

Morrow County Local Community Advisory Council

Meeting Minutes

Thursday April 4, 2019 @ 9:00 a.m.
Port of Morrow, Boardman, Oregon

Participants Present: Alexi McHugh, Andrea Fletcher, Bob Houser, Connie Lobato, David Ayala, Diane Kilkenny, Dirk Dirksen, Don Eppenbach, Don Russell, Donna Eppenbach, Erin Bartsch, Erin Stocker, Estella Gomez, Heidi Zeigler, Jamie Crowell, John Adams, Kimberly Lindsay, Marie Shimer, Michael Erickson, Myla Kurtz, Robin Ferguson, Sheree Smith, Terry Tallman, Troy Soenen and Yvonne Morter

Call to Order: The meeting was called to order at 9:30 am by Sheree Smith, Chair

Welcome & Introductions: Sheree welcomed everyone and did round table introductions.

Review of Minutes: Minutes of the previous meeting on March 7, 2019. Don Russell moved to approve the minutes and Bob Houser seconded. Motion passed unanimously.

CAC Update 4-4-19

The CAC began a review of the 2019 draft Health Improvement Plan (HIP) approved in 2018.

Priorities identified in 2018 HIP: Maternal, Child and Family Health; Behavioral Health/Alcohol, Tobacco and Substance Use; Oral Health; Chronic Disease (diabetes) and Risk Factor (obesity); and Workforce.

Discussion then continued regarding the EOCCO health assessment presented previously at the March meeting. The group worked through each priority area to update information and determine how it should be incorporated into the HIP. Andrea will consolidate the information for each priority area and then email it to members who would like to review the changes before it is made available in May to the CAC for approval.

Priorities identified in 2019 HIP: 2018 Priorities + Chronic Disease (tobacco use) and Social Determinants of Health (housing and food insecurity).

Conscious Discipline Summer Institute

Focus on supporting home visitors.

lone is interested in integrating parent education but curriculum might pose a barrier.

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Behavioral Health (Page 6)

- The work plan and activities related to SPURS and continued support for behavioral program is supported.
 - A full year of SPURS is 20k, to extend for three months roughly 2-3k.
- Other activities to consider:
- Many activities are ending by September of this year; will this be OK that so much is ending?
 - Answer: We should add that we will “continue through September/May/June of 2020. (change number two under Behavioral Health)

#3

- Change wording on number three – There is a value to continuing this work, maybe add “we are committed to doing all that we can” or something like this.
 - It should be noted that the School District is working on an internship program (paid).
 - Dirk - The behavioral classroom will continue, not even a thought. Five-year commitment, driven by a combination of money.
 - This program is funded through a grant, the grant cycle is open closes beginning of April/May...or May/June Kim is point person on this. Total GOBHI Behavioral Classroom budget is roughly 200K, first grant cycle there were three applicants, and there could be more this cycle (~ 5).
 - The school district is open to potentially expanding programs that work. We should also recognize the school district’s efforts on behavioral health.
- Troy – We have been planning in Morrow County, just because we have been working on a five-year plan does not mean it has to end in 5 years. Re-assess the programs that are working, **prioritize the things that are working.**

#4

- Suicided is a typo.

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Addition to List of Behav. Health Activities.

- CCS is taking the Zero Suicide Initiative
 - National program, view is all suicide is preventable and steps can be taken to reduce suicide.
 - Internal, two-year process
 - There is a leadership team, which has done a survey, and will be doing more.

#5

- Dirk - There are five community counselors (outside of regular staff), which is “unheard of in Eastern Oregon”.
- Partner with the groups that are already happening (such as DART and Or./Wa. Health Network which is doing Opioid work already).

Pages 7 & 8

- Advantage Dental doing great work and these priorities come directly from their work plan. Please review before next CAC and let Andrea know if there are any concerns.

Organizations doing Oral Health Priorities:

- We need to stress that the Care Team is in the schools
- Add Care Coordinators to the first point under Oral Health Activities (pg. 8).

Chronic Disease Strategy (pg. 9)

- Office of Rural Health Grant was received
 - Got Colorectal Grant again, trying to merge the two grants to do patient education.
- They will hold classes at the clinics (Irrigon, Heppner but not lone).
- They are working with the Pharmacy on Diabetes, Hypertension, Smoking, focusing on any Chron DZ.
- The focus has been on adolescent well care
 - Getting better on adolescent screening.
 - They have acquired Nolan the Colon for PR/Outreach.
 - They want to figure out how to give our blood pressure monitors.

CAC Work plan (page 9)

- Keep efforts small, high-level, for now.
- They are becoming aware of partners population health planning
- We should convene a tobacco workgroup, support the health departments outreach and efforts.
- Workgroup will be made of: Mike, Jaime, Diane, Sheree, Maya, Yvonne and Troy and Morrow County Health District.

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Social Determinants (Pg. 11)

- New to us as a planning group, so let's begin by identifying where the potential partnerships are and which members of CAC could serve as a liaison because they have cross-over duties.

Food Insecurity

- Columbia River is pursuing some things
- CAPECO, the school districts have strategies under way
- As a CAC: We should review efforts and see where we fit in.
- Diane – 1,500 referrals in Lone & Morrow SD total (backpack program and others)

Misc.

- **Troy**-Maternal and Postpartum rate doubled could be due to better data collection, but there is a need we should examine.
 - Integrated Nurse Home Visiting pilot exists in Morrow, which allows counselor to make direct connection with patient in the home.
 - Kim - Folks do not necessarily come Community Counseling Solutions unless the patients know we have a medication prescribing ability. We are not necessarily the first stop (the doctors' offices are) but we would like to be. How can we better integrate with the wider system?
 - Kim – MEND Program (currently partnered with GOBHI, but may be ending that partnership). They are doing e-home visits (psychiatrists, doctors, and others). May be a good tool to reach out to patients.
 - We could get more referrals, for Maternal Depression – CCS is a great option, diet and exercise are great, but sometimes medication is useful.
 - Diane - Moms need to be connected to a social support system whether it is a nurse or someone else.
- Behavioral Health Team
 - The schools
 - Nobody else said they would volunteer just yet.
- Exciting work in Lone with a Youth Advisory Council has become a big part of our clinic. Getting kids involved in the process, where we target, whom we involve, and education reach-out. **Next Steps: How can we bring this to Heppner and Irrigon Clinics?**
- The kids act as the voice of the clinic within their peers (bulletin boards, fliers, following themed months).
 - The kids will be attending a summit for other Youth Advisory Councils in Salem (info-sharing etc.).

Good Shepherd Rural Respiratory Program (Nurse)

- Started last May, got a 50k EOCCO grant.
- They do tobacco-cessation.
 - They try to slowly step down Tobacco use.
 - The program also works on co-morbid conditions (Diabetes, Hypertension, and COPD).

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- They are also able to work on finding lower cost solutions for folks with insurance problems.
- They also work on Mental Health, smoking and mental health go hand-in-hand.
 - Oftentimes our work addresses the behavior but not the mental health (underlying) issues.
 - They do between 4-8 home visits; first home visit is roughly two hours.
- They also look at ADLs and Home Safety Assessment.
 - Do the appliances work; do the alarms/fire prevention systems work?
- There is an education component for children in the home.

Maya

There are not a lot of tobacco-free campuses (50% are 50% are not), but we are trying to move on that to promote a healthy lifestyle.

Chris

- We just quit smoking (30 year smokers)
- Tried gums, patches, etc.
- Tried to get Chantix, Moda covered the costs, \$480 cost which husband's insurance (Cigna) did not.
 - Chantix could have depressive side effects.
 - Wellbutrin is also handy, cheaper than Chantix, but it takes 30 days for impacts to kick in.
- Are there things to cover the cost of this? There is also a need for candy or something (could be a dental issue earlier on).
 - Maya – The websites for the drugs used to have coupons. Chris – the coupon was for \$75, which still had a sign
 - Columbia River
 - We have been running Diabetes groups, education/awareness groups.
 - The person who was running the group went on maternity leave came back and dropped the group.

Jaime Good Shepherd

- Exercise prescriptions are alternatives to
- Prescription Trails website will be up in a month
 - We need people to grade the trails.
- Exercise Prescription Pads are being printed.
 - They will be given to doctors and animal doctors (what's the word)
 - There will be a carbon copy the doctor can hold on to for follow-up
- There is a colorectal screening kit grant that they have.
- Community Health Reports Assessment Presentation – May 9th.
- Steps to Success Walk – April 27th

Sunshine Day - Presenter

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- AM Session: She will present on Implicit Bias and how it impacts decision making
- PM Session: Embracing Diversity

John Adams, Director, Eastern Oregon Healthy Living Alliance Presentation Be Healthy, Be Happy, Eastern Oregon

- Formed by the EOCCO.

Vision

- Where school-age kids have access to Oral Health
- MH First aid as common as CPR
- Families have knowledge and resources to get resources.
- Babies and toddlers have healthy head start.

Oral Health, Happy, Healthy, Smiles

- Year one 2670 kids served
- Year two numbers 4670
- Helped improve cavity rates by 5% (though the region is still the highest in the state).

Mental Health

- Lots of self-reported depression but low levels of care sought.
 - Growing mental health problem in the state & region.
- 2017 Oregon Student Voice found that among HS throughout the state the kids identified wanting more mental health services in school as highest need area.
- Majority of referrals were from law/public safety officers
- Done two MH First Aid Trainings in Morrow County.
 - Tried to do an older adult training last year.
 - Difficult working with church leadership
 - Not enough senior center staff capacity
 - Andrea has contacts to try and outreach this time.

Colon Cancer

- EOCCO has met annual screening but barely.
 - Goal is to increase the screenings by 5%, didn't meet the metric in any clinics, but did in Morrow and Gillum counties.
- Morrow County HD 30 screening kits were received, 20 through Columbia river, 20 kits through Arlington kits 58 through Sherman medical clinic.
 - Need to better understand why Sherman wasn't met but the most kits were received from them

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Obesity

- Second highest obesity rate among 15 CCOs.
- Goal – Hold the line and prevent increases in annual obesity rates.
 - In partnership with Euvalcree and OSU Extension to increase fruit and vegetable consumption through Food Hero Program.
- Hiking groups will be conducted with Moms and young children in Hermiston and Lakeview.

Early Childhood Health

- 28.8% of pregnant and new moms in Eastern Oregon (EO) experience Maternal Depression.
 - Goal – support early childhood health by addressing maternal depression and working on Integrated Nurse Home Visiting.

Next Meeting:

May 2nd at the Bartholomew Building, Heppner

Adjourn:

11:00

Respectfully submitted,

Connie Lobato