



Community Advisory Council Minutes

November 15, 2016 at Noon
FamilyCare Office
Multnomah County

Members Present: Royal Harris, Leticia Sainz, Rowan Everard, Rose Sherwood, Martha Spiers, and Sarah Keefe.

Members Absent: Estefany Carcano, Lance Gilbert, Zuri Lopez, Celia Higuera, and Jasmine Hernandez.

Staff Present: Brett Hamilton, Sandra Clark, Ashley Green, Jack Coleman, Maegan Pelatt, Jessica Cassity.

Guests/Others: Dustin Zimmermann, Oregon Health Authority (OHA)

Welcome/Introductions: Chair Royal Harris welcomed the Council members and guests. Called the meeting to order at 12:15.

TAY Health Literacy Project: Ashley Green provided an overview of TAY Health Literacy Project at FamilyCare Health. Green recognized the Council for initiating the project through the Community Health Improvement Plan (CHIP). Green said the project is serving to help fulfill the vision of the CHIP that, "All FamilyCare TAY and young adults deserve equitable opportunity to make the choices that lead to good health." An assessment of TAY found that to achieve this vision advances were needed in:

- collaborating with communities,
- healthcare integration, health literacy, and
- care coordination.

Further, after discussion with TAY and community-based organizations the following common themes emerged:

- understanding of health care system
- an adult or peer to assist with navigation and knowledge
- Opportunities to collaborate with health professionals
- Opportunities to educate peers

The goal of the project is to empower TAY to fully engage in their health by creating a train-the-trainer health systems navigation curriculum with three modules (understanding your health, understanding health insurance, and how to use your voice) and launch a community mixed media health campaign in the Spring of 2017. The objectives of this two pronged strategy are to:

- Promote healthy behavior/choices
- Promote disease prevention
- Increase knowledge of how to navigate health care system
- Increase provider cultural competence in connecting with TAY

Martha Spiers asked if FamilyCare Health was seeking partners in Clackamas County. Green said they had partners throughout the tri-county region including Clackamas County.





Sarah Keefe ask if the youth who were participating in the development of curriculum were being compensated. Green told the Council that Youth Move had been contracted to work on the project and individual participants were receiving a stipend.

Leticia Sainz asked if the curriculum was being put into Spanish. Green said that was the plan and they may need to adjust the curriculum to different cultures and language. Saniz asked if the curriculum should be tested on youth and suggested that Multnomah County EASA as a good match. Spiers suggested that Clackamas County Juvenile Center would also be a good place to test; Rowan Everard suggested the Q Center.

Royal Harris offered a bit of caution. Harris said that too often we ask and offer kids the freedom to create programs that are set up to fail. Harris continued that reason they fail is that the programs don't fit into the established system. Further, the established system doesn't appreciate or acknowledge the voices of the kids. Harris said that successful health programs figure out how they fit into the health system and makes changes within. Harris said he has been in dialogue with Multnomah County Public Health Department about how FamilyCare Health partners with public health on disease prevention and health promotion. Harris said that sexually transmitted diseases are a gateway to health.

Everard agreed and said he was a part of sexual health in high school and it was very successful and educating youth about their health.

Keefe asked if FamilyCare Health had youth navigators to assist or connect younger members to programs if they needed help and/ or advice about sexually transmitted disease. Keefe warned that having discussions about sexually transmitted diseases can open a can of worms and without a plan for treatment is irresponsible. Keefe said that Oregonians on OHP have an increased incidence of sexual violence and this requires to have staff trained and prepared to assist in treatment and transition.

Sainz also counseled to be aware of miscommunication. There is often a disconnection between what a youth is saying and the interpretation from the system. In other words, a youth's view many not mesh with the reality of the system and insurance system language will need to be translated so a youth will understand.

Washington County Community Health Assessment 2016: Rose Sherwood, Washington County Public Health Senior Program Coordinator and Council member, presented findings from the 2016 Washington County Community Health Assessment.

Sherwood reviewed the priorities from 2014, which were: access to integrated health care, chronic disease, suicide, and adverse childhood experiences. Sherwood explained that work continues on these priorities.

Sherwood shared the following findings:

- Washington County is now the most diverse and youngest county in Oregon.
- Highest median income; however, 18% of children live in poverty and 25% of Latino residents live in poverty
- Affordable housing is a problem with 52% of renters paying more than 30% of their income on housing
- Education obtainment is huge disparity amongst Latino residents with nearly 40% of residents having less than a high school degree
- Substance abuse is a high ranking unhealthy behavior
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- Top Diagnosed Health Conditions for residents receiving Medicaid are:
 - Youth
 - Asthma (9%)
 - Attention deficit (5%)
 - Post-traumatic stress disorder (2%)
 - Adults
 - Hypertension (19%)
 - Diabetes (11%)
 - Depression (9%)
- Emergency Department utilization for primary care and treatable conditions
 - Youth
 - Severe ear, nose and throat infections (38%)
 - Asthma (15%)
 - Dehydration (6%)
 - Adults
 - Hypertension (16%)
 - Adult-onset diabetes, uncontrolled (10%)
 - Kidney/ urinary infections (7%)
 - Severe ear, nose and throat infections (5%)

Sherwood explained the Health Needs Assessment make extraordinary efforts to include the communities' voice. This uncovered the following community strengths:

- Culturally specific, community-based services
- Feeling connected to a community
- Government supported public assistance and social services
- Healthy behaviors
- Low/no cost programs and services that make health care accessible
- Opportunities to be involved in the community
- Pathways to living wage jobs
- Resilience

And the following needs:

- Access to food, health care and transportation
- Connected communities
- Culturally and linguistically appropriate services
- Pathways to living wage jobs
- Policies, systems and environments that support healthy behaviors
- Freedom from racism, discrimination and stigma
- Safe, accessible and affordable housing
- Support for people with behavioral health challenges

BabyCare Booklet: Maegan Pelatt, Population Health Manager specializing in Maternal and Child Health, and Jack Coleman, the Director of Communications, presented the new BabyCare Booklet to the Council. The objective of the presentation is to solicit feedback about the booklet from a consumer perspective.



Board of Directors 2021 Priorities: Harris informed the Council that the Board of Directors had met and created a set of 2021 Board Directive that would be used as a guide for the company's operations over the next five years.

Harris introduce the Board Directives:

- 1) FamilyCare Health has integral relationships with community-based organizations that positively impact the health of its members
- 2) FamilyCare Health is recognized for innovation leadership in addressing at least one high impact determinant of health
- 3) FamilyCare Health's population health framework has improved health outcomes and the distribution of health for all its members
- 4) FamilyCare Health advocacy and collaboration with other CCOs has strengthened the OPH foundation
- 5) FamilyCare Health has a diversified revenue stream
- 6) FamilyCare Health's CCO contract is renewed for a 5-year term

Time did not allow for a full discussion of the Directive. Harris said the discussion would be carried over into the December meeting.

Meeting Adjourned at 2:05

