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<b>Umatilla County - Hermiston October 17, 2019 5:30 – 7:30 PM, Good Shepherd Health Care System</b>	
<b>Number of Attendees</b>	15
<b>List of Invitees</b>	<p>The Umatilla County Local Community Advisory distribution list and identified community partners were invited.</p> <p>Additional invites were distributed by LCAC members and community partners upon request by EOCCO.</p>
<b>Summary of Outreach Efforts</b>	<p>EOCCO staff and LCAC partners implemented strategic communications efforts specifically developed to share information and drive community engagement regarding the CCO 2.0 community presentation series.</p> <p><b>Regional Meeting:</b> EOCCO held a preview presentation and discussion regarding the community meeting series at the Regional Community Advisory Council meeting in Baker City on September 25, 2019. Attendance at the RCAC was approximately 50 and included not only LCAC representation but also education partners including Early Learning Hubs and Head Start. Informational handouts in English and Spanish were distributed to attendees.</p> <p><b>Invitees:</b></p> <ul style="list-style-type: none"><li>• Invites and informational materials were sent to LCAC and community partner contacts. EOCCO sent digital copies of informational materials, including an invite flyer, a frequently asked questions document, and a poster.</li><li>• Posters in English and Spanish with a Umatilla County-specific design were placed in public sites in Umatilla County.</li></ul> <p><b>Website/Social Media:</b></p> <ul style="list-style-type: none"><li>• A news article about the meeting — including an event</li></ul>



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registration link — was posted on [www.eocco.com](http://www.eocco.com) on September 26, 2019.

- EOCCO website specialists developed meeting registration webpages for each meeting in the 12-county CCO service area. The link to this registration tool was included in outreach materials and was shared with invitees.
- An article and registration link were shared in the social media community, including Facebook pages representing EOCCO and community partners (e.g., GOBHI, Lifeways, etc.).
- This information was also circulated on the social media platform LinkedIn.

**News media:**

- EOCCO submitted press releases to outlets throughout the region. Locally, EOCCO submitted news releases to the East Oregonian, Hermiston Herald, Northeast Oregon Now, Elkhorn Media Group, and KOHU/KQFM radio. EOCCO also submitted a radio PSA to KOHU/KQFM.
- Northeast Oregon Now published an article as its lead online story on October 8, 2019:  
<https://northeastoregonnow.com/eocco-to-see-input-from-public-on-future-of-local-health-care/>
- The East Oregonian/EO Media published notice of the Hermiston meeting in two editions: October 16 and 17, 2019. These editions were published online and in print.



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## Summary of Public Input

Presenters: Catie Brenamen, Kevin Campbell, Sean Jessup.

Following the presentation, EOCCO representatives opened the floor for input and public discussion. The following questions and comments were covered:

### **An EOCCO member raised concerns about difficulties navigating the healthcare system.**

The member stated the quality of healthcare is actually going down; availability improved, but not necessarily quality. The member had difficulties with an inexperienced physician recommending drastic medication changes. The individual has lived with his symptoms for 30 years and knows what works. He entered an appeal process. A provider hung up on him when he needed help. Medication is a life or death situation. Many people are afraid to speak up and might lose what they have.

Kevin Campbell, EOCCO, commended the member for his participation and exchanged contact information and resources. He invited the member to participate in a committee that needs voices in lived experiences. He spoke to the value of members' voices in improving services and alleviating fear of the system.



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LCAC representatives invited the member to connect and discuss meeting schedules.

**An Oregon Health Authority representative discussed challenges in serving the Latino community and long-running issues.**

Umatilla County has a significant Latino population, yet more Latino community members are uninsured compared to the general population. The numbers paint a pretty accurate picture of what is occurring in the county in terms of accessibility to healthcare. Provide information about what the LCAC does and how those dollars translate to community action. The participant spoke as someone who works directly with community partners with the Latino community. Some of the dollars referenced in the presentation should be shifted toward community organizations with an impact. It takes careful planning and setting of metrics to assess the outcomes. Those savings need to be put in this community. Latino children lag behind the general population, and that spells trouble for the future. There is a gap for child enrollment especially.

A participant stated even applying for this service is cumbersome for our families.

**What is EOCCO doing to help the Latino community in Umatilla County?**

Campbell addressed the insurance enrollment issue. While the CCO cannot recruit or enroll people, it can meet individuals where they are without fear and intimidation regarding their status in the country. Campbell made a connection to a specialist at EOCCO.

Sean Jessup, EOCCO, explained a focus of CCO 2.0 is data systems. Once people are enrolled, the CCO can look at the metrics. That will be a focus on how EOCCO identifies disparities and closes the gap.

**Immigration laws and confusion add to this problem, a participant noted.**



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An attendee said even though you're a legal resident and have almost all the rights, applying as a citizen, you don't get help from the state. People are afraid they will not qualify. People do not believe they will be safe. The public charge rule is up in the air. Attorneys and individuals should be educated.

**Why does money go to providers instead of straight to the community?**

Dennis Burke, Good Shepherd Health Care Systems, explained how the provider payment system works. The hospital gets a fixed amount of money. He stated: We do not know how much Medicaid clients will cost. We focus extra dollars on community work. We would not be able to do community work and not have core services. That is part of what our CCO is trying to do: reinvesting in the community.

Campbell explained Oregon's approach, which gives more flexibility to contain costs. We are squeezing the system to perform differently. The bulk of the money has gone to providers as a key service. In CCO 1.0, medical care moved from competitive to a collaborative system. In the second part, we are asking primary care clinics to do things they have never done before, such as employing Community Health Workers and Connexions. That creates jobs in our community.

EOCCO has invested heavily in community programs and not-for-profits. Good Shepherd stresses the importance of primary care as preventive and cost-effective. The CCO model incentivizes this.

**Dental and Vision:**

A social services professional commended the dental care that has been provided since 2010. The prevention has made the difference. Vision care and eligibility, however, are still lacking. A member had to go through Red Cross to get glasses. LCAC funds are available for emergencies. That is a commitment the LCAC



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	made to support emergency dental and vision screening for adults who need it.
<b>Presentation changes to consider/improve</b>	

*Please submit the final meeting agenda with this document.*