

Columbia County Community Advisory Council Draft Minutes

Monday, September 11, 2023

3:00-5:00PM

Meeting was called to order at 3:02 and facilitated introductions and had us review the housekeeping slides.

July minutes were approved; *August minutes were approved via email by members who were absent previous month.*

Regional Health Assessment Update: Presenter shared that CPCCO exceeded our survey goal of 1300 usable surveys for our Regional Health Assessment. The next step in this process is to get together with the group that developed the survey design to look at the data together. We will look at the results, do some theming of the narratives, and think about how we want to talk about it the results in a meaningful way to help us put together the community information sessions where we'll ask about priorities. In February of 2024 is when the community presentations will occur. We expect to complete the plan and have it approved by the Regional CAC in about one year, with the plan being due to OHA by the end of 2024.

Learning Theme: Community Health Worker (CHW)/Traditional Health Worker (THW) Presentation: Presenter CPCCO's Traditional Health Worker Liaison, provided an overview of CHW work in the region. She gave an overview of the history of THWs and the different types that are recognized in Oregon. THWs have existed all over the world and always been around, helping keep people healthy, and traditionally doing direct care such as delivering babies when healthcare wasn't available. With THWs becoming more recognized as a need and profession, we're now recognizing the need to formalize training and certification.

THWs really help promote equity because they are the bridge from the community into organizations that serve people like schools, clinics, community-based organizations, etc. CHWs, and all THWs, can really bring back the service user voice and inform the structures of what isn't working (or is). This is a big role they have in health equity- informing systems and also to policy makers and decision makers of what the need is.

CAC member gave an update that DHS has contracted with CAT to have a recovery-peer housed in Clatsop County but serving all of district 1. Belle added that a 6th type of worker was added by the state a couple of years ago: Tribal Health Workers specific to tribal health practices.

Most of the THWs registered in Oregon are peers; have a robust network of peers, but more limited with CHWs, Navigators, and Doulas and there is a need for more of them. CCOs are contractually obligated to contract with and have THWs in the region as part of what the THW Commission has influenced. At the beginning of the calendar year, we had 80 THWs in the registry for our region, and we now have 114 on the registry!

Board Prep and Community Wellness Investment Fund (CWIF) Grants: Staff member presented and gave a reminder that every September the CPCCO Board of Directors invites the CAC chair and co-chairs to their meeting. This year the focus will be a discussion of the narrative story collection and some of the early results, as well as the board equity committee's work and some of the activities around that. In October, we'll share back what happened at the board meeting and any next steps.

CWIF grant application reviews have been done. Thanks to our volunteer reviewers! We had 3 proposals: 1) Community Meals of Columbia County for \$10,000 to rebuild their program to provide more meals; 2) Broadleaf Arbor's EngAGE Northest program for \$25,000 for their Enhancing Mental & Physical Health through Arts programming; and 3) Riverside Community Outreach for \$25,000, to help foster and biological families to better support their families and the transitions they experience, as well as outreaching to and supporting foster parents. The first two grantees would both be new grantees. The CAC approved the reviewer's recommendations to fully fund all grants.

IA Update: IA gave an overview of the current implementation of Oregon's Medicaid waiver of federal rules for a more flexible Oregon Health Plan: Advancing health equity through maintaining coverage, addressing health related social needs and more flexible spending, and having more culturally appropriate and equitable health services. Health related social needs benefits will expand for some specific populations in areas of housing, food, and transportation. It will take time to roll out these services, will phase-in according to specific populations,

have to develop programs for some, get approval from the federal government for other things, etc. This benefit will look different in every county based on what's happening in those communities and what is available, which is why it is being phased in.

Formal meeting adjourned around 4:45 and most CAC members stayed on for informal updated until 5:01 pm.

Next meeting: Monday, October 2nd 3:00pm-5:00pm (First part of the meeting will be in Spanish)