



The Lane County Community Advisory Council

10 YEARS OF HEALTH PROMOTION AND PREVENTION

Introduction

Ten years ago, Lane County established its Community Advisory Council and the innovative Health Promotion and Prevention program; the first of its kind.

The Health Promotion and Prevention program is driven by the community's input, and is managed by Lane County Public Health staff. This model was the result of visionary leadership of Trillium Community Health Plan and Lane County Health and Human Services. In Lane County, we recognize that improving health outcomes starts with investments in primary prevention.

In 2020, PacificSource Community Solutions became the second Coordinated Care Organization (CCO) to serve Lane County. Through PacificSource's joint management agreement with their governing body, the Lane Community Health Council, the second CCO has joined Trillium Community Health Plan in supporting the Community Advisory Council and primary prevention efforts. This expanded partnership has become an innovative model for other relationships between CCOs and public health around the state.

The purpose of this report is to showcase the first 10 years of our CAC Health Promotion and Prevention program.

As we look back on the past ten years, the impact on our community is impressive. The partnerships built, the programs and services made available, and the impacts on health are notable.

We have done some amazing work so far and look forward to many more years of improving community health together!

Contents

- 3** The Community Advisory Council (CAC)
 - 6** The CAC Prevention Workgroup
 - 7** Health Promotion and Prevention Strategies
 - 10** Partnerships
 - 11** Project Spotlight: Quit Tobacco in Pregnancy
 - 13** Timeline
 - 15** Project Spotlight: CATCH (Coordinated Approach to Child Health)
 - 17** Presentations and Publications
 - 19** Project Spotlight: Triple P (Positive Parenting Program)
 - 21** The Next 10 Years
 - 22** Special Thanks
-



The Community Advisory Council

The heart of this partnership is the Community Advisory Council (CAC). The CAC consists of Oregon Health Plan (OHP) members from both CCOs and community representatives from education, public health, and community-based organizations serving OHP members.

It is a consumer-led effort, tasked with the following:

- 1** *Finding ways to make healthcare better*
- 2** *Learning about ways to keep people well*
- 3** *Guiding a Community Health Assessment and adopting a Community Health Improvement Plan*
- 4** *Supporting the use of equity practices, such as making sure all people are treated fairly*
- 5** *Sharing resources and information with communities in Lane County*



“

Your voice is heard...
you're allowed to come
as you are.

CONSUMER MEMBER



In Lane County, we have an innovative partnership in pursuit of the triple aim of improving healthcare, reducing costs, and improving health.

This is a rare and powerful partnership, for many reasons:

Multi-Agency Partnership

In Oregon, Lane County is the only county that uses a shared or “joint” CAC model. That means that OHP members from both PacificSource Community Solutions and Trillium Community Health Plan participate on Lane County’s CAC and make decisions together, and that both organizations work together with Public Health.

Sustainable Funding Mechanism

Trillium Community Health Plan and the Lane Community Health Council (the governing board for PacificSource CCO) contribute Prevention funds based on OHP enrollment every month. These funds are invested in primary prevention strategies benefiting the community, and fund the Public Health staff supporting this work. While all CCOs are required by the Oregon Health Authority to provide community benefit grants, our Lane County CCOs are the only agencies to commit dedicated, long-term, sustainable investment in primary prevention that are guided by Lane County’s CAC.

CAC Voice & Authority

The CAC is instrumental in steering the CCO’s work in the community, and in Public Health. CAC member perspectives are considered every step of the way. Many members serve on CAC subcommittees to provide specialized feedback and recommendations to our CCOs and Public Health.



NAP SACC provides professional development to childcare providers on health-promoting practices, such as offering colorful fruits and veggies and serving meals “family style”. [2019]



CAC member David Parker and Gwen Gaydos provide input on the Community Health Needs Assessment and Community Health Improvement Plan. [2019]

CAC Subcommittees

Since it was established in 2012, the CAC has been responsible for driving decision-making about prevention practices.

In Lane County, we have an innovative partnership in pursuit of the triple aim of improving healthcare, reducing costs, and improving health. This partnership prioritizes prevention and community voice. The CCOs contribute funds “per member, per month” (proportional to OHP member enrollment) that are invested in primary prevention strategies benefiting the community.

Our CAC—and more specifically, the CAC Prevention Workgroup—oversees the Prevention funds and work plan.

Health Equity Committee

- Focuses on intersectionality, which recognizes how a person’s identities interact and create different levels of oppression and privilege.
- Helps our healthcare systems redistribute power and local resources in ways that make sure all communities have access to quality care.

Member Engagement Committee

- Works to strengthen communications & engagement between OHP Members & their CCOs
- Provides recommendations to the CAC with a focus on addressing member concerns and health equity

Prevention Workgroup

- Oversees the development, implementation and evaluation of the Health Promotion & Prevention budget and strategies.

Rural Advisory Committee

- Ensures the CCOs remain responsive to rural consumer & community health needs
- Provides recommendations for achieving healthcare transformation with a focus on health equity

“

When you are working on initiatives, you always want to know where your [weak] spots are. The CAC helps us do that.

HEALTHCARE PROVIDER MEMBER



As part of the CATCH program, Child Nutrition staff at Siuslaw Elementary led a "Cafeteria Field Trip," where students learned about reading nutrition labels and eating "GO" foods first. [2019]

In the first 10 years, the CAC Prevention Workgroup has:

- Met monthly since October 2012 (nearly 100 meetings)
- Developed 10 Health Promotion & Prevention Plans, adopted by the CAC at-large and the CCO governing boards
- Implemented over 27 Prevention programs and projects
- Provided internships to 5 college students and 1 high school student; 2 of which later became full-time LCPH staff
- Pivoted to meet virtually and tackle emergent needs due to the COVID-19 pandemic

“

It's very valuable to have consumer feedback, because we don't do that well... in the [community-based organization] realm.

COMMUNITY PARTNER MEMBER



In August 2018, a cohort of teachers were trained as AIR Good Behavior Game Trainers.



CAC liaisons to the Trillium Board of Directors with fellow Board members at Cornerstone Community Housing, one of many Prevention community partners.

“

It was great being a part of the CAC, but what was great about Prevention, we got to see the fruition of the things we put together. Early on, it felt like wow, we're not just meeting to meet. We can actually do things!

CONSUMER MEMBER

A CLOSER LOOK AT

CAC Prevention Workgroup

The CAC Prevention Workgroup, with support from Prevention staff at Lane County Public Health, oversees the development, implementation and evaluation of the Health Promotion & Prevention strategies.

The CAC Prevention Workgroup is responsible for:

- **Researching priority health topics and evidence-based programs.**
- **Reviewing ongoing quantitative and qualitative program data.**
- **Making recommendations to the CAC and CCO governances about strategies.**

The CAC Health Promotion & Prevention Portfolio of Strategies

The Health Promotion and Prevention Plan uses an ecological systems framework to target the priority health concerns aligned with Lane County's shared Community Health Improvement Plans.

In our work, the levels of prevention include:

Changing the context



Exploring settings that can influence behavior, such as schools and communities

Counseling & Education



Direct education is provided to individuals and small groups

Long-lasting protective interventions



Targeted populations participate in prevention programs, typically in school-based environments

The first Prevention Plan humbly began with tobacco cessation and prevention strategies, and has blossomed into a robust portfolio with a wide variety of programs and topics.

Find more information about these programs on www.PreventionLane.org.

Tobacco Use Prevention

- **Botvin LifeSkills Training**
- **Tobacco Treatment Trainings for Providers**
- Good Behavior Game
- **Quit Tobacco in Pregnancy (see page 11)**

Empowering Kids to Be Healthy

- Childhood Immunizations
- **Sexual Health Resources**
- **Coordinated Approach to Child Health (CATCH) in K-8 and Early Childhood (see page 15)**
- **Sugar-Sweetened Beverage Needs Assessment**
- **Food Security, incl. Double-Up Food Bucks**
- **Support for the Student Health Survey**
- **Weight Stigma Education**
- **VERB & Summer Scorecard**
- **Nutrition & Physical Activity Self-Assessment for Childcare (NAP SACC)**

Mental Health Promotion

- **Triple P (see page 19)**
- **Promoting Pro-Social Behavior in Schools Project**
- **Community-based Parenting Education**
- SBIRT (Screening, Brief Intervention and Referral to Treatment) Trainings
- **Family Check-Up**
- **Sources of Strength**
- Mental Health Consultation for Home Visitors



From L-R: Jacqueline Moreno (LCPH), Debi Farr (Trillium), Leah Edelman (LCPH), Michelle Thurston (CAC-Trillium), and Char Reavis (CAC-PacificSource) volunteer at the Project Blessing food pantry to distribute holiday meals in Reedsport, OR. [2018]



CAC members Tara DaVee and Char Reavis present at Trillium Community Health Plan's 5-year anniversary celebration. [2017]



Community members and their lived experiences, along with new research findings, continue to shape our program priorities. This includes the ways in which we talk about health issues, and how we remain flexible and responsive to the needs of the community.

For example, in 2021, the CAC Prevention Workgroup confronted the way healthcare and public health addresses “childhood obesity” and body mass index (BMI) data collection– an approach to health behavior that is outdated, harmful, and not in alignment with the values of the CAC. The Prevention Workgroup created alternative language, reporting metrics, and a pathway to providing training and education in the future for our healthcare community about weight stigma.

Continuous Quality Improvement:

- **Incorporating feedback from the CAC and from program clients**
- **Ongoing data collection**
- **Being culturally responsive**



Trillium Community Health Plan staff (Amanda Cobb and Debi Farr) and Michelle Thurston (Trillium CAC member) promote a community resource platform (Trillium Resource Exchange, or “T-REX”). [2019]



In 2022, Head Start of Lane County staff were trained in the Early Childhood CATCH program, which includes age-appropriate physical activities and games!

“

One of the things I’ve really appreciated over the years is the way [LCPH staff] is genuinely interested in getting feedback from the community. They don't just come up with plans on their own. I have felt like my input has been taken into account and appreciated. It’s clear that they’re interested in letting me help shape how the work gets done.

COMMUNITY PARTNER MEMBER

THANK YOU TO Our Partners

Much of the success of the CAC Health Promotion and Prevention portfolio is shared with community partners in the region. Here are some of the incredible organizations we have worked with over the past 10 years on delivering our health promotion programs.

The Arc of Lane County | **Be Your Best (Cottage Grove)**
Centro Latino Americano | **City of Reedsport**
Community-Supported Shelters | **Connected Lane County**
Cornerstone Community Housing | **Early Childhood CARES**
Eugene YMCA | **Eugene-Springfield Prevention Coalition**
FOOD For Lane County | **Head Start of Lane County**
Healthy Directions (Florence) | **Lane Co. Behavioral Health**
Lane County Family & Child Health
Lane County Women, Infants & Children (WIC)
Lane County Youth Services | **Lane County School Districts**
Lane Education Service District | **Lane Early Learning Alliance**
LCHAY (Lane Coalition for Active & Healthy Youth)
Lisa Carlson, LMFT | **Matchstick Consulting** | **Northwest PBIS**
OSU Extension, Lane County | **Options Counseling**
Oregon Department of Human Services | **Oregon Health Authority**
Oregon Research Institute, Community & Evaluation Services
Parenting Now | **Parks & Recreation** | **PeaceHealth**
Project Blessing | **Quality Care Connections at LCC**
South Lane Mental Health | **Suicide Prevention Coalition of Lane County**
United Way of Lane County | **University of Oregon, Prevention Science**
Upstream Public Health | **Willamalane**
Willamette Farm & Food Coalition

PROJECT SPOTLIGHT



Quit Tobacco in Pregnancy reduces rates of tobacco use



Search “Lane County QTIP”

Tobacco use continues to be a leading cause of preventable death and, in Lane County, rates of tobacco use are significantly higher in the OHP population, particularly among pregnant people and people with behavioral health conditions.

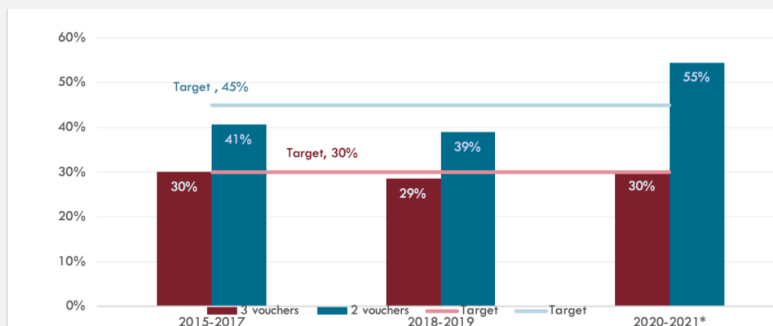
Some of the components of the QTIP program:

- Clients can be self-referred, referred by a provider or warm hand-off from the Lane County WIC office (where the QTIP Coordinator is located)
- Clients meet with a trained tobacco treatment specialist at least three times during pregnancy and three times postpartum (or more if desired)
- The QTIP coach provides tools and resources to support cessation, and clients are encouraged to use the Oregon QuitLine.
- Clients select a baby gift for participating in cessation activities, regardless of current quit status
- Gift card incentives (“vouchers”) are provided when clients can demonstrate that they have quit smoking (Figure 1A).

Figure 1A

Percent of QTIP participants receiving 2 or 3 vouchers during pregnancy

Source: Program data 2015-2021. 2021 data is preliminary and subject to change



“

Preventive [efforts] are really important and funding and staffing them are the most effective way to make sure these things occur.

HEALTHCARE PROVIDER MEMBER

Rates of tobacco use in the third trimester among pregnant OHP members have dropped since the start of QTIP in 2015. While rates of tobacco use during pregnancy have declined overall across Oregon, there is a noticeable drop in the Lane County OHP population that is not matched by the state overall (Figure 1B).

Babies born to mothers who smoke or have been exposed to secondhand smoke are at higher risk of low birth rate. The state has seen an overall increase in babies born with low birth weight, especially among the OHP population but the increase in Lane County is not as significant as the increase in the state overall (Figure 1C).

Figure 1B

The percent of Lane County OHP members who report smoking in the 3rd trimester has dropped from 21% to 13% since the start of QTIP.

Source: Oregon Center for Health Statistics, Birth Records 2015-2020

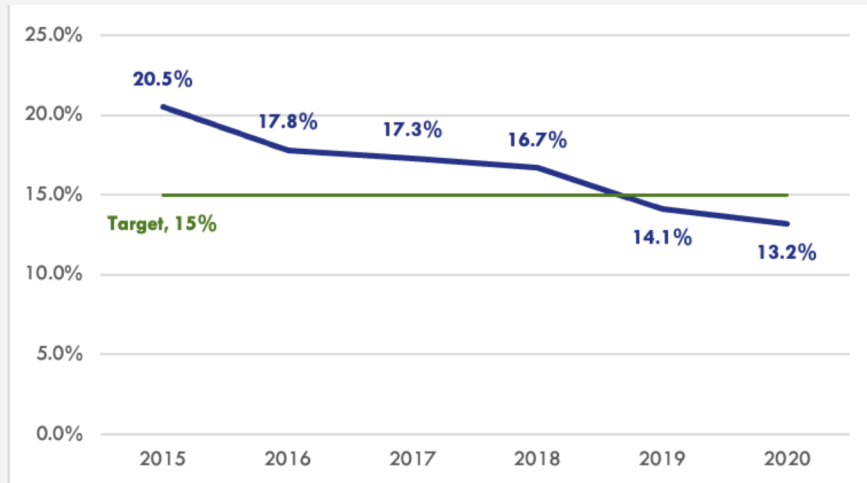
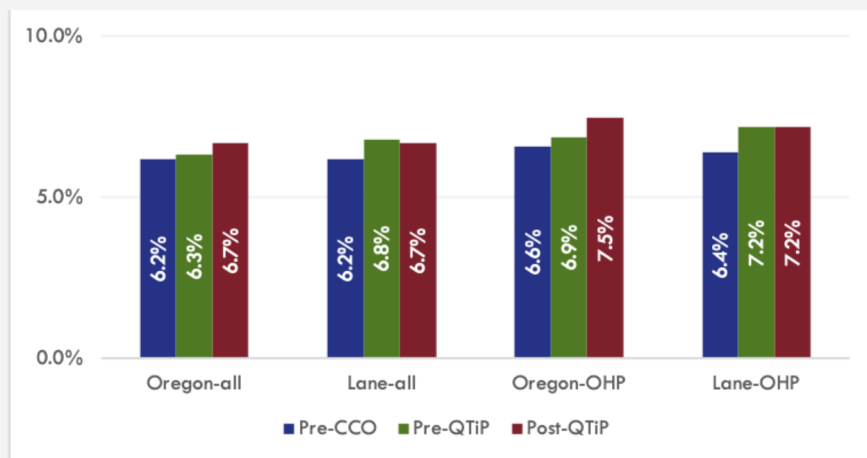


Figure 1C

While the percent of pregnancies with low birth weight has increased across Oregon, the percent has remained stable in Lane County since the start of QTIP in 2015.

Source: ORCHS via OPHAT 2008-2020



“

We can see that there have been positive changes in the community just by looking around at our friends and neighbors. For example, smoking cessation for pregnant women and supporting youth activities in the summer with bus passes and recreation.

CONSUMER MEMBER

CAC & Prevention Highlights

2012

APR The Community Advisory Council convenes for the first time

OCT CAC Prevention Workgroup meets for the first time

2013

JUN CAC advises the CCO on tobacco cessation benefits and benefits are updated; Lane County hosts first Tobacco Treatment Specialist Training

JUL The CAC approves the first childhood obesity prevention plan

SEP First iteration of Tobacco Cessation in Pregnancy (later adapted into QTIP) begins; the program has over 30 participants by November 2013

2014

MAR BMI surveillance project in elementary school begins

DEC

The CAC approves the first mental health promotion plan



2015

SEP

The first Lane County schools are trained in CATCH

OCT Triple P begins in Lane County

DEC The first comprehensive Prevention Plan is approved by the CAC and the CCO governing board



2016

JUL BMI surveillance report on over 6,000 elementary school students in Lane County reveals that 35% of students have a BMI that increases their risk for developing chronic health conditions

2017

APR - JÜL Over 1,000 SNAP recipients participate in Double Up Food Bucks, thanks to support from the CAC Prevention Workgroup.

AUG

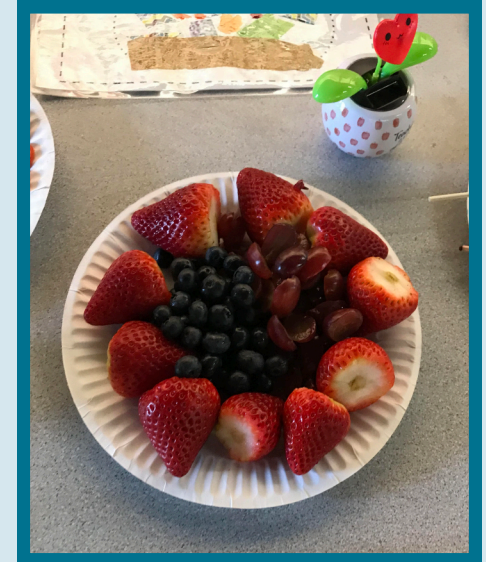
Lane County Head Start staff trained in Early Childhood CATCH and participate in training of trainers ▶



2019

MAY Implementation of the School Physical Activity and Nutrition Environment Tool begins in CATCH schools

SEP Botvin Life Skills training kicks off at Hamlin Middle School in Springfield, the first school in the county to implement the program



2020

JUN

NAP SACC pivots to a virtual model. NAP SACC recruitment list is on a wait-list for the first time ▶

AUG Springfield school district begins implementation of Sources of Strength

NOV CAC adopts the 2021-2025 Community Health Improvement Plan

2021

MAR CAC Prevention Workgroup allocates almost \$300,000 to address food insecurity via community grants and an expansion of Double Up Food Bucks

AUG The CAC Prevention Workgroup collectively decides to re-brand its “Childhood Obesity” strategies to “Empowering Kids to Be Healthy” – better encompassing the spirit of our programs

DEC United Way secured additional funding to offer Triple P Online universally to all Lane County caregivers who wish to participate, bolstering the message that parenting education is for everyone

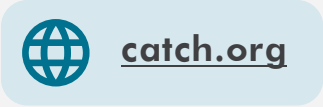
2022

APR QTIP is featured as a best practice to reduce tobacco use, as part of a Centers for Medicaid & Medicare video series.



See more at preventionlane.org

CATCH creates healthy and supportive environments



Providing environments that value and reward good health habits, like eating adequate fruits and vegetables and getting regular physical activity, are important to help kids form lifelong habits. The Coordinated Approach to Child Health (CATCH) provides schools with tools and resources to create supportive environments and teach healthy habits to elementary and middle school kids.

Some of the CATCH program components include:

- **A school wellness committee, including a CATCH Champion to be a cheerleader and leader for the team**
- **The CATCH Coordination Kit, which includes weekly and monthly tasks for all school staff—administrators, families, cafeteria staff, teachers, etc.—to guide them in building a healthy school environment.**
- **P.E. curriculum and equipment, and grade-appropriate classroom lessons (including social-emotional learning)**

Figure 2A

30% of schools improved average number of days in which 4th graders got at least 30 minutes of moderate to vigorous physical activity (MVPA)
65% of schools improved average servings of fruits/vegetables eaten yesterday

The percent of 4th graders who correctly identified 3 or more GO (healthier) foods increased by third year of implementation. *Source: Lane County 4th grade surveys, 2015-2021*

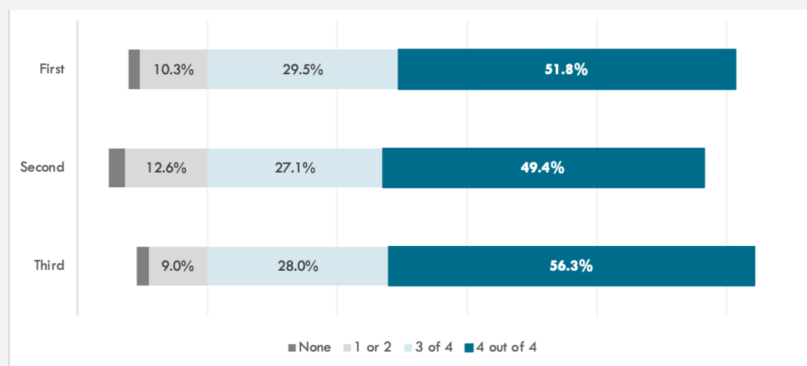
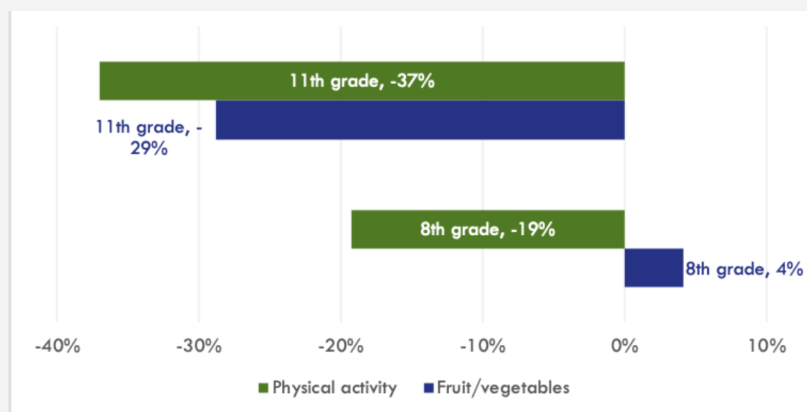


Figure 2B

Since CATCH implementation, there was a 4% increase in 8th graders reporting getting recommended fruits/vegetables, while both 8th and 11th graders reported a decrease in moderate to vigorous physical activity pre-CATCH implementation to post-CATCH implementation.

Source: 8th grade surveys, 2021-21



Since CATCH has been implemented in 22 elementary schools in Lane County, there has been a slight increase in the number of 8th graders reporting they eat the recommended amount of fruits and vegetables. This increase is not seen among 11th graders (who would not have had CATCH in elementary schools). While there has been a drop in the percent of 8th graders reporting getting moderate to vigorous physical activity (MVPA), there is an even larger drop in 11th graders reporting getting adequate MVPA.



Elmira Elementary teachers wear their shirts on monthly CATCH days. [2019]



Students participate in interactive sun-safety learning.

“

Having the common vocabulary that CATCH has provided in its curriculum, has made it possible for students, staff, and parents to easily discuss healthy choices. Parents have shared with us that their children are bringing that conversation home as well...CATCH has helped us to involve parents, which is crucial to children's health.

LANE COUNTY TEACHER

“

I believe that the CATCH system has been the single biggest change in our school this year. Kids are vastly more knowledgeable about healthy eating habits and healthy food choices. They are also much more aware of the benefits of increased heart rate, and what qualifies as vigorous exercise. They seek these things out and let us know about it when they feel successful in their choices. It's a great thing.

LANE COUNTY TEACHER



Bethel School District PE teacher Nicole Zwinke leads kiddos in some fun PE activities at Danebo Elementary's "Family CATCH Night." [2019]

Publications & Presentations

A MODEL TO BE REPLICATED

2014

National Public Radio

'Good Behavior' More Than A Game To Health Care Plan

Oregon Public Health Association Conference

Supporting the PE Mandate

Oregon Health Authority Transformation Center

Good Behavior Game

SAHMSA webinar

Partnerships for Primary Prevention: Lane County Public Health & Trillium Community Health Plan

2015

Oregon Parenting Education Consortium

Triple P, FCU and other CBPE programs: Parenting education to reduce ACEs and improve health outcomes

Oregon Research Institute, Research to Practice conference

PAX Good Behavior Game implementation

2015 cont.

Quality Health Outcomes Committee (OHA)

Tobacco Cessation and Prevention: a CCO/Public Health Partnership

2016

National Prevention Network Conference

Coordinated Care Organizations and Lane County Public Health

Oregon Public Health Association Conference

Coordinated Approach to Child Health: a CCO/Public Health collaboration to reduce childhood obesity

2017

Oregon Health Authority Innovation Café

QTiP: An incentive program for pregnant people

National Prevention Network

QTiP: An incentive program for pregnant people

2018

CCO Tobacco Prevalence Learning Collaborative

Tobacco cessation media campaign: collaboration between LCPH/Lane County CCOs and OHA

2019

Oregon Public Health Association

A tale of three programs- A collaborative approach to reducing childhood obesity; Using incentive to reduce tobacco use in pregnancy: a collaborative effort between local public health and a coordinated care organization

2020

American Public Health Association

Improving tobacco, childhood obesity and mental health outcomes through innovative cross-sector partnerships

2021

KLCC

Farmer's Markets For All: Low-Income Food Program Grows In Lane Co.

2022

Centers for Medicaid & Medicare (CMS)

State Stories on Tobacco Cessation: Oregon's Quit Tobacco in Pregnancy program



Leah Edelman (LCPH staff and former longtime coordinator of the CAC), and Jacqueline Moreno (LCPH) stock shelves at Project Blessing.

“

Honestly, I am extremely impressed. You don't realize what gets done with Prevention until you look at the whole puzzle. Most people see one piece of the puzzle and don't realize all the accomplishments.

CONSUMER MEMBER

“

We had successes, but we're not going to hit the mark every time. We have stuff we should be really proud of. It helped us to go into the pandemic already knowing we could try [new] things. We could change the course, like with QTIP. And it worked!

CONSUMER MEMBER

PROJECT SPOTLIGHT



Positive Parenting Program promotes mental wellness and prevents behavioral health issues



[Lanekids.org/TripleP](https://lanekids.org/TripleP)

A 2013 analysis of the most common and most costly health conditions among OHP members revealed that five of the top ten were mental/behavioral health conditions. Substance use is increasingly being recognized as a means to deal with trauma. Providing parenting supports, such as the Positive Parenting Program (Triple P) can have long- and short-term impacts on behavioral health outcomes.

Triple P implementation in Lane County includes:

- **A universal communications campaign, de-stigmatizing parenting education**
- **In-person and virtual discussion groups led by Triple P providers**
- **Triple P Online, a self-paced virtual parenting course augmented with in-person (phone and text) parenting supports and reminders.**

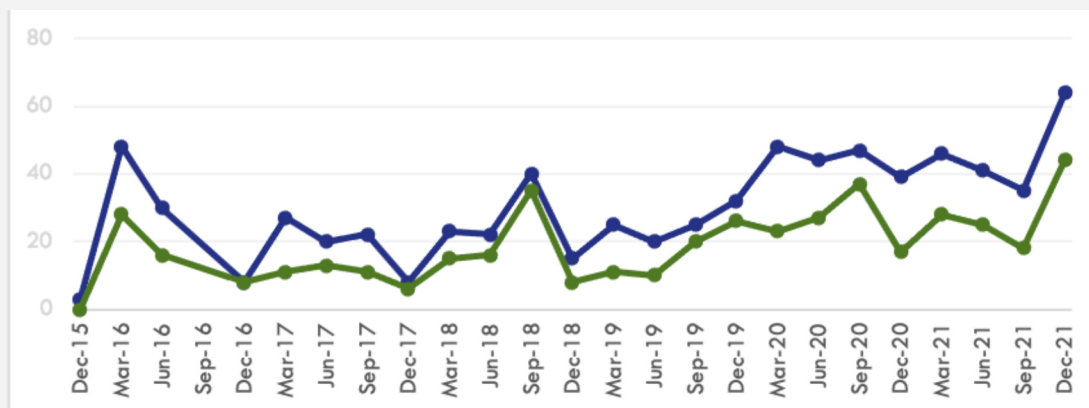
By providing parents with tools and resources to parent effectively and in alignment with their values, Triple P reduces the risk that parents and kids will turn to substances to cope with difficulties. Rates of alcohol use and tobacco use in youth have declined in recent years despite increases in youth reporting poor mental health.

Getting adequate sleep is another important component of physical and behavioral health and can be a proxy measure for stress. Among adults in Lane County who are at or below the federal poverty line and who are of parenting age (18 to 54) there has been an increase in those who reported getting adequate sleep. This increase is not seen in adults at or above the federal poverty line, nor is it seen in adults aged 55 and older.

Figure 3A

Over 700 families have received a Triple P Online access code from 2016-21. 62% of those codes have been activated, and 16% have completed the minimum dose

Source: Program data 2016-2021.





Staff from United Way, Parenting Now, and LCPH (and their kiddos!) pose for a photo next to the Triple P LTD bus advertisements. [2021]



In 2021, the Triple P team launched several billboards in the Eugene-Springfield area, including one billboard in Spanish.

“

It is such a joy seeing parents feel supported and heard, while receiving information and ideas that builds their confidence in their parenting skills. Triple P can provide parents an opportunity to strengthen their relationship with their children, building bonds that will provide protective factors for years to come.

TRIPLE P PROVIDER

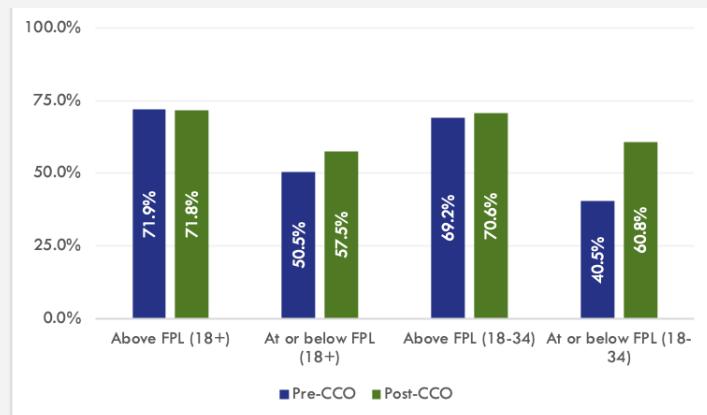
“

The parents who attend are visibly more relaxed and less stressed by the time it is over... they leave with confidence and a tool kit to help create a more peaceful environment for their family. Not only that, but they form a connection with other participants and find out they are not alone in their struggles.

TRIPLE P PROVIDER

Figure 3B

The percent of adults reporting they get an average of 7 or more hours of sleep increased for people at or below the federal poverty level (FPL). Source: BRFSS via OPHAT 2010-2020



ENVISIONING: The Next 10 Years

The partnership between Public Health and our local Coordinated Care Organizations is nothing short of innovative. Lane County has been on the cutting edge of developing new systems for meaningful community engagement, creative sustainable funding streams, and tailored implementation of evidence-based health promotion programming.

In the first ten years, we have been able to see impacts on the environments in which our community learns, lives, works, and plays. We can measure childhood health behaviors, tobacco use, family functioning and parental stress. We can see the impacts of our work reflected in our Community Health Assessments, and continue to adapt our programs to meet emergent needs.

When the vision for the Health Promotion and Prevention work plan was established in 2012, it was understood that much of this work is a “long game.” Many of the health outcomes we work towards are still years in the future, however our success over the past ten years is already being felt across Lane County.

As we embark on our next ten years, we face extraordinary challenges: dealing with the COVID-19 pandemic and recovery efforts, addressing long-standing and persistent inequities, and mitigating the impacts of climate change. While the years ahead may bring new challenges, we know that the relationships and collaborations we have created as part of this unique partnership have established a strong foundation. Upon this foundation, we will build our future success in improving community health.

It is only through our collective efforts and lasting community partnerships that we will shape the vision for the next ten years.



Leah Edelman (LCPH) celebrates the completion of the Community Health Needs Assessment. [2015]

“

Being part of the CAC opened up doors to be more involved in the community. The best that could ever happen was to become part of the Board and connecting with leadership.

HEALTHCARE PROVIDER
MEMBER

Thank You

Lindsay Adkisson
C.A. Baskerville
Dana Baxter
Tony Biglan
Leilani Brewer
Shara Brittain
Derek Bucher
Rhonda Busek
Katharine Carvelli
Amanda Cobb
Teresa Coppola
Brooke Cottle

Wendee Crofoot
Tara Davee
Kellie Devore
Leah Edelman
Drake Ewbank
Debi Farr
Cindy Fisher
Dash Franz
Karen Gaffney
Adria Godon-Bynum
Michelle Hampton
Caitlynn Hatteras

Demond Hawkins
Dawn Helwig
Rebecca Henson
Courtney Johnston
Brian Johnson
Rick Kincade
Marissa Lovell
Pat Luedtke
Elisabeth Maxwell
Roxie Mayfield
Jacqueline Moreno
John Radich

Char Reavis
John Rollingthunder
Katharine Ryan
Jan Skeie
Michelle Thurston
Jocelyn Warren
Kayla Watford
Jennifer Webster
Sheila Wegener
Mary Ann Wren

WITH VERY SPECIAL THANKS TO



Lane Community
Health Council



PacificSource
Community Solutions



Trillium
Community
Health Plan

IN MEMORY OF THE OUTSTANDING CONTRIBUTIONS BY:

David Parker, L.M. Reese, Susana Sammis, Cindy Williams and Marianne Mallott, Community Advisory Council members.



PUBLIC HEALTH

PREVENTION

preventionlane.org



“

I love Prevention. It has so much potential... it's a never-ending chance to make changes that can be life-long for people.

CONSUMER MEMBER