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|  | **Community Advisory**  **Committee (CAC)** |
| **Meeting Recap** | **November 8, 2023 1:30-3:30pm** |

**Introduction:**

To start off the meeting the team took time to introduce themselves by saying their name, pronouns and organization they are with.

**Reflection:**

Brendon played a brief video for reflection. It was also discussed that it is Native American Month and there will be a series of conversations coming up.

**Topic 1: Oregon Health Authority**

**Care Oregon & SCAN merger –** OHA staff presented a PowerPoint presentation to go over the merger of CareOregon and SCAN group. CareOregon is a nonprofit company that provides health benefits for more than 500,000 members on the Oregon Health Plan. SCAN group is a non-profit company in a California that serves about 270,000 Medicare Advantage members across California, Arizona, Neveda and Texas. In December 2022, SCAN Group, and CareOregon entered into an Affiliation Agreement. Upon the closing of the transaction, the board of directors of CareOregon will remain in place and they will remain the sole member of each CCO and the board of directors of each CCO will remain in place. CareOregon and its existing affiliates, including the CCOs, will become direct or indirect subsidiaries of a renamed SCAN Group, known as “HealthRight”. The CCOs and other CareOregon entities will continue to operate their existing programs with the support of the HealthRight. At this time, it is not anticipate that there will be any effect on the day-to-day operations of the CCOs.

* **Key Takeaway**: After the presentation the team was asked for their feedback and comments regarding how to present this information to different communities. The goal is to promote feedback and comments from those communities that are served. The first question asked was “Why are they merging?” It was stated that this question could not be answered.

The next comment stated was that there should be translated communication for the different communities. They should also be careful and use thought-out communication for the different communities so that they can understand everything. The team continued to discuss how best to communicate with the different communities to ensure that good feedback is given. It was brought up that the communities might not give feedback unless it is clear and concise what impacts this will have on them. It was brought up that rapport building and a clear understanding of the barriers that the communities face (i.e. language) could hinder the ability to get feedback or comments from individuals.

Kristen from OHA provided the Form A link in the group chat for everyone to have. It is explained that this is the form to fill out when providing feedback or comments to OHA regarding this merger (<https://www.oregon.gov/oha/FOD/Pages/Form-A-Filings.aspx>). She stated that OHA is interested to know what the different communities think about this transaction. The feedback/comments is to help them understand how this merger could help or harm people in the community. It was stated that the request for public comments/feedback will go through 12/7/23. Kristen also let the team know that there are different languages this is translated in such as: English, Arabic, Simplified and Traditional Chinese, Chuukese, Hmong, Korean, Marshallese, Brazilian Portuguese, Portuguese, Russia, Somali, Spanish, Vietnamese. Members of the team asked that some additional languages be added to the list of Form A translations. She also provided the criteria OHA must use to evaluate the transaction are in OAR 410-141-5280.

Team members recommended that this information is presented to DHS caseworkers as they work with families/individuals on OHP.

The feedback and shared story were appreciated and valued for the willingness the team members took to share.

The team took a Break before transitioning to the next topic.

**Topic 2: REALD & SOGI Project Team**

**REALD & SOGI Presentation –** Health Share of Oregon guest speakers, Anthony Fox & James Wilson, came to talk about what the project team was working on in regards to REALD & SOGI. REALD stands for Race, Ethnicity, Language and Disability. SOGI stands for Sexual Orientation and Gender Identity. The PowerPoint presentation talked REALD & SOGI data information. It was stated that traditional demographic data clusters divers communities and groups under broad groups and lacks in adequate aggregated data which as Hasnain-Wyani said makes “them invisible when policies are made, resources are allocated and programs are designed and implemented.” Traditional data doesn’t capture disabilities or SOGI.

REALD has 55 race/ethnicity categories that members can select all that apply and are prompted to select an optional primary race if more than one category is selected. It also captures 100s of languages, English proficiency and interpretation preferences. REALD allows members to self-report ability challenges. SOGI data is also collected with members having the ability to select all that apply across a wide range, and also select “don’t know,” “don’t want to answer” etc.

* Key Takeaway: The presentation discussed why REALD SOGI is important and how REALD & SOGI was developed. After the presentation was made the first discussion question was asked.

1. While we are excited about the ways in which this new data can help us in addressing disparities in health outcomes, we recognize that this type of information has also been used (and continues to be used) in harmful ways. ***For folks who feel comfortable sharing***, we’d like to learn more about experiences you have had, or observed, where this type of harm occurred. How might that harm have been avoided or reduced?

Feedback from the group included:

- Being mindful of using language that is plain and clear and language understandable.

- “We know that data that is collected doesn't always benefit our communities? it alienates and scares vulnerable population”

- It’s not just gathering the information but using the feedback in a meaningful way.

- There is a lot of mistrust with data. We have not serviced you well and this data is meant to help you receive better data.

- “What is the method and where would this be collected? On paper in the doctor office? Over the phone? Online survey of members?”

# Meeting Schedule: December 13, 2023, from 1:30pm – 3:30pm (exploring In-Person gathering)

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| **Action Items** | | | |
| **What** | **Who** | **By When** | **Status** |
| Share slides, notes, links, and other materials back out to CAC | Brendon |  |  |
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| **Participation** | | |
| **Organization** | **Representative**  **(Indicate Proxy if present)** | **Present** |
| Oregon Health Authority | Chelsea Guest | x |
| Oregon Health Authority | Kristen Darmody | x |
| Oregon Health Authority | Rebecca Donnell | x |
| Clackamas County Council Representative | Jaime Zentner | x |
| Multnomah County Council Representative | Natasha Davy | x |
| Washington County Council Representative | Magdalena Ramirez | x |
| Care Oregon | Nora Leibowitz | x |
| Health Share of Oregon | Brendon Bassett | x |
| Health Share of Oregon | Christine Kan | x |
| Health Share of Oregon | Love Richardson | x |
| Health Share of Oregon | Maria Tafolla | x |
| Health Share of Oregon | Mariam Ukbazghi | n/p |
| Health Share of Oregon | Mariotta Gary-Smith, | x |
| Health Share of Oregon | Phyusin Myint | x |
| Community Council Members | Candice Jimenez | n/p |
| Community Council Members | Lung Wah Lazum | x |
| Community Council Members | Triniece Rozier-Sheidun | x |
| Community Council Members | Yamungu Seraya | x |
| Consumer Council Members | Abigail Lawrence | n/p |
| Consumer Council Members | Francisco Elias | x |
| Consumer Council Members | Rachel Schutz | x |