



# Douglas

## Public Health Network

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# MINUTES

### South West Regional Health Collaborative Advisory Board

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11/30/2018 12:00 PM to 2:00 PM

Time	Item	Desired Outcomes	Presenter
12:00	Welcome and Introductions; Lunch; Agenda, Minutes	<p>Welcome members. Working lunch.            Confirm the topics of today; review the work at the last meeting; approve last meeting's minutes.</p> <hr/> <p>The minutes and agenda were approved. In attendance were Florence, Ben, Bob, Bailey, Brian, Anna, Dennita, and Tanveer (via phone).</p>	Brian Mahoney
12:10	Activity 3.1, BARHII Surveys	<p>Present the preliminary results of the two health equity surveys: staff survey and community partner survey. Advisory Group will gain an understanding of the data; administrators will direct staff's approach to a final report to the state that is due on December 31, 2018</p> <hr/> <p>Bailey presented raw data from the two surveys. Brian and Bailey are putting the data from the staff surveys of three separate counties into one report and it will be shared with the leadership team by December 7. The final draft will be available December 17. The final report to the state is due December 31. The draft report will have some comments about the similarities and differences among the counties. There could be some preliminary recommendations. Any final recommendations will be used to create an Action Plan that is required to be created and shared with the state by March 31, 2019. The community partner survey report is also being drafted and will be part of the process. There will be comments, perhaps some recommendations; and then both surveys will be part of the final report. An executive summary will also be part of the report. The complete survey results and support materials will, likewise. Generally, we recognize that our region has different issues based on being rural and highly homogenous racially and ethnically, as opposed to more urban areas of the state. We will</p>	Bailey Burkhalter



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		include a communicable disease profile as part of the Action Plan, and will describe, for instance, gonorrhea rates by zip code and the impact of meth on those rates. For example, one quarter of the gonorrhea cases in Douglas County are identified by the jail, and most of those cases are related to meth. The report will also focus on disparate responses among county staff (with no individuals identified). Dennita requested that the BARHII survey be shared because the Coquille Indian Tribe Community Health Center may like to do their own survey. Brian sent the survey toolkit to Dennita.	
1:00	Activity 2.1 Newsletter with CD feedback to providers	<p>Present a mock-up of newsletter intended to give CD and other health data to providers in the region. Advisory Group will provide feedback as to the intended purpose, audience, content, and distribution methods that would have the greatest positive effect.</p> <hr/> <p>Bailey presented a mock-up of the Communicable Disease newsletter. It has information on two sides of a single sheet. The first edition will go out in January and will include data for the past year, with counts and rates, an STD highlight, and another disease to focus upon. The regional epis will decide what that would be. The newsletter will be shared with regional providers, schools, tribes, CCOs, Head Start, and others. The newsletter would go to the Public Health Administrators to send, for example, through "blast-fax" to providers, via emails to public health partners, posted to community social media, Facebook, newspapers, and other outlets.</p>	Dr. Bob
1:10	Activity 4.2.2: Sharing of immunization data	<p>Provide and discuss the preliminary results of the immunization epi study. Advisory Group will gain an understanding of various relationships among immunizations rates, proximity to clinics, and zip codes.</p> <hr/> <p>Dr. Bob gave a presentation on Coos County immunization data. He showed immunization rates by zip code as well as by median family income, by graduation rates, by median age, and by poverty level in the zip codes. This one example of epi studies that we can undertake with the modernization program. In the future we will have data from all three counties and will be able to do studies on other health issues, such as specific STIs (e.g. gonorrhea).</p>	Dr. Bob
1: 20	Activity 2.1, the CD Regional training plan	Update on the training around CD reporting. Includes CME/CEU through Bay Area Hospital. Members to give guidance on best methods to offer and provide training with disease reporting colleagues, CCOs and tribal providers.	Dr. Bob



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		<p>The survey of communicable disease reporters, labs, and public health staff was completed in August. We were able to obtain support from Bay Area Hospital to offer CMEs for training on CD reporting. The first training session will happen at Bay Area Hospital on January 31, 2019 during their noon-time Grand Rounds. Questions arose about whether we could invite outsiders to the session and whether we can support lunch for the attendees, perhaps by arranging that through the hospital's cafeteria. We will confirm the time, venue, and support logistics and will send the details to the Public Health Administrators. There will be other training sessions which we will have to set up with other clinics, with tribes and with the CCOs in the region. It is always best to go where providers already gather. For instance, Coos County has meetings among OB/GYNs, among PCPs, and care coordination meetings.</p>	
1:35	Activity 4.3: Improve 2-year-old immunization rates	<p>Provide data on AFIX participation in region, timeline, and results of outreach. Identify venues for workshops and ask about the best ways to advertise the workshop—to get the word out.</p> <hr/> <p>Brian said we would attempt to improve AFIX in the region. Florence sent a survey to Coos County Vaccine for Children clinics to gauge their interest. All responses were positive. DPHN applied for UHA CHIP grant funds to support the incentives (the I in AFIX) and exchange (the X in AFIX) meetings. It will be known in January whether this application is successful. The purpose of the exchange meetings is to share the challenges and solutions to the problems that keep the 2-year-old immunization rates below the target goal. The incentives, such as door prizes, meals, and materials, will help everyone participate and enjoy the events. Boost Oregon materials and Boost Oregon activities may be part of the strategy. The region should look for a physician in each county interested in working with Boost Oregon to champion immunizations. Dr. Bob has agreed to do this in Douglas County. Ben said that the pediatrician in Curry County would be very supportive.</p>	Brian Mahoney
1:45	Activity 6.3: Cross-jurisdictional collaboration	<p>Provide information on potential of creating or joining a regional health equity collaborative. Potentials options include joining the Health Collaborative of Southern Oregon (HCSO) or creating a separate group composed of multi-sectorial agencies in the three-county region. Gain feedback from the group.</p>	Brian Mahoney



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		<p>There is a health equity coalition in Southern Oregon. It is composed of Jackson and Josephine Counties and is supported by the Office of Equity and Inclusion in OHA. Potentially, it may be that we can work with them. Bob said he would talk to their leadership. Brian gave Bob contact information.</p> <p>Brian also told the group that he worked with leaders of several other sectors (housing, education, maternal and child health) to apply for a training program in Health Equity Leadership. If selected, a four-person team would work together for one year on a project that would use the tools provided, spend several days in training in Atlanta, and receive mentorship through the year. The leaders who participate can expect to use their new skills in collaboration on health equity and social determinants of health across multiple sectors. The project would entail a baseline study of the SDH issues in the Southwestern Oregon region. This is through the National Leadership Academy for Public Health, run by the Center for Health Leadership and Practice in Oakland, CA-one of the CDC sponsored Public Health Institutes.</p>	
1:55	Set Next Meeting	<p>Date and times for quarterly meetings for 2019.</p> <p>Determine appropriate dates Advisory Group to meet. The venue (Bandon Community Health Center) and time (12 noon to 2 p.m.) will be the same.</p> <hr/> <p>Because the final meeting of 2018 occurred at the end of November, the previously scheduled January meeting will be rescheduled. The group chose March 22, 2019 (venue and time the same).</p>	Brian Mahoney