

COCAB Meeting 3/18/2021

Attendance: Anna, Caroline, Linda, Tom, Kay, Gary, Mahad, Judy, Rebecca, Jen, Bill

Mahad: Just got through with the Peer Support Training for Refugees and helping folks signing up for the vaccines with my colleagues at Lutheran.

Caroline: If needing a tablet or devices to connect online, please let me know so you can be connected to our meetings better.

Jen: Talked to Anna and Caroline about vaccines, the handouts are going through finalizing and printing. Currently working on postcards for JCC and CCP members. Not planning anything specifically for HSO mbr just yet. Direct outreach is happening throughout the counties, and pop health team is involved with those counties by sharing data, list, and criteria for the vaccine's appointments. Other CCO, we have created postcards for them. Currently have no updates on what HSO is planning since meeting got canceled last time, will probably share next month. IPR will be coming up for the CSR lines that talks about the vaccines (3 mins talk), how to schedule, what to expect, pharmacy details, etc. Will go live on Monday. We also talked about text messages, and there are no updates because there are legal requirements in order to use their phone numbers. Text messages would be great to know about FCC, OHA, and CMS.

There is more one pager in the queue, so will send/go over in the next couple of meetings.

Judy: Will there be more vaccines locations throughout the seasons?

Jen: We currently don't know the plan, but we currently wanting smaller places to have more access to those. Right now, its just more with the smaller clinics and pharmacies.

Tom: One of the things we can do is to have people sign a release form and returned to Caroline for the story project. Need at least 3-4 more stories in.

Jen: We want to populate the page so it can be there for the Stories (around 4-5 pages?). The longer versions are great, but we need both. Longer version has no word counts because they can be expended on the site. Will follow up with the story planning.

Rebecca has one short story, will need to flush it out longer for the website. Will need a couple of hundred words more added to the story.

Judy story is compelling too because her partner is covered by CO.

Kay: I am thinking of doing a story on how CO was then vs. CO now and how it has affected my life?

Gary: Everyone has a powerful story, but I want to make sure that how we are doing this, we are mostly white people. The world doesn't need another heterosexual, white male story. We can't tell the story until we have the story. I want us to having more represented from our communities, but we can talk about that later.

Kay: What if we recruit people from the Latino Org. next door (Hispanic Metro Chamber)?

Rebecca: We can also recruit people from partner agencies that represent cultural diversities. Another possibility is posting on FaceBook. We can share our story on FaceBook to attract new members. Us reaching out, not CO.

Caroline: We can go through our list again and how to recruit it in a warm welcome manner?

Bill: How can we make our patients the number 1 center of focused when we see them. We are getting more latinx patients in Estacada. My recommendation is to hand out flyers to community partners.

Anna: Teach member to be self-advocate, that can be a strong piece of recruitment, but how we do that has to comes from the group.

Are there other leadership or self-advocacy training that people will enjoy?

Tom: We had talk about a leadership training for our team, is that something that we still want to think about and maybe talked about self-advocacy. Do we want to look around and see if someone can come talk to us about that?

We hope to generate self-advocacy list and make it available on the website.

Kay: Culturally sensitive type of trainings for us to benefit from before we begin actively reaching out to people.

Caroline: Do we have more question for Mark and Vicki? Do we want them to come back?

Tom: We can work on the How to find a PCP and can generate a list so we can meet our needs.

The two issues that are kind of related are; the systems in place and how does it happen? The other discussion is what do you look for in picking a PCP and how do we go about in making sure to find one that is a good fit. When, why, and how to work with your PCP? Is it kind of similar or different for BH?

What happens after you signed up with OHP?

In rural health, there sometimes not that many choices for PCP.

Bill: It does come very tricky because of distance. One of the issues is transportation but helping to teach people to be strong self-advocate, kind of like CHW.

For Next Month: We have a project to do, talking about story telling still, maybe can do a legislative update from Jeremy or Stef?