



# Douglas

## Public Health Network

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# MINUTES

### South West Regional Health Collaborative Advisory Board

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3/22/2019 12:00 PM to 2:00 PM

Attendees: Tanveer Bokhari, UHA and Dennita Antonellis-John, Coquille Indian Tribe (by phone); Florence Pourtal-Stevens, Coos Health and Wellness; Ben Cannon, Curry Community Health; Bob Dannenhoffer (by phone), Bailey Burkhalter and Brian Mahoney, Douglas Public Health Network

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; approval of last meeting minutes.</p> <hr/> <p>Welcome and lunches. No changes to minutes.</p>	Brian Mahoney
12:10	Activity 3.2, Health Equity Action Plan	<p>Present the draft Health Equity Action plan that was based on the health equity surveys. Advisory Group will gain an understanding of the plan and provide input to the draft. The final plan to the state that is due on March 31, 2019</p> <hr/> <p>The draft Health Equity Action Plan was provided and discussed. New activities will be undertaken: training leadership, staff, and partners on health equity issues, such as diversity, disparities, dominant narratives, biases, and use of data. Right now, leadership is scheduled to go to national conferences, but we would like to invite CCO and Tribal partners, too. We can also look at developing regional proficiency at providing diversity and equity training, so we can continue training staff in the region. A train-the-trainer model should be looked at. For instance, ADAPT has a grant and MOU for a class for providers. The module was designed by an OHSU MD. Another trainer locally who deals with bias and equity is Howard Kopp with UCAN. The group acknowledged that ours is a particularly low-diversity region. Many of the models for training are set for much more diverse population centers, such</p>	Brian Mahoney



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		<p>as major metropolitan areas and large counties. We should adapt training for our needs. We are more rural, undereducated, poorer, and isolated. We are also whiter with fewer minority populations. Health disparities still exist but they are based on other social determinants of health. Brian will meet with other community partners about reaching the Hispanic and Spanish speaking community.</p> <p>Some changes to the Health Equity Work Plan were made. Tanveer suggested a line along the bottom of the Logic Model that says that environmental conditions may affect the timing and content of the plan depending on positive or negative conditions (funding, state decisions, etc.). The plan will be reviewed with those conditions in mind over the next 2 to 3 years. The action plan worksheet should emphasize that it is the short-term goals (by the end of June 2019) that are going to be worked on first. Once there is funding, a budget, and authority to continue, we will continue with the longer-term goals. We will add partners to the training and conference opportunities. We will add measures, such as five listening sessions in the Douglas effort. We will add Coos and Curry assessment data to the Douglas listening results to have a better picture of health assessments in the region.</p>	
1: 00	Activity 2.1, the CD Regional Training	<p>Update on the training around CD reporting. Includes CME/CEU through Bay Area Hospital. Review the Communicable Disease Quarterly Report; gain understanding of the incidence of communicable diseases in the region.</p> <hr/> <p>There was a training for CME conducted at Umpqua Community Health Center on February 20. A couple of dozen providers participated. We want to provide more trainings, and Bob would like to go to Curry. It is possible to go directly to clinics in Curry and meet with providers and staff. Also, there is a hope to request a standardized report for all reporting sites. We get many STD reports from labs, but they lack a lot of information to start successful disease control activities. With a standard report made by the providers' offices, we could get more complete reports in a timelier fashion. We should be able to introduce the report form during training and follow up with the MAs at the clinics. Bob suggested a roundtable with providers on strategies; he would be happy to help. It must be</p>	Dr. Bob; Bailey Burkhalter



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		<p>easy and not be too burdensome. We call clinics and talk to MAs all the time to get additional data. If they know what we are looking for, it will be easier to obtain. Every request for medical records becomes a unique production the way we work now. Let's plan for more focus groups with providers to find out what works. Developing good relationships with providers pays off. Florence suggested also conferring with the state on the report form. She said Coos has a business associates' agreement to be able to view medical records from clinics. Tanveer said a Health Information Exchange might be the best solution.</p> <p>The CD quarterly report was reviewed. The first edition was a summary of the last quarter of the year (2018) and some timely information on measles. The next report could have an update on measles and data on STIs from the first quarter of this year, viewing different data by age groups and zip codes. Also, a briefing on the congenital syphilis case we experienced recently would be a good reminder for clinical practices.</p> <p>Douglas County is the recipient of a Conference of Local Health Officials grant to conduct community listening sessions. These will focus on the communities' perspective of the greatest health issues they face along with social determinants of health. A World Café type of meeting in five disparate communities will be held; local fire stations are proposed to be the venues.</p>	
1:20	Activity 4.3: Improve 2-year-old immunization rates	<p>Provide data on AFIX participation in region, timeline, and results of outreach.</p> <hr/> <p>The Coos AFIX Collective has met for the third time. It has sort of gotten away from the best practices model but will re-engage. It has begun to look at video production for increasing parent and patient education on how vaccines work and dispel myths. The videos will be short and meant for waiting areas. The first to be targeted are topics for encouraging youths 15 years of age and up to get vaccinated; HPV; meningitis vaccine for students going off to college; and promoting community immunity and taking the moral stand that we are protecting the most vulnerable among us when we and our families are immunized. There are folks who can't get immunized. Boost Oregon can offer some seminars to providers. We are working</p>	Brian Mahoney; Florence Pourtal-Stevens



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		<p>on the logistics of that. It may be via video or Skype. We are also ordering booklets for providers, staff, parents, and community members. We hope to have much of this done by the end of the fiscal year.</p> <p>The Douglas AFIX Collective will meet for the first time on March 28. Fourteen providers from seven clinics have accepted the invitation. The Douglas AFIX meeting will follow the examples set by Coos: to form and begin working on approaches to improve vaccine rates.</p> <p>Ben mentioned that Curry County exemption rates have fallen dramatically. Two years ago, they sent 350 exclusion letters; this year only 25 were sent. Congratulations, Curry! Tanveer said that a recent review of CCO up-to-date immunizations showed an increase from 73% to 81%. Great job!</p>	
1:45	Activity 6.3: Cross-jurisdictional collaboration	<p>Provide update on participation in the regional health equity collaborative: The Collaborative of Southwest Oregon. Gain feedback from the group.</p> <hr/> <p>Brian spoke about The Collective of Southwestern Oregon that is forming. Eleven agencies from the five southwest counties have met three times since January to form a collective impact group. This is a multi-agency collaborative that will focus on the intersections of housing, health, education, and community building. The Housing First model is thought to be the best strategy: if people have shelter, then many of their other needs can be more successfully addressed. Ben Cannon and the representative from Neighborworks Umpqua, Ariel Reid, have a conversation this week. We would like to have more representation by coastal partners. Ben may be able to host a meeting in Curry County. Curry has been having meetings with the community on housing, such as creating a Hope Village.</p>	Brian Mahoney
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 is the same (Bandon Community Health Center), and the times will be from 12 noon to 2 p.m.</p> <hr/> <p>The next meeting will be May 31<sup>st</sup> at the Bandon Community Health Center.</p>	Brian Mahoney