



BEGIN: 11:00AM

ADJOURN: 1:00PM

CCO RURAL ADVISORY COUNCIL MEETING

Cottage Grove – City Hall, Council Chambers (call-in #541-682-4087)

January 11th, 2013

11:00am-1:00pm

AGENDA

1. Introductions and Welcome

RAC Members Present

Jessica Rice
Char Reavis
Heather Murphy
Robin Roberts
Patricia Muchmore
Rick Yecny

Staff Present

Debi Farr, Trillium Community Health Plan
Karen Gaffney, Lane County Health & Human Services
Jennifer Webster, Lane County Public Health
Brian Johnson, Lane County Public Health
Ellen Syversen, Lane County Public Health
Lindsey Adkisson, Lane County Public Health

RAC Members Absent

Joyce Richardson
Lezlee Craven

2. Get to Know Our Community: Cottage Grove

- a. Cottage Grove RAC members Heather Murphy Patricia Muchmore presented information to the group on the community of Cottage Grove.
- b. Area/Population: just under 10,000
 - i. Once you hit 10,000, have many unfunded mandates by the State, so City Council is preparing for that point
 - ii. Proximity to Springfield area – lots of outdoor/location appeal, anticipating jobs will come back
 - iii. Creswell is a close community partner
 - iv. Alternative populations
 1. Variety of business owners – small/internet – have moved to the area
 2. Pockets of very highly educated residents
 - v. Eclectic community in general
 - vi. High free & reduced lunch in schools = high rates of poverty

- c. Economic Conditions:
 - i. Originally a mining town – in the past logging industry
 - ii. Many jobs have moved to the Portland/Vancouver area since recession
 - iii. Strong network of nonprofit organizations
 - 1. Relief Nursery – first rural model of relief nursery for child abuse prevention
 - 2. Started during decline of industry in area
- b. Healthcare and Other Services:
 - i. New pediatric dental clinic
 - 1. Started in response to identified need
 - 2. Developed by strong partnership of school district, Oregon Community Foundation, Lane Community College, and several local dentists
 - 3. Additional partners: City, local food bank, South Lane Mental Health, EC Cares, Head Start, new hospital (Peace Health) also involved
 - 4. Funds: OCF had a dental initiative so were able to fund it as a regional focus
 - 5. Location is at LCC building which is just next door to the high school
 - 6. For kids on OHP – dental care organizations are still separate, every child on OHP has dental care organization that they are assigned
 - 7. Pediatric dentistry and other specialty areas being covered has been an issue
 - 8. Lane County Public Health Nurses have come to schools to do health assessment, provide dental sealants
 - 9. Advantage dental clinic has a great set-up for kids
 - 10. Cottage Grove local dentists have been very interested in serving the OHP population
 - 11. Oakridge doesn't have access to dentists but there is a dental bus that comes to the school (Jessica will find out who that is provided by)
 - 12. Dental clinic staff – hygienist and office person/dental assistant
 - a. There was a large steering committee that came together on this
 - 13. Hospital – includes pediatrics – huge resource to the community as many rural communities do not have pediatric specialist.

3. Announcements

- a. Mileage reimbursement & stipends
 - i. Lindsey reminded members to turn-in mileage reimbursement forms. She also explained to the group that stipends are only for consumer members who are OHP members or who are parents/guardians of kids enrolled in OHP at the time of appointment.
- b. CAC Report
 - i. At the last CAC meeting the major discussion was around the issue of Durable Medical Equipment. The CAC decided to form an ad-hoc workgroup that meets on the 3rd Tuesday of every month from 10:00-12:00pm in Eugene. RAC members are invited to join.

4. RAC Structure and Logistics

- a. Decision-making rules

- i. As stated in the Charter, the group will act only when there is a quorum of 51% present (= 5 RAC members).
- ii. The group will try for consensus once.
- iii. If consensus is not reached, then the group has agreed to majority rules.
- iv. The RAC will try for voting only at meetings. If a vote is needed between meetings an e-vote will happen with majority rule. Members will have 2 business days to submit a vote. The results will be included in the minutes.
- b. Leadership Elections
- c. Final officer elections:
 - i. Chair: Char Reavis
 - ii. Vice-Chair: Lezlee Craven
 - iii. Board Rep: Shelley Morris
- d. Public meeting guidelines
 - i. The RAC will follow the same Public Meeting Rules as the CAC:
 - 1. Public Meeting Rules are attached the minutes.
 - 2. The following statement will be put on all agendas:

Expected maximum time 10 minutes: speakers will be taken in the order in which they sign up and will be limited to 2 minutes. All speakers are encouraged to also submit their comments in writing so that they can be properly documented by the CAC. If the number wishing to comment exceeds 5 speakers, then additional speakers will be asked to submit their comments in written form only.

- e. Group agreements/Additional meeting rules
 - i. RAC members will ensure that everyone has a chance to participate in discussions by using round robin format when appropriate.
 - ii. Comments during discussions should be kept to 2 minutes so that all have a chance to participate.
 - iii. The RAC will rotate their meetings through rural communities in Lane County. Once per quarter the group will meet in Florence.
 - iv. 15 minutes of each meeting will be devoted to “Get to Know Our Community” so that RAC members can learn about the area in which they are meeting. When appropriate, RAC members from that community will organize/lead this discussion.
 - v. RAC members have a commitment to engaging communities not on the RAC (Veneta, etc.)
 - vi. RAC members will work with Trillium’s Public Information Officer to make meeting information available to the public.
 - vii. RAC meetings will be made fully accessible to everyone. If special accommodations are needed, individuals must notify staff at least 48 hours prior to the meeting.
 - 1. The following statement will be put on all RAC agendas:

This meeting location is wheel-chair accessible. Anyone needing special accommodations (deaf or hard of hearing, sign or language translation, large print materials, or other accommodations) please make your request at least 48 hours prior to the meeting. Requests can be made by emailing Ellen.Syversen@co.lane.or.us or by calling 541-682-8774.

5. Introduction of CCO Prevention Staff & Workgroups

- a. Brian Johnson, CCO Epidemiologist
 - i. Brian is an epidemiologist for Trillium/Public Health and focuses on understanding data.
 - ii. Brian staffs the Health Disparities Workgroup of the CAC/RAC which is focused on understanding why disparities exist in the community and how to address those disparities.
 - iii. Brian passed out a data summary (attached) and the group reviewed the document.
 - 1. Florence not included because it was not part of Trillium at the time data was collected
 - iv. Data findings:
 - 1. More women than men, more than half of OHP members are children
 - 2. Children represent only ¼ of the population in Lane County whereas they are more than half of the OHP population
 - 3. Very few that are 65+ unless they have disabilities
 - 4. Race/ethnicity – persons of color are slightly more represented than in Lane County
 - v. Health Disparities Workgroup:
 - 1. Intent to put focus/attention on all of the many circumstances that exist
 - 2. Want to describe where there are disparities occurring – driven by gender, race/ethnicity, disability status, sexual orientation
 - 3. Point is to drill down information and come up with ways to improve
 - a. Ex: People in lower income bracket are much more likely to smoke than general county population.
 - i. This has to do with where they live, how it's marketed not with biology
 - b. Want to look at what can be done in community to create healthy lifestyles/choices .
 - i. It is not always about the individual, it mostly has to do with where they live
 - 4. Group has met 3 or 4 times – looking at data right now
 - 5. Data comes from the state Oregon Health Authority, Lane County, State Addictions & Mental Health, Trillium- existing data
 - 6. Can say that Lane County is often not that different from the neighbors and can make some estimates
 - vi. Groups still need to talk about how to share information
 - vii. Workgroups – 3 from the Transformation Plan
 - viii. ACES are included – Adverse Child Experiences Study – lots of information on the CDC website
- b. Jennifer Webster, Trillium Prevention Specialist
 - i. Jennifer is a Prevention Specialist for Trillium/Public Health and focused on Prevention Programming
 - ii. Looking at prevention priorities outlined in first year of trans plan
 - 1. Hand-out (attached to minutes)
 - iii. Trillium is setting aside an amount per member per month of \$1.33 to focus on prevention – we know that prevention is an effective investment
 - 1. Prevention fund – strategies that come up through the Community Advisory Council

- 2. Transformation fund – people from the community that have evidence-based ideas that they can submit proposals for (applications in June)
- iv. Prevention Workgroup
 - 1. The Prevention workgroup is currently focusing on a tobacco cessation and prevention plan to present to the Governing Board for approval.
 - 2. The group will also look at obesity.
- c. Lindsey Adkisson and Ellen Syversen
 - i. Community Health Assessment/Community Health Improvement Plan Workgroup
 - ii. This workgroup is focused on completing the Community Health Assessment and Community Health Improvement Plan.
 - iii. The RAC saw the presentation of the data within the Community Health Assessment at the December meeting.
 - iv. The goal is to take the data from the Assessment and create a joint Community Health Improvement Plan in partnership with PeaceHealth, Lane County Public Health, and United Way.
 - v. The workgroup will also drill down further into the data to understand unique conditions of the OHP population that may differ than the total population health of Lane County.

6. Next Steps

- a. Decide next meeting location: Veneta
 - i. The group will put a notification in the paper
 - ii. They will also ask for representation from Veneta for the community conversation to understand the health concerns/access issues that the community is having.
 - iii. Karen Gaffney knows of a retired physician from Veneta that is interested in hosting
- b. Future agenda items
 - i. Access to healthcare:
 - 1. Transportation
 - 2. Having actual providers
 - 3. Insurance population
 - 4. Incorporated vs. unincorporated areas
 - 5. Mental health and addictions plan –
 - a. Michelle Lowery – what sort of access issues came up?
 - b. How do you document it?
 - ii. Mental Health
 - 1. What OHP covers in mental health
 - 2. Discuss how it impacts their community
 - iii. What group can really add is perspective and personal experience – look at data but also compare to personal experience
 - iv. Prevention side of tobacco – every community has access to a certain evidence-based strategies for tobacco prevention
 - 1. How do we access universal plan in every community?
 - v. Adverse Childhood Experiences Study (ACES)
- c. Next meeting date: **February 8th, 11:00am-1:00pm, Veneta Location TBD**

CAC Workgroups

(Room 525, Lane County Health & Human Services Building, 151 W. 7th Ave., Eugene)

- 1. Community Health Assessment/Community Health Improvement Plan**
 - a. Meets on the 2nd Tuesday of each month from 2:00pm – 3:00pm
 - b. Staff contact: Lindsey Adkisson (Lindsey.Adkisson@co.lane.or.us)

- 2. Health Disparities**
 - a. Meets on the 2nd Thursday of each month from 12:00-1:00pm
 - b. Staff contact: Brian Johnson (Brian.Johnson2@co.lane.or.us)

- 3. Prevention**
 - a. Meets on the 3rd Tuesday of each month from 1:30-2:30pm
 - b. Staff contact: Jennifer Webster (Jennifer.Webster@co.lane.or.us)

Attachment 1: Public Health Meeting Rules



Public Comment Guidelines

The Community Advisory Council (CAC) welcomes public participation and input regarding the Trillium Coordinated Care Organization. There are several ways to contribute; one is by offering public comment during regular CAC meetings. An opportunity for public comment is provided during the first 10 minutes of each regular CAC meeting.

The public comment period is limited to two minutes per person. All speakers are encouraged to also submit their comments in writing so that it can be properly documented by the CAC. If the number wishing to comment exceeds five speakers, then additional speakers will be asked to submit their comments in written form only.

This public comment opportunity is not a discussion, debate or dialogue between the speaker and the CAC. It is a citizen's opportunity to express opinions on issues of CAC business. The CAC will not hear complaints about individual Trillium CCO or Lane County employees, nor against any member of the CAC. Contact Trillium for the appropriate complaint procedure.

We appreciate your involvement in the public process. Please help us maintain a positive environment by refraining from abusive or defamatory remarks. Thank you for providing your input.

Request to Comment

- Fill out this card and hand it to the CAC Public Relations Specialist prior to the Public Comment agenda item (at the beginning of the CAC meeting)
- When your name is called take a seat at the table
- State your name and address
- Please limit your remarks to 2 minutes

Name _____

Address _____

Topic _____

Attachment 2: LIPA Demographics Handout

Lipa Demographics, Members Eligible 4/2011 – 3/2012

To better understand the membership of the Lane County CCO, Trillium Community Health Plan has produced data on the majority of members who will constitute the CCO using Lipa data spanning April 2011 through March 2012 (one year). Race, sex, age and zip code demographics are provided by the member to DMAP during the eligibility screening process and transferred to Lipa with the members' eligibility dates.

Lipa Population by Region

Region*	Unique Member Count (N=61,669)	Percent of Lipa Members (Percent of Lipa Members Who Reside in Eugene)	2010 Population**	Percent of Region (2010**) on Lipa
Eugene	27,760	45.0%	156,185	17.8%
W. Eugene	11,556	18.7% (41.6%)		
NW Eugene	5,403	8.8% (19.5%)		
NE Eugene	4,581	7.4% (16.5%)		
S. Eugene	4,172	6.8% (15.0%)		
N. Eugene/Coburg	1,025	1.7% (3.7%)		
E. Eugene	775	1.3% (2.8%)		
Central Eugene	248	0.4% (0.9%)		
Springfield	17,520	28.4%	59,403	29.5%
Cottage Grove	3,546	5.8%	9,686	36.6%
Creswell	1,603	2.6%	5,031	31.9%
Junction City	2,180	3.5%	5,392	40.4%
Oakridge	1,004	1.6%	3,205	31.3%
Veneta	1,637	2.7%	4,561	35.9%
Other Lane County	3,900	6.3%		
Not Lane County	2,519	4.1%		

* Region is based on zip code data provided by DMAP with eligibility data. Zip code may not indicate member actual place of residence, but mailing address.

** Source: U.S. Census Bureau, 2010 Census.

Lipa Population by Sex

Sex	Unique Member Count (N=61,669)	Percent of Lipa Members	Percent of County in Sex Category 2011*	Percent of State in Sex Category 2011*
Female	34,130	55.3%	50.9%	50.5%
Male	27,539	44.7%	49.1%	49.5%

* Source: U.S. Census Bureau, 2011 Census Estimates.

Lipa Demographics, Members Eligible 4/2011 – 3/2012

Lipa Population by Age Group

Age Group*	Unique Member Count (N=61,669)	Percent of Lipa Members	Percent of Lane County in Age Group 2010**	Percent of State in Age Group 2010**	Percent of State in Lane County 2010**	Percent of Lane County on Lipa 2010**	Percent of State on Lipa 2010**
19 and under	34,886	56.6%	23.5%	25.4%	8.5%	42.1%	3.6%
20 to 44 years	16,811	27.3%	33.5%	33.3%	9.2%	14.3%	1.3%
45 to 64 years	8,224	13.3%	27.9%	27.4%	9.4%	8.4%	0.8%
65 years and over	1,748	2.8%	15.0%	13.9%	9.9%	3.3%	0.3%

*Age as of 3/31/2012.

** Source: U.S. Census Bureau, 2010 Census. Age is average age for 2010.

Lipa Population by Race

Race*	Unique Member Count (N=61,669)	Percent of Lipa Members	Percent of Lane County in Race Category 2010**	Percent of State in Race Category 2010**	Percent of State in Lane County 2010**	Percent of Lane County on Lipa 2010**	Percent of State on Lipa 2010**
American Indian/Alaskan Native	957	1.6%	1.2%	1.4%	7.6%	23.5%	1.8%
Asian/Pacific Islander	898	1.5%	2.6%	4.0%	5.9%	9.9%	0.6%
Black	1,393	2.3%	1.0%	1.8%	4.9%	41.3%	2.0%
Caucasian	49,181	79.7%	91.8%	86.7%	9.7%	15.2%	1.5%
Hispanic	6,943	11.3%	7.6%*	12.0%*			
Not Provided	2,218	3.6%					
Other Race or Ethnicity	79	0.1%	3.5%	6.1%	5.3%	0.6%	<0.1%

* Source: U.S. Census Bureau, 2011 Census Estimates. "Hispanic" is not a U.S. Census race category, but an ethnicity.

** Source: U.S. Census Bureau, 2010 Census.

* Race is provided by DMAP as reported by the member during eligibility screening.

Attachment 3: Prevention Handout



Prevention Priorities for the CCO: Year 1

Prevention Workgroup: meets 3rd ~~Thursday~~ ^{Tuesday} of every month from 1:30-2:30pm in Room 525 of the Health & Human Services Building (151 W. 7th Ave, Eugene, 97401).

Contact Jennifer Webster for more information, 541.682.4280, Jennifer.Webster@co.lane.or.us

TC3: Primary Prevention

- 1.A Tobacco reduction among pregnant women
- 1.B Tobacco reduction among members with behavioral health issues
- 1.C Tobacco-free Campus Initiative
- 1.D Align Trillium's tobacco cessation benefits with evidence-based standards

- 2.A Develop comprehensive immunization strategy for OHP members

- 3.A Develop a comprehensive obesity reduction strategy

- 4.A Complete a data-informed prevention plan for years 2-5

- 5.A Identify specific priority conditions with specialty providers and implement evidence based prevention strategies

TC7: Wellness

- 1.A Integrate evidence-based wellness approaches into the work of Patient-Centered Primary Care Homes (PCPHs)

- 1.B Design and implement wellness programs that address the key health challenges facing Trillium members – both behavioral and physical health

- 1.C Develop partnerships with other key organizations in the community that are focused on promoting health and wellness.