

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free of charge. We accept relay calls.

Usted puede recibir este documento en otro idioma, impreso en una letra más grande o de otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo. Aceptamos llamadas del servicio de retransmisión.

Trillium: 877-600-5472 (TTY/TDD 711)
PacificSource: 800-431-4135 (TTY 711)

Lane County Coordinated Care Organizations Community Advisory Council (CAC) Information and How to Apply

Thank you for your interest in serving! Below is information about the CAC and how to apply.

What is a Coordinated Care Organization (CCO)?

A CCO helps people on the Oregon Health Plan (OHP) get medical, dental, and mental health care. Lane County has two CCOs: PacificSource Community Solutions and Trillium Community Health Plan.

Who serves on the Lane County CAC?

- Members: Most members of the CAC must be on OHP. Some members can be a parent, guardian, or primary caregiver of an OHP member.
- Community Organizations: Other members include people who work at places that provide care or help to OHP members.
- Staff: Lane County Prevention, Lane Community Health Council, PacificSource Community Solutions, and Trillium Community Health Plan work together to support the CAC's work. (Note: The Health Council works with PacificSource to support the CAC and its members.)

What would I do as a CAC member?

The CAC gives ideas and feedback to help the CCOs improve the health of the whole community. The CAC focuses on the needs of OHP members. The CAC works to:

- Find ways to make healthcare better
- Learn about ways to keep people well

- Guide a Community Health Assessment and adopt a Community Health Improvement Plan
- Support the use of equity practices, such as making sure all people are treated fairly
- Share resources and information with communities in Lane County

How is the CAC set up? How would I participate?

The CAC advocates for positive changes in health care and its role is defined by the State of Oregon. Applications are accepted every two years, or more often if members leave before the end of two years.

The CAC also has other groups that work on different issues in the community:

- **Health Equity Committee:** Makes sure CCOs are providing fair and unbiased health care to all OHP members
- **Member Engagement Committee:** Strengthens positive communication and relationship between OHP Members and their CCO
- **Prevention Workgroup:** Creates and reviews health prevention plans
- **Rural Advisory Committee:** Makes sure CCOs think about and respond to rural communities and their health needs

How much time would it take to participate?

- At least one meeting per month. The amount of time and number of meetings depends on the group.
- CAC members serve two-year terms and can reapply every two years. An ideal length of time to serve on a committee or workgroup is 1-2 years.

What kind of support can I get for participating?

OHP members will receive a stipend for their participation. There may be other support based on different needs.

How do I apply?

To apply for the Lane County CAC or a CAC group, return your application by email or phone to Kayla Watford, Community Engagement Coordinator:

- **Apply by email:** Kayla.Watford@lanecountyor.gov
- **Apply over the phone:** 458-217-4703

Sending the application does not make you a member. Soon after we get your application, you will get a call or email to talk about next steps.

Questions about the CAC or applying? Call Kayla Watford at 458-217-4703.

Lane County CCO Community Advisory Council & Committee Application

Your application will be reviewed by the Community Engagement Coordinator and members of a Selection Committee. You can provide as much, or as little, information as you want to help us get to know you and your interests.

Legal first name:

Legal last name:

Pronouns:

Name used/Name you like to go by:

Phone:

Email:

How do you want to be contacted (choose all that apply)? Email Phone Text

Are you an Oregon Health Plan (OHP) CCO member?

- ☐ No
- ☐ Yes and my CCO is PacificSource
- ☐ Yes and my CCO is Trillium
- ☐ Yes, but I don't know who my CCO is (To find out: call OHP Customer Service: 800-699-9075)

Are you the parent, guardian, or primary caregiver of an OHP CCO member?

- ☐ No
- ☐ Yes and their CCO is PacificSource
- ☐ Yes and their CCO is Trillium
- ☐ Yes, but I don't know which CCO (Call OHP Customer Service: 800-699-9075)

Do you work or volunteer at a place that serves OHP members? (If no, write 'No'. If yes, write the name of the place you work and your role there.)

I am interested in being a member of (check all that apply):

- ☐ Lane County CCO Community Advisory Council (CAC)

- ☐ Health Equity Committee
- ☐ Member Engagement Committee
- ☐ Prevention Workgroup
- ☐ Rural Advisory Committee

Tell us about yourself and your interests

1. Share why you want to be part of the CAC and what you hope to add.

2. Health equity is about fair and respectful healthcare for all people. Oregon Health Authority (OHA) explains that health equity exists “when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.” Why is health equity important to you? If you have experiences with or have seen any health equity issues in Lane County, please share.

3. What life experiences and skills do you hope to bring to this work?

4. Share about a time you have engaged in a community effort or project. What was this experience like for you?

Demographic Information

Collecting demographic information is important. We know that asking for demographic information in a way that reflects the diversity of our community is a work in progress. This

application reflects current OHA standards as well as feedback from the CAC's Health Equity Committee. If you do not see yourself represented in any of the questions, we invite you to use the "other" option and fill in the box. This information will help us improve data collection methods in the future.

Although you are not required to fill out this part of the application, we value your input. Your responses will be kept private. Any information you give helps the CAC have a range of knowledge, skills, and experience to help with this work.

1. What is your ZIP code?

2. What is your age range?

- ☐ 16-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 and older

3. What is your gender identity?

- ☐ Woman
- ☐ Man
- ☐ Non-binary, genderqueer, gender diverse, and/or neither exclusively female or male
- ☐ Two-spirit
- ☐ Don't know
- ☐ Other (describe your gender here):

4. What sex were you assigned at birth?

- ☐ Female
- ☐ Male
- ☐ Intersex

5. Do you identify as Transgender?

- ☐ Yes
- ☐ No
- ☐ Don't know what this question is asking

6. What is your current sexuality:

- ☐ Asexual
- ☐ Straight or heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual and/or pansexual
- ☐ Questioning
- ☐ Queer
- ☐ Don't know
- ☐ Other (describe your sexuality here):

7. In what language do you want us to:

- Speak with you:
- Write to you:

8. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

9. Do you identify as having a disability? ☐ No ☐ Yes

If yes, please share how you would like to be supported in your participation:

10. Do you have any other identities that are important to you?

How can we help?

We want to make it easy for you to be part of these meetings. Which of the following supports would help you participate (check all that apply):

- ☐ Language interpretation
- ☐ Transportation

- ☐ Child care or adult dependent care
- ☐ Internet or computer access
- ☐ Printed materials

What else might support your engagement in this work?

Thank you for applying! We will be in contact within two weeks.

Questions? Call Kayla Watford at 458-217-4703.