

## Summary of Minutes January 2014 Tillamook County Community Advisory Council

The agenda was reviewed and approved. The minutes from the December CAC were reviewed. The minutes were approved.

Joell Archibald gave her Innovator Agent Update. Cover Oregon announced that there are now 170,000 newly insured Oregonians. 114,500 individuals were enrolled through the Fast-Track program for the Oregon Health Plan which sent specialized applications to individuals and households for which the state already had income information. 35,000 individuals were enrolled onto the Oregon Health Plan through Cover Oregon. Finally, an additional 20,000 individuals found private coverage through the Cover Oregon exchange. Columbia Pacific CCO received almost 3,000 new members overnight.

The CAC discussed electing a co-chair. Larger questions about board terms and organizational bylaws were brought up. A member volunteered to lead the effort to create a draft of bylaws for the next meeting.

An update on the local community wellness grant was presented. \$15,000 was funded to pay for a third party consultant to create a shared and streamlined community-wide structure around case management. The County currently has several agencies which provide case management in a fractured system. The grant will help eliminate redundancy and improve care for patients. The primary partners on the grant are Adventist Health, Care Inc., Tillamook County Health Department, and Tillamook Family Counseling Center.

The CAC discussed an exercise to clarify the selected health priorities as the CAC works towards creating consensus goal statements and selecting specific strategies to address each priority. A more detailed description of the exercise and of specific responses garnered is available. The following is a summary:

- Responses to mental health and suicide as a priority fell largely into three categories: suicide as an aspect under the larger umbrella of mental health; specific strategies to address suicide in the community and engage the community; and the specific delivery of mental health services. A major question to consider was what exactly the CAC was defining as mental health; that is to say, where the spectrum of mental health issues does the CAC want to define its focus.

- Responses to alcohol and drug abuse, alcohol and drug addiction, and tobacco as a priority fell largely into three categories as well: changing community norms and the local environment; better access to care for addictions; and early intervention, treatment, and prevention strategies. There were two major questions to consider: what is the different between abuse, addictions, and mental health and what are the existing community perceptions and norms around these issues?

- Responses to obesity, nutrition, and food access as a priority fell largely into two categories: connecting obesity to nutrition and physical activity, to a host of larger health issues, and to a larger sense of wellness; and specific strategies including self-education, what to measure, and who to target. A major question to consider was what exactly we mean by "obesity"?