOCCO. First is a continuing project grant and have asked for \$20,000 for conducting Sources of Strength program and bring Paisley on board. Funding will continue supporting staff in the Summer Lunch program and support the funds to pay the host of VISTA to continue Mannina's VISTA project for another year. Second opt-in grant to support up to three Lake Health District employees to get their certification to become healthcare interpreters.

Another grant Prevention applied for funding through OPGS (Oregon Problem Gambling Services) that will pay for an in-person youth summit.

Elections Chair and Co-Chair: Singh passed a motion to elect Pointere as chairperson for the year 2021. Albertson seconded the motion. Susan Pointere was elected as the LCAC chairperson unanimously. Williams made a motion to elect Singh as co-chair for the year 2021. Pointere seconded it. Arvinder Singh got elected as LCAC co-chairperson unanimously.

Pointere adjourned the meeting at 4:40 p.m. Next meeting is scheduled for February 11 at 3:00 p.m.