



## **Community Advisory Council (CAC) Membership Application**

The Community Advisory Council (CAC) is a committee of the Willamette Health Council (WHC). The CAC is made up of people living in Marion and Polk Counties who are on the Oregon Health Plan (OHP), as well as local community organizations who serve our region.

The WHC works with community members who are currently receiving Medicaid health insurance through the OHP, as well as local healthcare providers and community-based organizations. WHC holds the local Coordinated Care Organization (CCO), PacificSource Marion-Polk, accountable to its commitment to community engagement and reinvestment to support OHP members. The CAC helps make decisions about this community engagement and reinvestment.

### **The CAC meets the 4<sup>th</sup> Thursday of each month from 1:00 pm to 3:00 pm.**

*Under current statewide coronavirus pandemic restrictions, meetings are currently being held via Zoom teleconferencing. Once restrictions are lifted, you will have the option to attend meetings in-person at our Salem downtown office or via Zoom.*

### **Why would I want to serve on the CAC?**

When you serve on the CAC, you help make your community better by sharing your point of view and advice to the WHC. You will have a chance to advocate for programs that support health and well-being in the region. You may also learn and grow as a leader in your community.

### **What would I do as a CAC member?**

- Learn about health care benefits covered by the OHP
- Share your experiences about getting health care
- Suggest ways to improve health care services in Marion and Polk Counties
- Help with the Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) processes
- Provide guidance to the WHC about investments in programs and services that may improve community members' health and well-being

### **How much time would it take?**

- CAC members attend one (1) meeting per month that lasts approximately two (2) hours.
- CAC members may volunteer to also serve on the WHC Board of Directors (pending approval), Clinical Advisory Panel (CAP), Community Impact Committee (CIC), and/or sub-committees which would require additional time and effort.

### **What kind of support do you offer CAC members?**

- We believe your time is valuable. We offer a stipend for each CAC meeting you attend.
- If you need help with transportation, we may be able help you coordinate rides or reimburse bus tickets.
- We can also help with language interpretation and document translation.

### **How do I join the CAC?**

Complete the attached application. The selection committee will review your application and may contact you to learn more about your interest. If you need help completing the application, contact Rachel Lakey (she/they) at (503)481-0834.

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County of residence:

Marion County

Polk County

Other: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Current employer (optional): \_\_\_\_\_

Job title (optional): \_\_\_\_\_

Tribal affiliation (optional):

Confederated Tribes of Grand Ronde

Confederated Tribes of Siletz

Confederated Tribes of Warm Springs

Other: \_\_\_\_\_

**Oregon Health Plan (OHP) status:**

(check all that apply)

I have OHP. My card is with...

PacificSource

Open Card

Other: \_\_\_\_\_

I don't know

My child or dependent has OHP. Their card is with...

PacificSource

Open Card

Other: \_\_\_\_\_

I don't know

I have both Medicaid (OHP) and Medicare

I have been an OHP Member in the past

I have never been an OHP Member

Other \_\_\_\_\_

**1. Please tell us about yourself, including your background, your culture, and/or the point of view you would bring to the Community Advisory Council (CAC).**

(character limit: 4,000)

**2. Please tell us about any experiences you've had with healthcare and/or what interests you about healthcare.**

(character limit: 4,000)

**3. Why do you want to be a part of the CAC?**  
(character limit: 4,000)

**How did you hear about this opportunity?**

- Flyer
- Social media
- Willamette Health Council website
- PacificSource website
- Friend
- My doctor or provider
- Other: \_\_\_\_\_

**Would you be interested in learning more about opportunities to serve on the WHC Board of Directors, Clinical Advisory Panel, or Community Impact Committee?**

- Yes
- No
- Not sure

**Please list two people who could tell us about what you could contribute as a member of the CAC.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Please submit your application in one of the following ways:**

**Email:** [info@willamettehealthcouncil.org](mailto:info@willamettehealthcouncil.org)

**Mail:**  
Willamette Health Council  
P.O. Box 3759  
Salem, OR 97302

*For questions, concerns, or help completing this application, please contact Rachel Lakey (she/they) at (503) 481-0834 or [rlakey@willamettehealthcouncil.org](mailto:rlakey@willamettehealthcouncil.org)*