Douglas
Public Health Network

MINUTES

South West Regional Health Collaborative Advisory Board

4/30/2018 12:00 PM to 2:00 PM

Time	Item	Desired Outcomes	Presenter
12:00	Welcome and Introductions; Lunch; Agenda, Minutes and Charters	Welcome members, new and old. Working lunch. Ground members in the concepts of Modernization. Confirm the topics of today; review the work at the last meeting. Understand the elements of the Charters and gain acceptance of their concepts. Brian called the meeting to order at 12:10 p.m. Present were: Anna Warner, Advanced Health; Betty Wagner, Umpqua Health Alliance; Dennis Eberhardt, Cow Creek Clinic; Dennita Antonellis-John, Coquille Indian Tribe Community Health Center; Kelle Little, Coquille Indian Tribe Community Health Center; Bailey Burkhalter, Douglas Public Health Network; Bob Dannenhoffer, DPHN; Brian Mahoney, DPHN; Florence Pourtal-Stevens, Coos Health and Wellness; Ben Cramer, Coos Health and Wellness. Brian reviewed the agenda, previous minutes, and the Advocacy Group Charter. The question, "Should the Charter be signed?" was left unanswered, because the legal authorities of each agency, especially with the Tribes. However, consensus was that the Charter was useful in that it spelled out some of the goals and objectives, and described the role of the group. Anna Warner said that the name of her CCO had changed to Advanced Health. Brian described the Organizational Chart given to the State as a required deliverable. The state was pleased with it and was impressed that it showed many partners. The chart should be updated with current partners.	Brian Mahoney
12:15	Public Health Modernization	Review and understand the content of the Quarterly Progress Report given to the state April 10.	Brian Mahoney

	Work Plan and Recent Quarterly Report	Update from the Check-in Call with the state from April 20. Overview of the expenditure report sent by April 25. Brian gave an update on the report given to the state. Eight of 21 goals had already been met. The reports along with the expenditure reports are entered online into a system called SmartSheets.	
12:30	Activity 2.1, the CD Regional Descriptive Report	Initial review of CD reporting presented to the Advisory Board for feedback; how CD reporting is done and its desired state. Discuss quality improvement, recommendations, and provide guidance and prioritization on quality improvement of CD reporting in the Region. Bailey gave a brief description about her contacts with various clinics and hospitals in the region, and that she found out that not many places have written policies on CD reporting. Most said that they rely on labs to do the reporting. Question: Does the state have any teeth? Answer: There is a law that providers must report certain diseases, suspected cases, or illnesses of public health importance, but they have not and probably will not ever enforce that measure. The goal is to decrease the burden yet increase the efficiency of reporting. Labs do and excellent job of reporting confirmed cases, but often the reports lack needed details that would make public health investigations faster and easier. For instance, there could have been some discussion between the provider and patient about person, place, and time which would not be on the lab report. Question: What information is going back to the provider about significant disease incidents (and incidence)? It is rare to give outcome information to providers once the case has been investigated. Suggestion: offer an information source, such as a dashboard, to give the providers updates on epidemiology of local relevance, such as the increased rates of STIs. Question: How can we share data within the counties and regionally? Suggestions: Newsletter such as the one in Jackson County; weekly podcasts delivered via email; make them interesting by using gaming strategies, infographics, and incentives such as a leaderboard. Question: How do you get this information out? Suggestions: Work through the administrative staff of the offices to get it to the providers. Noted: Hospitals' doctors dislike public health directives and oversight of reporting requirements. Tribes are	Bailey Burkhalter

		Sovereign Nations and do not have to report, though many do. Coquille Tribe has a reporting policy. Cow Creek Band is seeking an MOU with the state on reporting. Question: Would Tribes be willing to share data? Answer: There would probably need to be a data sharing agreement and may depend on level of data, such as personal or aggregate. The North West Indian Health Board collects data for the Northwest Tribes. Unsure how it is shared, though it might be useful.	
12:50	Activity 3.1, the Regional CD Health Equity Assessment	Discussion of the definition and scope of the communicable disease health equity assessment. Provide guidance on the conduct of the assessment. Brian gave a brief definition of health equity, inequity, and health disparities. A discussion was held on identifying underserved populations in the region including: people of color, those in poverty, those who live more rurally than live in local towns, migrant workers, mental health patients, the under- and uninsured, veterans who do not have Medicaid, and those insured but lack access, for example, because of lack of providers. Other reasons include lack of infrastructure, such as no methadone program, not mental health services for some populations, including Tribes. A discussion was held on how to go about getting any data on these populations, especially from Tribes. Decisions would have to come from Tribal Councils, but the requests would have to be filtered up from the Tribal Health Directors. The ask would include reference to answer questions about inequities and health disparities. Secondary data may exist, as in recent Community Health Assessments, but primary data could be very useful. There are Tribal Epidemiology Centers in the country. Focus groups and Survey Monkey might be tools to use.	Brian Mahoney
1:15	Activity 4.2, the Vaccine Campaign Community Group	Discussion of the forming of the VCG, including key informant interviews and AFIX site visits feedback. Review of those partners who have agreed and those who still need to be interviewed. Describe the efforts of Umpqua Health Alliance to provide training on "root causes" of lower immunization rates. Provide guidance on the inclusion and invitations for providers outside of the UHA organization. Provide guidance on "convening" the group and the conduct of the meetings.	Brian Mahoney

		Brian gave an update on the VCG and explained that about a dozen key informant interviews have been conducted. Those interviewed are either providers of vaccines or support programs that target the health of young children, such as Early Head Start and WIC. There are quality issues with immunization data, although the state just released 2017 rates that show a slight improvement. The AFIX program has been underway in the region. We would like to get all providers to use the AFIX quality improvement tools. Florence shared that Deschutes, Crook and Jefferson Counties in Central Oregon implemented AFIX and in 18 months showed a 10% increase in rates. The Umpqua Health Alliance, the Oregon Immunization Program, and Douglas Public Health Network are putting on a training in June to address "root causes" of low immunization rates. Vaccine providers in the region will be invited to attend a session. Betty Wagner from UHA is a key contact.	
1:35	Activity 4.3, Identify one strategy	Discussion and provide recommendation of one strategy to use regionally to improve 2-year-old immunizations Key informant interview analysis identified themes that many shared. A handout with the themes was provided. Poor quality data as addressed in the AFIX discussion was one overriding concern. Also, parent/patient compliance and hesitancy was identified, as was a somewhat lack assertiveness on the part of providers to really address the concerns of parents. Alternate immunization schedules are an issue, as are catch up schedules. Low health literacy may be part of the problem, not just lack of education. Some suggestions for strategies include implementing AFIX and VFC in all vaccine provider offices; begin a grassroots effort to get parents to engage parents as is done in Ashland and with BoostOregon.org. Target prenatal groups and midwives. Collaborate with the VCG to identify barriers and choose one to target. More input from Coos and Curry agencies is needed.	Brian Mahoney
1:55	Set Next Meeting	Set up date and times for quarterly meetings for 2019 Dates have been set for 2018 for the Leadership Team and the Advisory Group to meet. The next two dates are July 30, and October 29. The venue is the same (Bandon Community Health Center), and the times will be from 11 a.m. to 2 p.m.	Brian Mahoney

		The Modernization Team will send a Doodle to find the best dates for the next meetings. The Quarterly meetings may be changed to the last Fridays instead of the last Mondays.	