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MINUTES

South West Regional Health Collaborative Advisory Board

5/31/2019 12:00 PM to 2:00 PM

Present: Dennita Antonellis-John, Ben Cannon, Brian Leon, Brian Mahoney, Bailey Burkhalter, Florence Pourtal-Stevens, and Bob Dannenhoffer (by phone)

| Time | Item | Desired Outcomes | Presenter |
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| 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>Introduced Brian Leon, MPH, from Curry County. He has taken the place of Michelle Hicks. Brian is from Central Oregon, received his MPH from OSU and has worked recently for health departments in the Willamette Valley.</p> | Brian Mahoney |
| 12:10 | Activity 3.2, Health Equity Action Plan | <p>Overview of the Health Equity Action Plan that was delivered to the state on March 31, 2019. Understand the timeline and activities. Extend invitation for members to participate. Exploration of training opportunities. Input on 2019-2021 Modernization Action Plan.</p> <hr/> <p>Brian M. gave a recap of the Health Equity Action Plan. Although the Health Equity Survey identified sixty action items, leadership decided to focus on increasing public health's capability to use a definition of health that includes social determinants; reflect on how conditions of power shape social determinants and health inequities; and, identify opportunities to operationalize strategies to advance health equity in our own work or practice.</p> <p>Coos is beginning cultural agility training using Title V funds in August. There will be sessions every other month on systemic racism, health disparities among minority populations, implicit bias, and bias based on gender identification and sexual</p> | Brian Mahoney |



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orientation. Coos is using a southern Oregon trainer. Florence provided the contact information for the trainer:
The website and contact information for Gilda Montenegro-Fix:
gildamontenegrofix@gmail.com
<https://www.celebratediversity.co/about>
<https://www.youtube.com/watch?v=uEpHMOQqN18&t=15s>

Curry has a training module for new employees that was created in house. Ben and Brian L. said that they are working on changing “hearts and minds” by going to county and city managers.

Dennita said that they use a SB13 cultural curriculum for schools and organizations. She said that the tribe could help do training.

We can assist partner agencies with health equity training. Employees who take an interest can go on to other trainings and programs in that area.

Brian M. introduced a new book called, “The Practical Playbook II”. The first book (Practical Play Book I) was printed in 2016 and gave practical advice and case studies on how public health and primary health care can work together to improve community health. It came out as a resource at the time that the ACA was taking off. Playbook II extends those concepts into the Public Health 3.0 era, and it gives advice and case studies on ways that public health and multisector partnerships can work to improve the community’s health. It is very much aligned with Public Health Modernization. Brian M. will order copies for the regional leadership team. He suggested that it could become part of “book-club” reading.

Participants discussed a health equity question: “Who decides what is needed?” Ben used the well-known image of the three children on boxes outside of the baseball field fence that shows how equity might be viewed. He said that is an easily understood metaphor that helps him explain to others. Bailey agreed, but also said that others have said that the fence is the barrier and should be removed (no need to redistribute boxes).



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| | | <p>Bob mentioned a conversation with the Modernization Program Office at the state. The legislature may put more money into modernization in the new budget period. If it goes up to \$10 million (from about \$5 million) then funding would go to individual counties. It is unknown yet whether any new mandates would come with an increase of funds, or whether we would need a new plan or just continue with our current plans.</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. Planning for next quarterly CD report.</p> <hr/> <p>Brian Leon said he was gathering names and contact information for the providers and clinics that will be offered CD training on July 1st. Bailey has a list of contacts that she had when she did the CD assessment in Curry last summer; she will share that with Brian. Bob will do the training and Brian M. will accompany him. Dennita said that it would be possible to do a training at the Tribal clinic later in July. The CD Quarterly Report will also come out in July or August. Brian Leon can take the lead. Bailey will help him with the template. All three counties can work on it. It primarily uses ORPHEUS data, but it must be cleaned. It gives prevalence and incidence of certain diseases, and highlights focused topics, such as measles. The group thinks that STIs need to be a focus. Hepatitis A has been a big problem around the country, especially among the homeless. Bob shared that hospitalization rates have been 50% and higher, and the death rate has been 1% to over 3%. He gave a link to more information: http://outbreaknewstoday.com/hepatitis-a-outbreaks-in-the-us-the-latest-state-by-state-data-64172/</p> <p>Douglas County is planning on doing a Hepatitis A vaccination outreach for homeless adults in mid-June. Vaccine is coming from CDC with state support. Topics for the next edition could include Hepatitis A, congenital syphilis, tick fevers, animal bites, or lead poisoning (although not a CD). We will share the quarterly reports with the Tribes, which have a newsletter to their providers. The reports can go into the newsletters for wider distribution. Ben uses HAN for distribution.</p> | Dr. Bob; Bailey Burkhalter |



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| 1:20 | Activity 4.3: Improve 2-year-old immunization rates | <p>Provide data on AFIX participation in region, timeline, and results of outreach. Outcome of AFIX activities to improve rates, and ongoing activities.</p> <hr/> <p>Nearly all clinics in Coos County are part of AFIX. Incentives are used, and the group has started sharing practices and data. Their focus has been on talking with vaccine-hesitant parents. Boost Oregon booklets have been purchased and we are attempting to get training in person or via the Internet. The booklets are for providers and parents. The parents' book comes in English and Spanish. It is hoped that once the clinics all have and follow the booklets that we will all use the same information in a standard way. Coos is also developing videos for use in vaccination settings. The topics include HPV, community immunity, empowering youth who can decide themselves on vaccines, and one on meningitis. They use positive approaches and inclusion. Bay Area Hospital is working on cancer prevention and there is an HPV tie-in to that.</p> <p>Dennita said that the tribal clinic has stopped (hopefully temporarily) its role as a VFC clinic. They refer their children to Coos Health and Wellness or to Bay Area Hospital. Dennita can encourage Trina (clinician) to go to Pink Book training and start the VFC work again.</p> <p>For the final report to the state on our AFIX strategy, we could use the pre- and post- AFIX implementation rate (numbers of participating clinics). We can cite vaccination rates for using CCO measures for OHP members. We can cite collaboration and community approaches. We are using standardized messages. We are dealing now with the hardest patients and the no-show patients.</p> <p>Ben would like to get their hospital to be VFC certified. There have been administrative problems and the burden of technical compliance.</p> <p>Douglas County is hosting monthly AFIX collaborative meetings and still going to clinics to do AFIX assessments in the region.</p> <p>The state immunization program and OHSU began a study (RAVE) to improve (quality improvement) the rate of HPV vaccine coverage for adolescents and young adults, so is using rural</p> | Brian Mahoney; Florence Poutal-Stevens |



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| | | clinics as subjects. They said they would let us know if they think the AFIX program would confound their work. UPDATE: Brian M. received an email from the RAVE program and we were told that we could continue with our work. | |
| 1:45 | Activity 6.3: Cross-jurisdictional collaboration | <p>Provide update on participation in the regional health equity collaborative: The Collaborative of Southwest Oregon. Planning for participation in the region</p> <hr/> <p>The CSO is planning the next meeting in Brookings, Oregon on Wednesday, June 26th. The last meeting was by phone. The long-term goal is to use the Collective Impact approach to health equity and social justice. The CSO group has been discussing whether there are still the right number and mix of participants in the group. There is concern that efforts are not duplicative. Ben would like to connect with Arielle about the meeting. Arielle could also connect with Florence.</p> | Brian Mahoney |
| 1:55 | Set Next Meeting | <p><u>Date and times for quarterly meetings for 2019</u></p> <p>The next meeting will be held at the Coast Community Health Center in Bandon on Friday, September 20, 2019 at noon until 2 p.m.</p> | Brian Mahoney |