

Minutes of Community Advisory Council Meeting
Wednesday, July 20, 2022
CAC Monthly Meeting

Called to Order: 12:06 noon.

CAC Attendees: Pamala Dame, Nora Foster, Amy Boivin, Burl Baker, Rebecca Adams, Raquel Mendoza.

Other Attendees: Belle Shepherd, Yessenia Baltazar, Lori Ortiz-Bustos, Brittiany Lewis, Princess Osita-Oleribe

Apologies: Jennifer Little, Melissa Pisan.

CAC Applications: Jessie DuBose, Tina Zaragoza.

Resignations (of sort): Craig Schuhmann, Alethea Barlowe.

Meeting Agenda:

1. Introduction and Call to Order:

The meeting was called to order by CAC Chair, Pamala Dame at 12:01pm

2. Review and Approval of minutes of June 15, 2022

Nora Foster moved to adopt minutes, Burl Baker second. The motion was carried.

3. Public Comment / Member Feedback

There was no public comment or member feedback during this meeting.

4. Word on the Street

- A vaccine clinic and resource fair sponsored by Oregon Human Development Corporation and other partners will hold on July 23 at Asi Es Mi Tierra 1042 E Main St Klamath Falls, OR 97601. There will also be flu vaccines, food boxes, raffles, bouncy houses, free food, and more fun.
- Lutheran Community Services Relief Nursery: The grand Opening of the Relief Nursery is slated for on August 26th, 2022. The Relief Nursery will serve the toddlers and preschoolers.

**Not discussed in the meeting*

- *BTS: the update from Basin Transport Service is that it will commence pilot rides on the following routes: Shasta Route/Keno-Worden-Falcon Heights; Basin View Route/Merrill-Malin; Mcloughlin Route/Running Y-Rocky Pt-Lake of The Woods; and Gearhart Route/Dairy-Bonanza-Beatty-Bly. This intercommunity transit service is free to all riders and once in Klamath Falls riders will be provided a Day Pass to ride anywhere on the fix route service. BTS Sunday on-demand service and their new schedule to pilot rides are attached with the minutes of this meeting.*
- *998 Suicide and Crisis Lifeline: The state has launched 998 Suicide and Crisis Lifeline on Saturday, July 16. Therefore, people in Oregon and nationwide who are experiencing a behavioral health crisis will be able to call, text or chat 988 to get compassionate care and support from trained crisis counselors. The new three-digit 988 number will be available 24 hours a day, 7 days a week. More information about this included in the mail with the minutes of this meeting.*

5. OHA Update:

- Belle Shepherd appreciated everyone for welcoming her back to this CAC. She provided her contact information on her slide and welcomed CAC members reaching out to her whenever necessary. Belle's presentation slides can be found below.

- COVID-19: There are ways to monitor risk in the communities and COVID levels. With the current strain of the virus, there has been increase in incidences. Depending where your community is on the map and your health conditions, take adequate caution (e.g., masking indoors).
1 in 5 adults have long COVID which manifest in various forms. These conditions are covered by OHP so check in with your primary care provider.
- [Flexible Services for OHP member](#): These are cost-effective services offered to an individual member to supplement OHP covered benefits with the aim of improving their health outcomes. They may look like gym membership, food boxes, foot wears, air conditioner etc. Flexible services are only available to OHP members who are enrolled with a coordinated care organization (CCO). Member enrolled in fee-for-service or Open Card Medicaid are not provided flexible services.
- [Register for CCOs 101 Webinar](#): This introduction to CCOs webinar will hold on October 21st, 2022. It will cover the following topics: History and development of CCOs; The coordinated care model; Where CACs fit in the CCO model; The Oregon Health Plan (OHP); CCO contracts and CCO 2.0; and How CCOs are structured and operate. The webinar will be recorded.
- Oregon Vocational Rehabilitation seeks advisory committee members who want to help people with disabilities achieve employment. The committee meets on the 4th Mondays of the month @3-4pm.
- OHA released summer safety tips: These can be found on the slides below.
- Lastly, Belle presented more resources from the state on [OHA general page](#), [OHP member facing webpage](#), [Getvaccinated.Oregon.gov](#), and how to check [expanded expiration dates on home test kits](#).

6. Health Equity Plan Presentation:

This was presented by Princess Osita-Oleribe, her slides are below. She defined the concepts and factors around Health Equity. OHA has an overarching goal to advance equity and requires Health Equity Plan (HEP) from CCOs, she stated. The HEP helps CCOs develop structures, plan, and report on progress towards health equity. The HEP has 8 focus areas: Grievance and appeals; Demographic Data; Culturally and Linguistically Appropriate Services (CLAS); CLAS as an organizational framework; Workforce; Organizational training and education; Language access reporting mechanisms; and Member education and accessibility. She went on to describe CHA's progress and plans towards meeting the stated targets. Furthermore, CHA established a Health Equity Council (HEC) in 2021 that is made up of Directors, Managers, and officers across all departments in CHA. The HEC meets monthly and its 4 subcommittees as well. The HEC Subcommittees (Member Experience & Accessibility, Training & Education; Infrastructure; and Operations) have specified terms of reference that guide their efforts. Princess welcomed the CAC to join to improve health equity and to hold CHA accountable for meeting its health equity targets as she reechoed WHO: Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances". Achieving health equity and eliminating health disparities requires valuing everyone and making intentional, consistent efforts to address avoidable systematic inequalities, historical and contemporary injustices, with the target of creating a just economic, social and environmental conditions that promote health.

Reactions:

Amy asked for the reporting that the CAC should expect from CHA for this work. Princess said that CHA submits an annual report to OHA, which could also be submitted to the CAC. Amy and Pam stated that they would love for the CAC to get regular updates on CHA Health Equity work. Princess agreed.

7. CHA Updates:

- CHA received 420 Air filtration devices (AFDs) and 480 Filters for OHP members (CHA and Fee for Services/Open Card Medicaid members). OHA also sent a short list of 895 potential beneficiaries; more devices are expected when there is more room to store them locally. CHA is also working on the member outreach and coordinating their pickup and using tracking sheets. There have been requests to increase the list of beneficiaries, but CHA will work with the OHA generated list. Those who do not get AFD this year, may be on the distribution list for next year.
- Medical Interpreter training: The state wants the medical interpretation provided in health facilities to be by qualified and/or certified medical interpreters. In this vein, CHA wants to provide a community benefit initiative that will sponsor this training to improve this professional skill and enhance language access in Klamath. Although these training will be provided free of charge to eligible members of the community, qualified medical interpreters are paid for their services.
- CHA hosted a CHIP Listening in Bonanza and Beatty. Members of these communities provided their feedback to the questions: What are the top three health issues you are most concerned about in our community? Are there challenges, or barriers, in meeting those concerns? If you had to pick one focus for your personal health, what would it be? How can local agencies involved with community health better serve you? The listening session is part of the on-going Community Health Improvement Plan (CHIP) process following the recently concluded Community Health Assessment.
- SHARE Initiative: Following the 4 projects CHA sponsored in 2021 through the SHARE Initiative, another \$150,000 has been allocated by CHA for the 2022 round. The plan is to have open call for application for it, which will open in the third quarter of this year. The CAC is welcome to recommend community benefit initiative that CHA could sponsor through this mechanism.
- Cancellation of the Regional Health Equity Coalition (RHEC) and CAC meeting: Princess and Belle discussed the update on the proposed RHEC, and CAC meeting scheduled for July 6th to plan the millions of Federal funds for the Community Investment Collaboratives. There have been a lot of commotion and viral moments around the way the cancellation (or postponement) was communicated. CAC coordinators like myself have continued to demand for the voice of the CAC (as the representatives of all communities in Oregon) to been prioritized in the outreach that the state leads. Updates on a new date for the meeting and the plan for the Community Investment Collaboratives and the OHA Medicaid Waiver will be communicated as they arise.

8. CAC Applications: None for this meeting.

- Princess reported that 2 CAC applications were received, and that the applicant were invites as observer in this meeting. After reviewing their applications, CAC members excused them and voted.
 - Tina Zaragoza: Burl Baker moved to the motion to accept her membership to CAC, Amy Boivin second. The motion was carried.
 - Jessie DuBose: Nora Foster moved to the motion to accept her membership to CAC, Raquel Mendoza second. The motion was carried.
- Princess reported that she will continue outreach for CAC member recruitment especially targeting OHP members who are of part of the LGBTQIA+ community and those of Hispanic heritage. The aim is to ensure that this CAC is representative of the population groups in the community.

9. Meeting was ended at: 1:35 pm

Next meeting

Date and Time: Wednesday August 17, 2022, 12:00 – 1:30 pm

Community Advisory Council OHA Innovator Agent Update

July 2022
By Belle Shepherd, MPH

Oregon Health Authority Innovator Agent
Supporting Cascade Health Alliance, Columbia Pacific
and Jackson Care Connect CCOs

Belle.Shepherd@dhsosha.state.or.us
503-983-1929 (call or text)



How much COVID is in my community? (from OHA Facebook post)

Oregon's COVID-19 Community Levels Updated June 30

The CDC's COVID-19 Community Levels is a tool you can use to **help you make decisions about masking and other prevention measures.**



Medium

You should wear a mask if you have symptoms of COVID-19, a positive COVID-19 test or are exposed to someone with COVID-19.

If you're at high risk for severe illness, consider wearing a mask and taking other precautions.

Stay up to date with COVID-19 vaccines and boosters. If you have symptoms, get tested.

High

Wearing a mask indoors in public is recommended.

Stay up to date with COVID-19 vaccines and boosters. If you have symptoms, get tested.

If you're at high risk for severe illness, take additional precautions as needed.

Note: The CDC updates COVID-19 Community Levels every Thursday.



Niveles comunitarios de COVID-19 en Oregon Actualizado 30 de junio

Los niveles comunitarios de COVID-19 de los CDC es una herramienta que puede usar **para ayudarlo a tomar decisiones sobre el uso del cubrebocas y otras medidas de prevención.**



Medio

Use cubrebocas si tiene algún síntoma de COVID-19, una prueba positiva de COVID-19 o fue expuesto a alguien con COVID-19.

Si tiene un alto riesgo de enfermarse gravemente, considere usar un cubrebocas y tomar otras precauciones.

Manténgase al día con las vacunas y refuerzos contra el COVID-19. Si tiene síntomas, hágase la prueba.

Alto

Usar cubrebocas en lugares cerrados es recomendado.

Manténgase al día con las vacunas y refuerzos contra el COVID-19. Si tiene síntomas, hágase la prueba.

Si tiene un alto riesgo de enfermarse gravemente, considere usar un cubrebocas y tomar otras precauciones.

Nota: La CDC actualizan los niveles comunitarios de COVID-19 cada jueves.



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Symptoms of long COVID



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Flexible services information for Oregon Health Plan members

- OHA recently created the following overview of flexible services for Oregon Health Plan members, which is now posted to the Transformation Center's health -related services page: <https://www.oregon.gov/oha/HPA/dsi/-tc/Pages/Health-Related-Services.aspx>
- If you are an Oregon Health Plan (OHP) member who is enrolled in a coordinated care organization (CCO), you may be able to receive support for items or services that are not covered by Medicaid, but that can help you stay healthy or become healthier.
- [Learn how to request flexible services](#)
- Note:** Flexible services are not available to OHP members who are enrolled in fee -for-service or Open Card Medicaid.

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CCOs 101: An introduction to coordinated care organizations, webinar October 21

The OHA Transformation Center will be hosting a learning session this fall for CAC members about CCOs.

- **October 21, noon–1 p.m.**
- **Register here:** <https://www.zoomgov.com/meeting/register/vJltduyvrDktHlbzV9NOMW1vLP8r1hstUDA>

This introductory session will cover the following topics:

- History and development of CCOs
- The coordinated care model
- Where CACs fit in the CCO model
- The Oregon Health Plan (OHP)
- CCO contracts and CCO 2.0
- How CCOs are structured and operate

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Resources for CAC members:

1. The Transformation Center has compiled a list of CAC member learning session recordings from the past five years into one document. Our office has shared links to some of these sessions already, but some are new (including two “CAC meetings that work” recordings).

Link: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/CAC%20Learning%20Session%20Recordings-FINAL.pdf>

2. OHA has developed a list of commonly used terms and acronyms related to the Oregon Health Plan (OHP). Click on the following link to view the list:

<https://www.oregon.gov/oha/HSD/OHP/Pages/OHP-terms.aspx>

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Oregon Vocational Rehabilitation seeks advisory committee members who want to help people with disabilities achieve employment

- Oregon Vocational Rehabilitation (VR) invites Oregonians to apply to serve on a Rules Advisory Committee (RAC) that will update administrative rules governing vocational rehabilitation services. Vocational Rehabilitation is a program within the Oregon Department of Human Services (ODHS). VR provides a wide variety of employment services to people with disabilities to get and keep jobs that match their skills, interests and abilities. VR also serves businesses to find ~~ready~~ applicants with a wide range of skills and abilities and to access work incentive programs that can help businesses save money.
- **Committee scope of work**
- The VR Rules Advisory Committee gives feedback and recommendations on administrative rules that govern vocational rehabilitation services. Committee members will discuss:
 - Are the rules clear and understandable?
 - What impact will the rules have on Vocational Rehabilitation clients?
 - Rule impact on business, particularly small businesses.
 - Rule impact on racial equity.
- **Timeline and commitment**
- The VR Rules Advisory Committee is scheduled to meet on the fourth Monday of each month from 3 to 4 p.m. The committee meets once a month, for an hour. The meeting might be extended depending on the work to be done. Committee members can anticipate spending one to two hours before the meeting to read and review proposed rules.
- **How to apply**
- Completing this [short application electronically](#)
- Call or email Robin Brandt for assistance at 503-5226 or robin.l.brandt@dhs.ohs.state.or.us.

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Summer safety tips from OHA:

- Apply sunscreen (at least SPF 15) when spending time in the sun.
- Apply a chemical insect repellent (containing DEET) to avoid mosquito and tick bites, which can spread diseases such as West Nile Virus and Lyme disease.
- Use cool compresses and take cold showers and baths to keep yourself cool during the hottest hours of the day (between 10 a.m. and 4 p.m.).
- Avoid brown or foamy water, which could be a sign of a harmful algae bloom.
- Some animals, such as bats, can carry rabies. Do not approach or feed any wildlife and call your [local Oregon Department of Fish and Wildlife office](#) if you encounter a sick animal.
- Stay indoors if the area becomes smoky due to wildfires.
- Never swim alone, and avoid swimming in bad weather.
- Have fun!

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Resources:

- To check expanded expiration dates on home test kits: https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests?utm_medium=email&utm_source=govdelivery#list
- To find a vaccination site near you: [Getvaccinated.Oregon.gov](https://getvaccinated.oregon.gov)
- OHP member facing webpage: <https://www.Oregon.gov/oha/HSD/OHP/Pages/ohp-covid-19.aspx>
- OHA general page: <https://www.Oregon.gov/oha/pages/index.aspx>

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Year 3 Health Equity Plan



- Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).
- Health is a fundamental human right.
- Health equity is achieved when every person has the opportunity to **"attain his or her full health potential"** and no one is **"disadvantaged from achieving this potential because of social position or other socially determined circumstances"**.

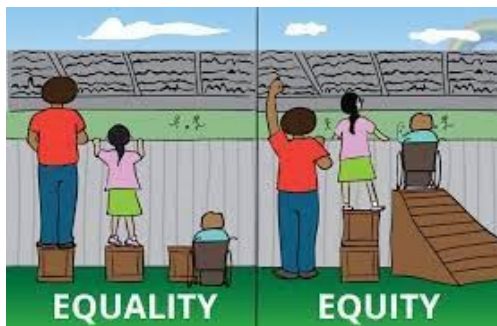


<http://www.theinclusionosolution.me/inclusion-journey-rethinking-equity-vs-equality/>
<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>

1



Health Inequity are differences in health status between more and less socially and economically advantaged groups, caused by ***systematic*** differences in social conditions and processes that effectively determine health. Health inequities are ***avoidable, unjust, and therefore actionable***.



Goals of equity-centered system of Health

1	2	3
Enhance care coordination and nonclinical supports for members transitioning across systems to improve outcomes, including flexibility around eligibility and coverage.	Remove barriers to accessing critical, culturally, and linguistically appropriate health services for OHP members.	Prioritize groups of people who are currently experiencing inequities so that Oregon's Medicaid program achieves equity in its system of health.

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Overarching Waiver Goal: ***Advance Health Equity***

To achieve this, our policy framework breaks down the drivers of health inequities into four actionable sub-goals:



Maximizing coverage through the Oregon Health Plan



Improving Health Outcomes by Streamlining Life and Coverage Transitions



Encouraging smart, flexible spending for health equity



Focused health equity investments

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Health Equity Plan (HEP)



Purpose of the health equity plan

To develop the CCO health equity infrastructure

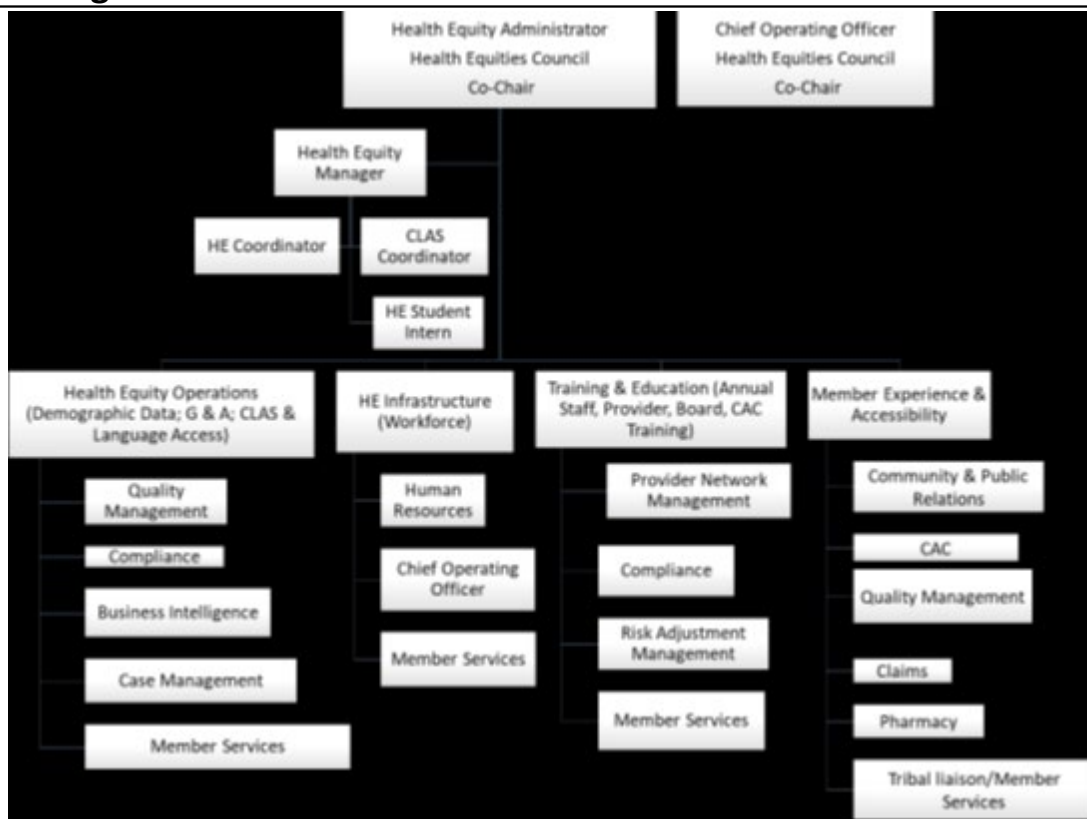
To be a communication tool between OHA and CCOs on health equity

To ensure the meaningful adoption and use of culturally and linguistically responsive models, policies and practices

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HEC Organizational Chart in CHA



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HEC Subcommittee Terms of Reference



Health Equity Operations Subcommittee

- **1. Grievance and appeals**
 - report by race/ethnicity, language, and disability (REALD).
- **2. Demographic Data**
 - assess gaps in its current data collection,
 - analysis systems and process, and
 - develop organization -wide actionable goals to address them.
- **3. Culturally and Linguistically Appropriate Services (CLAS)**
 - provide free-of-charge certified or qualified oral and sign language interpreters to all consumers, and
 - provide accessible health and healthcare services for individuals with disabilities.
- **4. CLAS as an organizational framework**
 - allocate the necessary resources and
 - fully implement the National CLAS standards for the provision of CLAS.
- **7. Language access reporting mechanisms**
 - invest resources,
 - develop processes and
 - implement tracking mechanisms that ensure the organization, & its provider network provides readily available, high -quality, language assistance services.

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Infrastructure (Workforce) Subcommittee

• 5. Workforce

- focus on diversity, equity, and inclusion recruitment, promotion and retention strategies for staffers, external contractors, and partners.
- increase number of staff focused on the delivery of health equity, culturally competent care including bi -lingual staff to reflect the needs of limited/non -English speaking members

Training & Education (Annual Staff, Provider network, Board, CAC Training) Subcommittee

• 6. Organizational training and education

- develop an “Organizational and Provider Network Cultural Responsiveness, Implicit Bias Training and Education Plan”.

Member Experience & Accessibility Subcommittee

• 8. Member education and accessibility

- develop member educational and other materials (print, multimedia, etc.), that are in plain language and that are available in alternate formats,
- utilize IT and other tools and resources for consumers who are blind or deaf, or otherwise disabled.

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Health Equity Plan (HEP)



Focus Area 1:

Grievance and Appeals

- Goal 1: Enhance reporting of grievance and appeals reports by race, ethnicity, language, and disability data.
- Baseline (2020): Amend the existing or create a Grievance and Appeals Policy/Procedure to integrate REALD System Policy and Procedure.
- Progress (2021-2022): Monthly Grievance and Appeals Reporting stratified by REALD
- Target (2023-2025): 100% of Grievance and Appeals Reports stratified by REALD.

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Health Equity Plan (HEP) *Cont'd*

Focus Area 2: Demographic Data

- Goal 2: Robust direct and indirect collection of member demographic and social determinant of health data.
- Baseline (2020): Capture 10% of Member Self-Reported REALD and Social Determinant of Health Data.
- Progress (2021-2022): Capture 20% of Member Self-Reported REALD and Social Determinant of Health Data.
- Target (2023-2025): Capture 40% of Member Self-Reported REALD and Social Determinant of Health Data.



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Health Equity Plan (HEP)*Cont'd*



Focus Area 3: Culturally and Linguistically Appropriate Services (CLAS)

- Goal 3: Implement and monitor progress on all 15 national standards for Culturally and Linguistically Appropriate Services.
- Target (2022-2025):
 - Develop a consolidated policy and procedure on culturally and linguistically appropriate services that fully comply with state and federal laws regarding language access and accessibility
 - Develop a workplan with responsible parties and timelines for the implementation and monitoring of all CLAS standards.
 - Facilitate healthcare interpreter training open to Provider Staff and community to increase access to in-person medical interpretation in CHA's service area.



Culturally & Linguistically Appropriate Services

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Health Equity Plan (HEP) *Cont'd*



Focus Areas 4: CLAS Framework

- Goals 4: Successfully submit and acquire NCQA Health Equity Accreditation.
- Baseline (2020): Update CLAS Policy and Process to include conducting a readiness review and gap analysis based on the NCQA MHC standards and guidelines (purchased from NCQA).
- Progress (2021-2022): Create a 12-18-month work plan to address and close the gaps found during the analysis of the standards and timeline to implement those items.
- Target (2023-2025): Acquire the Health Equity Accreditation (HEA) from NCQA.

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Health Equity Plan (HEP) *Cont'd*

Focus Area 5: Workforce

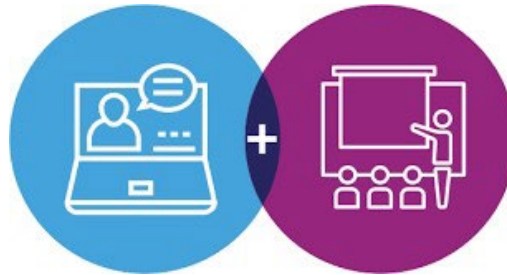
- Goal 5: Increase number of staff focused on the delivery of health equity, culturally competent care including bi-lingual staff to reflect the needs of limited/non-English speaking members.
- Baseline (2020): Activate staff diversity and inclusion policy.
- Progress (2021-2022): Increase staff diversity by: Hiring 1 manager of health equity; 1 student intern focused on health equity; and 1 CLAS Coordinator.
- Target (2023-2025): Increase staff diversity by hiring four bi-lingual staff.



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Health Equity Plan (HEP) *Cont'd*



Focus Area 6: Organizational Training and Education

- Goal 6: Institutionalize mandatory annual staff health equity and implicit bias training and optional provider network and community partner trainings.
- Baseline (2020): Develop standardized baseline health equity and social determinant of health learning module for staff + providers (optional).
- Progress (2021-2022): All staff reach a 80% training completion rate, and a 100 % training completion rate among new hires.
- Target (2023-2025): All staff reach a 90% training completion rate and a 100% training completion rate among new hires

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Focus Area 7: Language Access Reporting Mechanisms

- Goal 7: Engage internal and external partners to complete the Meaningful Language Access Measurement.
- Baseline (2020): 80% of all member materials are translated into Spanish, Braille, Large Print, Audio, Signage.
- Progress (2023-2025):
Translate 100% of all member materials are translated into top 5% threshold languages including outreach, and community event materials to top 5% threshold languages to they are readily available in Braille, Large Print, Audio, Signage.



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**Focus Area
8: Member
Education
and
Accessibility**

Goal 8: Improve and increase the amount of member education given to members with an increased frequency.

Baseline (2020): Assess the current state of member education materials. This will include content, means of transmittal, and the frequency schedule for all member education communications (current 48 text messages and 24 blog posts a year).



Progress (2021-2022): Established social media presence (Podcasts, Instagram, Facebook, etc.). Workgroup created to discuss at least twice a year about opportunities to educate members, with a focus on the voice of the member. Increase number of target text messages for members to 75 per year.

Target (2023-2025): Using feedback from our member population and using current resources conduct a regularly scheduled targeted member education text. 25 per quarter. Increase social media presence to multiple platforms.

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What does good health look like?

- Eat well
- Staying active
- Not smoking
- Enough sleep
- Receiving routine health care visits

However, it is also social, environmental, and economic opportunities:

- Available resources to meet daily needs
- Access to quality education and jobs and health care services
- Available community-based resources for recreational and leisure time activities
- Reliable transportation
- Positive social norms and attitudes
- Public safety
- Language/Literacy
- Culture
- And more...

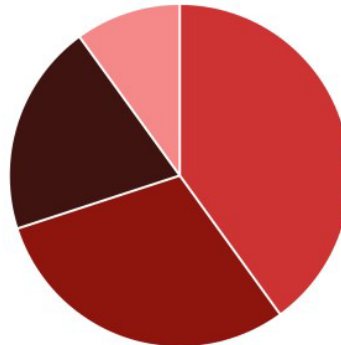
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Social determinants' role in health

Factors beyond medical care play significant roles in impacting patients' health

- Socio-economic factors, 40%
- Health behaviors, 30%
- Healthcare, 20%
- Physical environment, 10%



The physical environment, social determinants and behavioral factors drive **80%** of health outcomes.

20% of person's health and well-being is related to access to care and quality of services.

Source: University of Wisconsin, Population Health Institute, percentage estimates of impact on patient health.

Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

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Susan

Vignette

Susan is 58 years young and attending a clinic visit for her constant stomach pains and migraines.

She tells her provider how often she is in pain, how the migraines cause her to feel fatigued. She answers questions regarding when the symptoms started, how long they last and what methods she has used for relief thus far.

Susan mentions that she does not eat at regular times and often in a hurry because she is busy. No further questions were asked about her home life.

She is sent home with a higher dose of medication for migraines and told if her stomach pain doesn't subside in a couple of weeks, to return for an abdominal ultrasound.

Her visit ends.

University of Nebraska Medical Center



Susan

Vignette version 2

Susan is 58 years young and attending a clinic visit for her stomachaches and migraines. She is asked about her diet, activity level, stress at work and home, employment, transportation and home responsibilities.

During the discussion, she reveals:

- She cares for her mother with dementia and a 4 -year-old grandchild because her son is working long hours.
- She has her own vehicle, but it has broken down a few times. She works overnight shifts because her husband works days, and they need someone home at all hours for her mother and grandchild.
- She often picks up fast food for the family and naps after work and right before she goes in to work.
- Her provider team connects her with services for an in -home caregiver & support, local food pantries and informs her about the YMCA and SNAP benefits collaboration and provides her with lists of low-income childcare services. They discuss healthy diet, stress relief tactics and importance of getting enough sleep.
- The visit ends with Susan feeling supported and motivated.



University of Nebraska Medical Center

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Achieving health equity and eliminating health disparities requires valuing everyone and making intentional, consistent efforts

- to address avoidable systematic inequalities, historical and contemporary injustices.
- to create just economic, social and environmental conditions that promote health.