



**eocco**

EASTERN OREGON  
COORDINATED CARE  
ORGANIZATION



Eastern Oregon Coordinated Care Organization

# Annual CAC Demographic Report 2023

## CCO Annual CAC Demographic Report Template

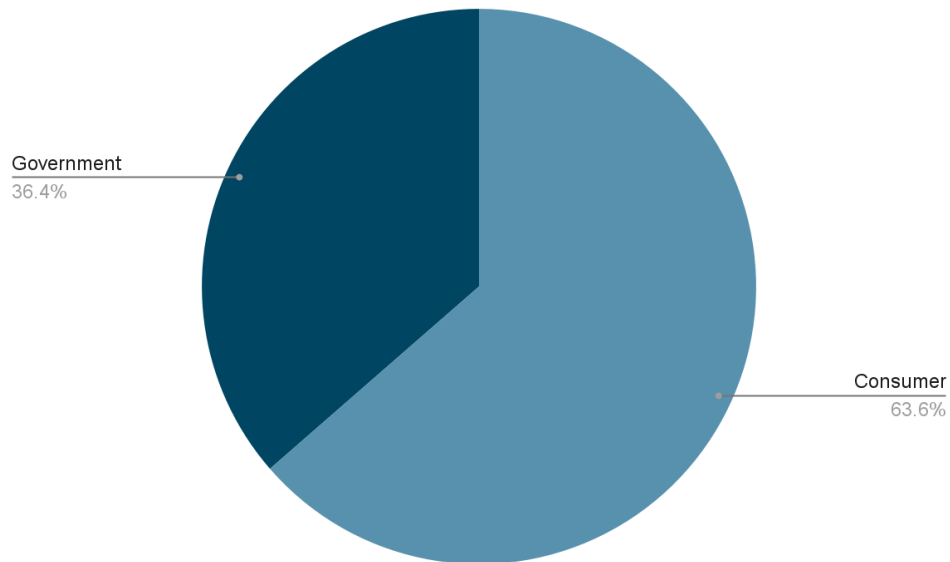
### **CAC Demographic Composition**

1. How many CACs has your CCO established? Please list all CACs, as defined under [ORS 414.575](#).

The Eastern Oregon Coordinated Care Organization (EOCCO) has one Community Advisory Council (CAC) serving Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler, the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and the Burns Paiute Tribe.

2. What percentage of the total CAC membership on each CAC are consumer representatives<sup>1</sup>? If there are less than 51% consumers on a particular CAC, please explain why and provide a plan with milestones to increase consumer representation.

63.6% of the CAC Members are consumer representatives.



3. Describe the demographic composition of each CAC. Please include as much demographic information as possible for CAC members, in the aggregate. Please refer to the [CAC Demographic Assessment Worksheet](#) for examples of demographic categories that can be collected. However, OHA understands that there may be reasons a CAC member does not wish to share specific demographic information. In these cases, please include that the CAC member declined in your narrative response.

### **Race**

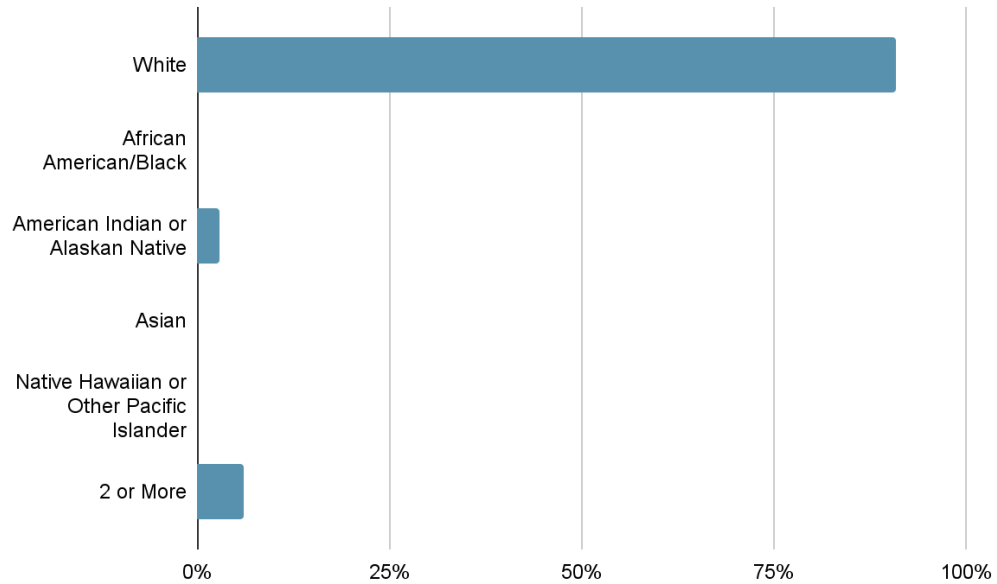
The demographic survey included five major categories recognized by the Office of Budget Management (OBM) and are consistent with Census Bureau standards. This included White,

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<sup>1</sup> *Consumer representative* refers to a person serving on a CAC who is, or was within the previous six months, a recipient of medical assistance and is at least 16 years of age; OR a parent, guardian, or primary caregiver of an individual who is, or was within the previous six months, a recipient of medical assistance.

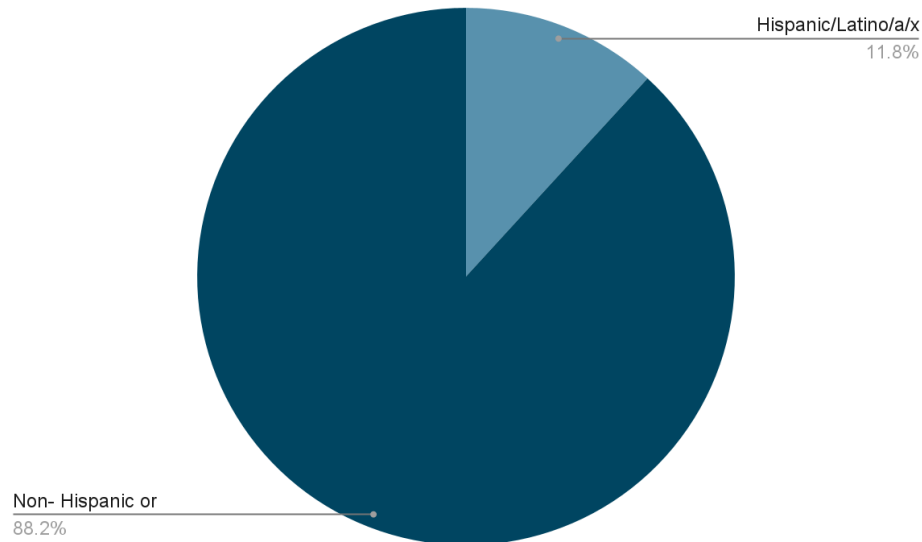
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African American/Black, American Indian/Alaskan Native, Asian, and Native Hawaiian or other Pacific Islander. 91% of the members self-identified as White, 3% self-identified as American Indian or Alaskan Native, and 6% self-identified as two or more races.



### Ethnicity

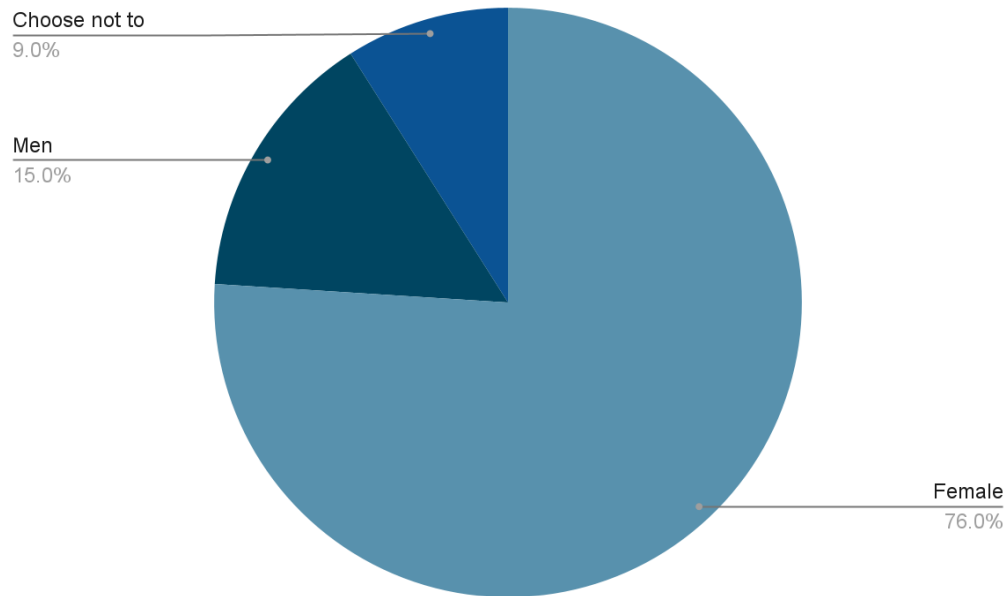
We captured the ethnicity data separate from the race. CAC members could select from two choices: Hispanic/Latino/a/x or Non-Hispanic or Latino/a/x. 11.8% identified as Hispanic or Latino/a/x.



### Gender Identity

76% of members identified as female, 15% identified as male, and 9% of individuals chose not to disclose.

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### Language Spoken at Home

We asked members about the languages spoken in their home. 94% of the members used English in their home and 5% used English and Spanish.

### Disability

We also collected data on CAC members' self-identifying as having a disability. 17.6% of the CAC members self-identified as having a disability.

**4. Describe your CCO's approach to CAC member recruitment, including strategies to ensure adequate CAC representation (i.e., how your CCO ensures that the CAC is representative of the diversity of populations within the CCO's service area).**

EOCCO has used various approaches to recruit CAC members and ensure adequate representation from our large geographic area. Those strategies included:

1. Utilizing the CAC support materials provided by the OHA Transformation Center for best practices, which included:
  - a. Creating a clear organizational structure showing how the CAC works and how it connects to the CCO. We developed a presentation to review the structure with the CAC members and Local Community Health Partnerships (LCHPs).
  - b. Creating a CAC charter that helped establish guiding principles, values, and goals. The CAC was involved in the process and approved the decisions.
  - c. Developing a simple, easy to navigate application to gather the information needed from each applicant.
  - d. Developing outreach materials to recruit for CAC members at community events.

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- e. Developing an onboarding packet for new CAC members, which includes new membership application (English and Spanish), EOCCO CAC meeting schedule, letter of introduction to the EOCCO CAC (use ProWritingAid software for equity), updated acronym and definitions handout, communication flow, and all orientation materials.
  - f. Attending meetings to promote EOCCO CAC efforts with local, external partners such as Community Partner Outreach Collaboratives, Early Learning Hubs, Head Start, and Community-Based Organizations such as EUVALCREE.
  - g. “Removing Barriers to Participation” documents for EOCCO CAC and LCHPs; documents addressing transportation opportunities within the EOCCO region, virtual participation and assistance with wi-fi/broadband, supportive technology, equipment and teleconference support. Including a virtual technology “cheat sheet” for EOCCO CAC/LCHP meetings. The cheat sheet includes directions on how to join by computer/phone, meeting etiquette (mute/unmute), whom to contact if having an issue prior to/during meetings, how to request assistance with equipment/phone minutes, and other instructions.
  - h. Identifying prospects and conducting one-on-one outreach to invite them to join.
  - i. Designing meeting agendas that are relevant and engaging to all members. The CAC Chair and Co-Chair provide guidance on the agenda topics.
2. Investing in partnerships with Community-Based Organizations that specialize in working with ethnic minority populations, specifically the following partners:
- a. Hispanic/LatinX Members - working with the Oregon Child Development Coalition and EUVALCREE to engage Hispanic/LatinX Members with a focus in Morrow, Umatilla, and Malheur Counties and recruit Members to EOCCO CAC.
  - b. Establishing positive collaboration with EUVALCREE. GOBHI has drafted a contract with EUVALCREE. The scope of work includes outreach and recruitment for the LCHPs and EOCCO CAC. In addition, it includes assisting the EOCCO Community Health Development Team (field team) establish partnerships within the Latinx communities for ongoing engagement in the CHP, CHA and other community engagement work.
  - c. Aging members (dual enrolled) and members experiencing disabilities - recruiting EOCCO/OHP Members from the Consumer Advisory Group facilitated by GOBHI. Working with the Older Adult Behavioral Health Team (OABHI) who work with the Area Agencies on Aging (AAA) and Aging and People with Disabilities (APD).
  - d. Families and caregivers for children enrolled in EOCCO/OHP - working with Early Learning Hubs, Head Start, Department of Human Services Child Welfare and Self Sufficiency, foster parent and kinship family/caregiver groups.
  - e. LGBTQIA2S+ Individuals - working with Eastern Oregon Center for Independent Living, New Directions Northwest Inc., Greater Oregon Behavioral Health, Inc.

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(wi-fi/broadband, supportive technology, equipment and teleconference support).

- f. Individual outreach to existing OHP members of LCHP.

**5. Describe any barriers or challenges experienced in CAC member recruitment. Please also detail how your CCO plans to or has overcome barriers or challenges in CAC member recruitment.**

EOCCO has greatly increased the diversity of the EOCCO CAC, and plans to expand that further to be even more representative of the EOCCO membership. We have hired biracial / bicultural staff to help with these efforts, specifically in Umatilla, Morrow, and Malheur Counties. We have developed new marketing materials that will be available in English and Spanish. We attend community events to represent EOCCO and have a presence in the community while targeting specific cultural events. That includes the continuation of working with culturally specific Community-Based Organizations to focus on diverse outreach.

The overall CAC recruitment challenges EOCCO experiences is related to information sharing over our large geographic rural area. We are honored to work in this region and have developed strategic recruitment approaches within its vast counties. Our staff attend all LCHP meetings to discuss CAC recruitment. We also utilize social media such as Facebook, Instagram, etc. to share information about EOCCO and the CAC.

In addition, the Field Team has significantly increased our presence at community events. The invitations from community partners have exponentially increased over the last year. Examples of events we have attended for recruitment purposes include:

- Pendleton Early Learning Center Spring Family Night- Umatilla County
- Dia del Niño- Umatilla County
- Morrow County Round Up School Event- Morrow County
- Children's Mini Pow Wow- CTUIR
- Union County Agency Resource Fair- Union County
- Pride Family Fun Day- Union County
- Juneteenth Celebration- Umatilla County
- Community Baby Shower- Lake County
- Can Cancer Trail Hope- Harney County
- Sherman Harvest Fair- Sherman County
- Wallowa Woodland and Water Festival- Wallowa County
- Breaking the Stigma- Umatilla County
- Lakeview Pride- Lake County
- Malheur Pride- Malheur County
- Grant County Health Fair- Grant County
- Family Fun Day- Grant County
- Baker City Resource Fair- Baker County
- National Night Out- Malheur County
- La Grande Resource Fair- Union County
- OCDC Mexican Independence Day Celebration- Umatilla County



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- Farmworker Celebration Day- Malheur County
- Blue Mountain Early Learning Hub Meetings- Umatilla, Morrow, Union Counties
- Youth Group- Union County
- Community Meeting with Euvalcree, Neon, CPOP Team, IRCO- Umatilla, Union, Malheur Counties
- CPOP Meetings- Umatilla, Morrow, Malheur, Union, Lake, Baker, Wallowa, Harney, Grant Counties

As stated above, the request for our attendance increases with each event we attend. To follow is a list of known, or anticipated, events the Field Team will attend to recruit for CAC members. Others will be added during the year:

### July- September

- Sherman Harvest Fair- Sherman County
- Breaking the Stigma- Umatilla County
- Community Night Out- Baker County
- Summer Cool Down- Harney County
- OCDC Mexican Independence Day Celebration- Umatilla and Morrow Counties
- Family Health and Fitness Day- Umatilla County
- Mirasol Family Health Fair- Umatilla County
- Hands Around the Park- Malheur County
- Farmworkers Celebration Day- Malheur County
- La Grande Resource Fair- Union County
- Umatilla County Fair & Rodeo
- Morrow County Fair
- Malheur County Fair
- Lake County Fair
- LCHP Meetings- 12 EOCCO Counties
- Youth Alliance- Union County
- Consumer Caucus Meeting

### October- December

- Frontier Veggie Rx Program- Sherman, Baker, Gilliam, Harney, Lake, Wheeler, and Malheur Counties
- Blue Mountain Early Learning Hub Meeting- Umatilla and Morrow Counties
- Consumer Caucus Meeting
- LCHP Meetings- 12 EOCCO Counties
- Wallowa Network of CARE- Wallowa County
- Community Partner Outreach Program Meetings- Umatilla, Morrow, Malheur, Union, Lake, Baker, Wallowa, Harney, Grant Counties
- Eastern Oregon Community Resource Network- Union, Wallowa, Baker Counties

### January- April

- Pendleton Early Learning Center Spring Family Night- Umatilla County
- Dia del Niño- Umatilla County
- Youth Alliance Union County
- LCHP Meetings- 12 EOCCO Counties
- Meeting with community-based organizations (Euvalcree, IRCO, Neon, etc.)

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- Community Partner Outreach Program Meetings- Umatilla, Morrow, Malheur, Union, Lake, Baker, Wallowa, Harney, Grant Counties
- Consumer Caucus Meeting
- Eastern Oregon Community Resource Network- Union, Wallowa, Baker Counties

### May-June

- Morrow County Round Up School Event- Morrow County
- Children's Mini Pow Wow- CTUIR
- Pride Family Fun Day- Union County
- Wallowa Woodland and Water Festival- Wallowa County
- Union County Resource Fair
- Malheur Pride- Malheur County
- Grant County Family Fun Day- Grant County
- Grant County Health Fair- Grant County
- Baker Resource Fair- Baker County
- Malheur Pride Family Fun Day- Malheur County
- Juneteenth Celebration- Umatilla County
- LCHP Meetings- 12 EOCCO Counties
- Consumer Caucus Meeting

We are honored to have provided stewardship for a majority Member CAC. We now want to cultivate that even further through the aforementioned recruitment strategies while ensuring the meaningful inclusion of Members' voices.

6. **a. If there are federally recognized Tribes in your CCO's service area, please describe the Tribal representation on each of your CACs. If your CCO service area is metropolitan and has no federally recognized Tribe, please describe the Urban Indian Health Program representation on each of your CACs.**

There are two federally recognized tribes in the EOCCO service area: the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and the Burns Paiute Tribe. We currently have active representation from the CTUIR on the CAC.

- b. If there are federally recognized Tribes in your CCO's service area, please describe your CCO's efforts to reach out to local Tribes to identify tribal CAC member(s).**

EOCCO's Tribal Liaison works closely with the EOCCO CAC to promote the engagement of tribal members and tribal health programs with the Local Community Health Partnerships (LCHP) in Umatilla and Harney Counties. A subcommittee of the Umatilla LCHP focuses on recruitment, engagement, and retention of tribal representatives from the CTUIR. This subcommittee is focused on developing a better understanding of the health and health-related needs of CTUIR tribal members.

Recent LCHP outreach efforts also include invitations by Harney County LCHP members, as well as an invitation to the leads of tribal members from the Burns Paiute Tribe in attending the EOCCO CAC. Our EOCCO Tribal Liaison coordinates with other CCO Tribal Liaisons and representatives from OHA Tribal Affairs in order to develop strategies to engage Tribal Members and Tribal Health Programs



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with the EOCCO CAC. The Tribal Liaison attends the monthly Tribal Advisory Council (TAC) meetings to network with tribes in Oregon, coordinating with other CCO Tribal Liaisons, and with OHA.

The most important aspect of this engagement is building positive relationships with tribal members and representatives from tribal health programs. We cannot simply call or email tribal representatives requests for engagement. Our approach to engaging with tribal nations in the EOCCO service area has been focused on finding where we can provide value to the tribes and in serving them to the best of our ability. This includes recognizing tribal sovereignty and self-determination (and ensuring everyone in our organization understands these concepts), honoring tribal programs by recognizing and sponsoring events and celebrations that are meaningful to them, and meeting them where they are by coming to gatherings or meetings that they are hosting versus asking them to come to our meetings.

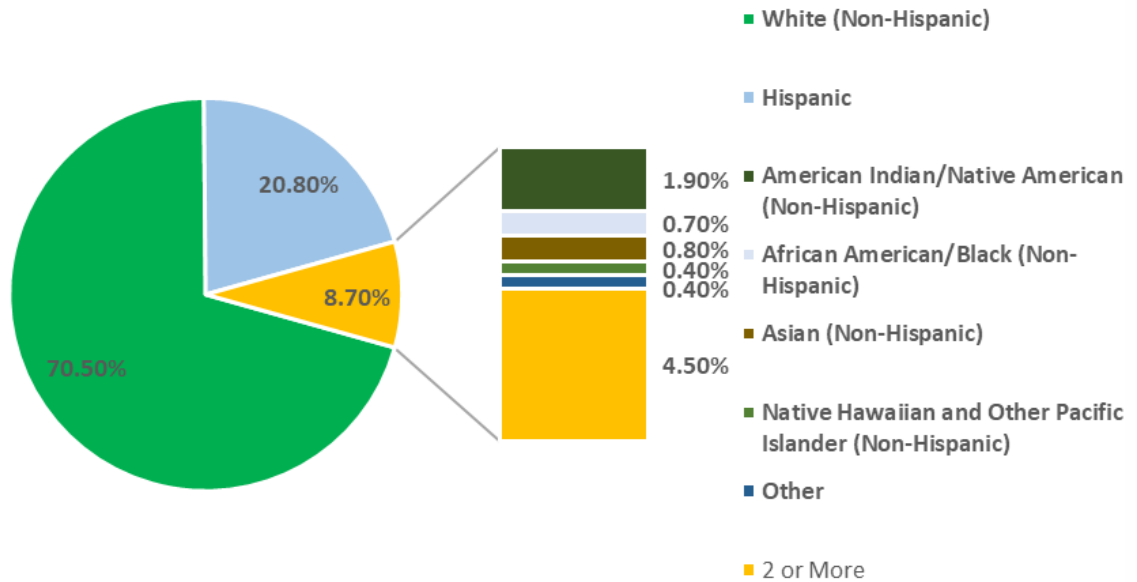
**7. Describe the demographics and diversity in the communities in your CCO's service area. Please refer to the CAC Demographic Assessment Worksheet for examples of demographic categories.**

One important defining feature of our CCO is its geographic size—approximately 50,000 square miles (roughly the size of the state of New York)—with a population across the 12 counties of over 204,000. The population-to-land ratio renders all of our 12 counties as significantly Rural and 10 as Frontier (having fewer than 6 people per square mile). EOCCO consumer members live in counties that vary widely in total population ranging from approximately 1,456 to 80,463 individuals.

EOCCO members represent a diverse array of cultural identities and backgrounds, and speak over thirty different languages. The 2021 American Community Survey data of the 12-county EOCCO total population region shows the majority report an identity of White, Non-Hispanic background 70.5%; one-fifth (20.8%) report a Hispanic background, 1.9% Native American, and less than 1% identify as African American. The chart below describes the demographic distribution by race/ethnicity of the EOCCO region.

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### Race and Ethnicity of Eastern Oregon Service Area Population



There are at least two distinct demographic profiles in our CCO. In 9 of the 12 counties, White Non-Hispanic population ranged from 79.8% to 89.3% and Hispanic background from 3.5% to 9.8%. In contrast, in three counties (Malheur, Morrow and Umatilla), White Non-Hispanic background ranged from 54.2% - 62.1% and Hispanic background from 28.3% - 40.9%.

A detailed profile of the demographics across the Eastern Oregon service region is described in the [2023 EOCCO CHA Data Elements](#) documents. EOCCO produces an array of reports throughout the year to support the ongoing work of the Community Advisory Council and provides an analysis of the health disparities that exist in all 12 of our counties, including contributing factors. Examples of those reports and tools are listed below with a brief description of what is contained in each document:

#### [2023 EOCCO CHA Data Elements](#)

Provides an overview of the racial, ethnic, age, language, disability status (REAL-D), sexual orientation, and gender identity (SOGI) profiles of each of the 12 counties in the Eastern Oregon Region. The report also provides data on various health and social determinants of health indicators across the region, including data in the following categories: morbidity and mortality, health behaviors, health status, teen health, maternal and child health, transportation, housing, and socio-economic risk factors.

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<a href="#">EOCCO Comprehensive Behavioral Health Plan</a>	As part of the CCO's Behavioral Health Plan development, EOCCO conducted a behavioral health environmental scan that describes EOCCO members' needs surrounding mental health, substance use disorders, and social wellbeing; the existing systems to serve those needs; and areas where those services could be more effective.
EOCCO Cost and Utilization Dashboard EOCCO Baker Dashboard EOCCO Gilliam Dashboard EOCCO Grant Dashboard EOCCO Harney Dashboard EOCCO Lake North Dashboard EOCCO Lake South Dashboard EOCCO Malheur Dashboard EOCCO Morrow Dashboard EOCCO Sherman Dashboard EOCCO Umatilla Dashboard EOCCO Union Dashboard EOCCO Wallowa Dashboard EOCCO Wheeler Dashboard	EOCCO Cost and Utilization Dashboards provide overviews of our CCO member demographics, trends in costs of care, overall utilization of health services across the region, utilization of primary care, utilization of emergency departments, utilization of specialty services, and pharmacy data. Reports provide an analysis of regional health disparities and help to identify areas of quality improvement across the CCO.

- 8. Identify the data sources your CCO used to determine the demographics and diversity described in your answer to the prior question. This should include the date each data source was last updated. These can be the same data sources used to describe the community's demographics in your CCO's Community Health Assessment (CHA).**

Data sources used to determine the demographics and diversity in the communities of the EOCCO service region as part of EOCCO's ongoing Community Health Assessment initiatives are included in the [2023 EOCCO CHA Data Elements](#) document.

Source of Data Used in <a href="#">EOCCO CAC Demographic Assessment Worksheet</a> and analysis	Year Data Source Updated
Portland State University Center for Population Research and Census, Annual Population Estimates	2022 data updated in April 2023
American Community Survey 2017-2021 5 Year Estimates	Data Released 2022

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### **9. Describe the extent to which the membership of each CAC is in alignment with Community Health Improvement Plan (CHP) priorities and can help drive the success of your CCO's CHP.**

Each one of the EOCCO CAC members live and serve as representatives of their community within the 12-county CCO region. Some CAC Members are employed by entities or organizations working to address CHP priorities. This includes Public Health, Justice System, Economic Development, School District, and Tribal Nations. There are also CAC Members with lived experience actively dealing with and/or overcoming challenges that are reflected in CHP priority areas such as poverty, food insecurity, childhood trauma, and SUDs.

Each of the 12 EOCCO counties completes a Community Health Plan with the Local Community Health Partnerships (LCHP), aligning with the county and CCO Community Health Assessments (CHA). The priority areas from each CHP are reviewed, shared, and compiled together as part of the EOCCO wide CHP. The local voice is imperative and ultimately is what drives the success of the CHP.

### **Relationship of the CAC to other Parts of the CCO**

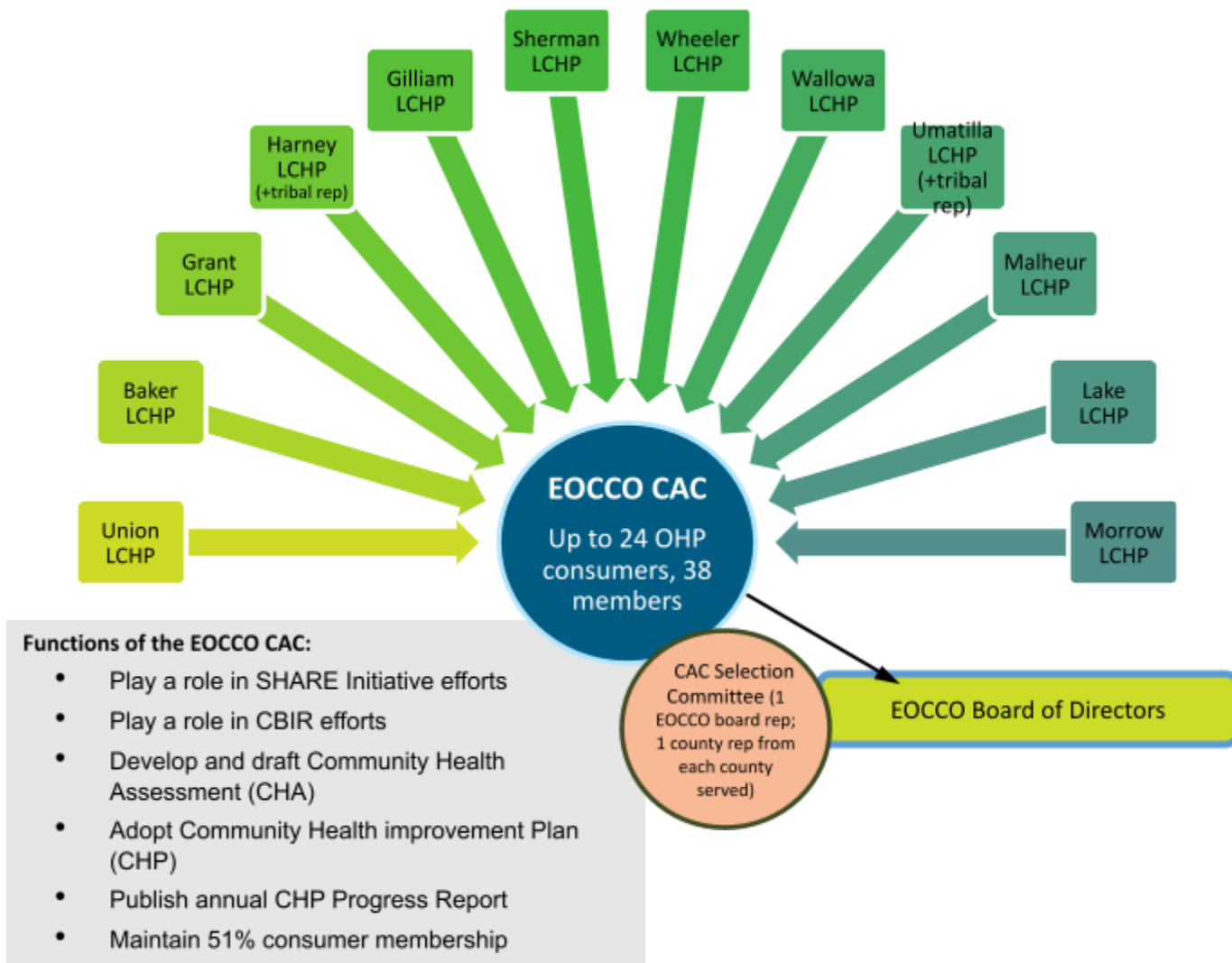
#### **10. a. Describe the feedback loop/communication flow between each CAC and the CCO's leadership (including governing board) and any other CCO committees and/or CCO subcontractors relevant to the CAC's work. Describe how information is communicated between each party. Please also describe how the CAC's involvement in decision-making is considered by CCO leadership.**

The EOCCO has 12 county Local Community Health Partnerships (LCHPs) and one EOCCO CAC. Specific duties within the EOCCO CAC model include review/approval of SHARE funds, yearly input to the Community Health Plan (CHP) and development/review of the Community Health Assessment (CHA) every five years. Under this CAC model, there is an intentional focus on local efforts. The Regional CHP has evolved into a compilation of all 12 LCHP Community Health Plans with evaluation and oversight directed by the EOCCO CAC.

The EOCCO CAC Chair serves on the CCO's governing board and presents information on behalf of the CAC. Based on the information presented and the recommendations of the CAC, the CCO leadership makes thoughtful decisions. The EOCCO CAC also has representatives from the EOCCO Leadership Team in attendance, which allows for an opportunity for CAC members to address concerns, issues, or provide positive feedback on behalf of their county regarding EOCCO services.

The EOCCO Board of Directors serve as part of the CAC Selection Committee, which enhances opportunities for connection and more in-depth knowledge of the CAC structure and membership on an individual scale. Relationship building and trust are key elements in any relationship; by having EOCCO leadership interact directly with OHP members at this level, the opportunity for OHP member consumers to find their voice and be heard directly by those who can impact change is a powerful model that the EOCCO will continue to foster. The image below reflects the structure of the EOCCO CAC.

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In addition, EOCCO has been distributing a set amount of funds every year to each of its 12 counties through the Supporting Health for All through Reinvestment (SHARE) programs. These funds help address Social Determinants of Health and Equity (SDOH-E). Examples of SDOH-E include housing, transportation, food, utilities, safety, education, and community health. By reinvesting funds in the communities, EOCCO hopes to support better health, better care, better access, and lower cost for EOCCO members and their communities.

**b. List the number of CAC members who have been selected to serve on the CCO's governing board, and whether they are consumer or non-consumer CAC members.**

Three CAC members have been selected to serve on the CCO's governing board. We have a consumer from Malheur County, a consumer from Union County, and a non-consumer from Lake County.

1. **Oceana Gonzalez**
2. **James Williams**
3. **Diana Elledge**