

Rural Advisory Council Meeting
Oregon Research Institute
May 11th, 2018 @ 11:00 AM - 1:00 PM

UO Riverfront Research Park
1800 Millrace Drive
Eugene, Oregon 97403

Attendance

RAC:

John Bauman
Connie Hoffman
Heather Murphy
Char Reavis
Robin Roberts
Michele Thurston

Staff:

Leah Edelman
Amanda Cobb
Katie Lor
Lucy Zammarelli

I. REPORTS

A. CAC

OHA is holding listening sessions for CCO 2.0. They want to know what is going well and where improvements are needed. Leah will send out dates when they are posted.

Discussion about to deal with conference call option. It is difficult for those on the phone to hear and participate. Using cell phones and speakers was recommended. We will investigate!

B. Trillium – Amanda Cobb is the new Executive Director of Medicaid

C. Healthy Directions

Successful collaboration with police made sure Florence Prom was safe and prevented underage drinking.

Planning to encourage safe driving during the Rhododendron Festival.

D. CHIP

The assessments will begin this summer. The RAC can help with the Community Themes and Strengths assessment by holding focus groups in the rural communities and by ensuring that the survey is widely disseminated in rural communities.

Senna Towner, the new CHIP coordinator, is on board.

II. Oakridge Outreach

Our next meeting will be in Oakridge at the St. Vincent De Paul store Community room. We have invited people from St. Vincent De Paul, Orchid Health and the School Resource Center.

III. New CAC/RAC Member Handbook

Katie has revised the handbook for new advisory council members. She has updated it and added information. Question: Are there other things we should include?

Directory of staff, with pictures

Acronym glossary

Who do I call for what information?

IV. Emergency Room Utilization Discussion

What causes people in your community to use the emergency, especially if the visits are not emergencies?

- lack of other options
- lack of information on urgent care hours
- urgent cares saying they do not serve Trillium members
- hospitals/clinics refusing to sign a contract; not wanting to have OHP rates

What changes in your community could help reduce ED usage?

- More collaborative work and active engagement with people who have power.

What could we do to help people make other choices? How could we use our community partners to help members understand their best choices?

- Getting the information and sharing it with the community
- Trust in people and the community - who are these people?
BH workers, churches, neighbors, etc.
- We need to make sure that our partners have the right information
- define "urgent" care
- increasing urgent care availability