

Gilliam County LCAC Meeting Minutes

DATE: JANUARY

LOCATION: GILLIAM COUNTY
COURTHOUSE, COURTROOM

MEETING CALLED BY	Jennifer Bold
CALLED TO ORDER	12:10
ADJOURNED	1:30
NOTE TAKER	Teddy Fennern
ATTENDEES	Teddy Fennern, Jennifer Bold, Amy Nation, Chanel Kelly, Paul McGinnis, Elizabeth Farrar, Teri Thalofer,
ADDITIONS	
PRESENTATION	

Old Business: *Frontier Veggie Rx Program*

DISCUSSION	<p>Teddy stated that she wanted to make everyone aware that we are out of the Veggie Rx coupons in case anyone didn't know. The last time that she had talked with Marci there was some discussion about getting some additional booklets out here I was thinking that she has said 39 maybe. I have a letter of support as Gilliam County Family Services that I will still be a prescriber, and another letter of decision that this LCAC will continue to utilize our fund to be a part of the Frontier Veggie Rx Program. Jennifer needs to sign it as the chair of the board. Jennifer stated that she also sent in a letter of support from the Condon Child Care Center as well to continue to be a prescriber. Paul said that Marci has been working like crazy getting all the information gathered for the grant and now for four counties, as Wheeler County has joined the program as well. We went over a quick overview of what Veggie Rx is for Liz to get her caught up.</p>
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New Business:

ELECTION OF OFFICERS	<p>Jennifer stated that we needed a nomination for the Chair and Vice Chair positions. There was a nomination of Jennifer to remain the Chair made by Chanel, it was seconded by Lisa, there were no opposing votes We had thought that Lisa was the Vice Chair, last time, so Teddy Nominated Lisa for Vice Chair, Teri Thalofer seconded the motion, Motion passed. Paul stated to Liz that there is the Regional LCAC and that there is a county commissioner designated, but she can elect to still have Teddy being the Proxy for her to attend. Liz stated that she would like to continue to have Teddy be her Proxy.</p>
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New Business: *November Incentive Measure Progress Report*

DISCUSSION	<p>The report showed that we are at 46.8% rate for Adolescent well care visits with a target rate of 40.6%, we have met this target. We are at 75% for childhood Immunization rate with a target of 79.1%. We are at 38.7% for colorectal cancer screening, with a target rate of 46.8%, we need 3 more to meet the target. We are at 21.2% for dental sealants with a target rate of 22.9, we only need 1 more to meet the target. We are at 61.5% for Developmental Screening with a target rate of 65.6%, we need 1 more to meet that metric also. We are at 27.5% for Effective Contraceptive Use with a target rate of 49.6%, we need 9 more to meet the target. We are at 26 for</p>
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Emergency Department Utilization with a target of 51.8, we are meeting this metric. We are at 51.5 for ED Utilization for individuals experiencing Mental Illness, with a target rate of 119.5, we are meeting this metric also. We are at 12.2% for Alcohol and Drug Misuse, with a target rate of 12%, so we are meeting this metric. Overall we are doing pretty well. Teri stated that she has gotten a letter from another health department about effective contraceptive use. She is going to talk more with her department before they decide to sign on the letter. They want her to join in the letter to state that they don't agree with how effective contraceptive use measure is figured. Teri stated that she feels that if an adolescent states that they are abstinent that they don't count, so there is some controversy over that. They shouldn't count in the denominator. Our health department just got some grant funding from OHA to reach out to rural partners to work with them to provide more effective birth control methods. Paul stated that they want the evidence based procedures to be documented each year, asking the one key question. If the answer is yes then you go on to talk about prenatal vitamins and if no, then that opens up the door to talk about contraceptive devices. What they are saying is that there is pressure to fill long acting methods on those that state they are abstinent and there is also the saying of do no harm from their oath, so it is an issue. Terri feels that it really is not about the teens anyway. A partner having a vasectomy does not count either, it is entirely on the woman.

New Business: Gilliam Focus Group Final Report / Community Health Assessment

DISCUSSION

The Assessment consists of the Qualitative Report, the Focus Group Report From June and Quantitative Reports, Data sets from 2013 – 2017; Date Dictionary; Kindergarten Readiness Report; Child Care Early Education Report and housing reports. We are trying to bring new data in and there is the Incentive measure data. Starting back at the beginning with the focus group report, High Coverage Topics. Social /community context – social cohesion, community programming. Under health care is the availability of health services, access, affordable coverage, uninsured, Health behaviors. Under education, Early Childhood & Childhood population and health education. Under SDOH Topics are Access to healthy food, Low quality housing and economic stability. Quantitative Reports starting with the data from PSU from 2013 – 2017 Teri stated that she is not seeing STD rates anywhere in here and that we have rates going off the charts. The other thing missing in the data is the smile survey, we are lacking oral health information. Teddy had a few questions on some of the data, Graduation rate seemed low, and childhood poverty seemed low too. The other one is that there is only 16% enrolled in preschool seemed super low and no Hispanic population. We have only grown by 95 in the county since 2013; unemployment rate has gone down; the 5 year graduation rate has gone down; Child Poverty rates show having gone down, but the rate is questioned; students eligible for free and reduced lunches almost doubled; births to mothers receiving inadequate care has gone up; maternal depression and post-partum depression have gone up alarmingly; Children age 3-4 not enrolled in school is way off from what we felt the numbers should be reflective of; alcohol induced deaths increased; Heart disease and hypertension have gone up dramatically. Adults who average less than 7 hours of sleep is up; adult obesity is up. We have a lot of tobacco use, which aligns with the State Health Plan as a target area we can look at to put into our plan. Next there is a report from Oregon Housing and

	<p>Community Services. We have a serious shortage of affordable housing; 2 out of 3 renters with extremely low incomes are paying more than 50% of their income on rent. You would have to work 52 hours a week at minimum wage to afford a two bedroom apartment. \$13.10 is the hourly wage needed to afford a 2-bedroom apartment as HUD's Fair Market Rent and 1 out of 5 of all renters are paying more than 50% of their income on rent. \$58,162 is Gilliam Counties Median Family Income. Next is the OSU Early Care and Education Profiles for Gilliam County. It is questioned where it says that there are no Hispanic or non-white children, and we know that is not right. There is some kindergarten readiness data, which overall look like we are staying pretty steady over time and are pretty close with the state averages as well. Next 2014 – 2018 progress of Incentive Measures report. We have gone up in Adolescent well care visits from 28.6% to 46.8%; we have gone from a 12% to a 12.2% in Alcohol and Drug Misuse; Our Childhood Immunization status went from 20% to 75%; colorectal cancer screening went from 15.8% to 38.7%; Developmental Screening went from 7.7% to 61.5%; effective contraceptive use went from 31.7% to 27.5%; ED utilization went from 22.2 to 26; ED Utilization for mental illness is at 51.5. The numbers in this report state that timeliness of prenatal care is at 100%, which conflicts with earlier data. Medicaid BRFSS data is telling us that we have high rates of obesity, higher rates of food insecurity and hunger. Arlington has a rate of 60.7% of children eligible for free/reduced lunches and 12.9% of children are receiving SNAP; The report indicated that Condon had the same numbers, so I am just assuming they are county wide numbers.</p>	
<p>VIRTUAL DENTISTRY</p>	<p>There was a conversation about if we found a place for the virtual dental home. Jennifer stated that the Child Care Board decided that it is not the appropriate place for it and they voted no to having it in the building. There was a lot of things in the contract that was required, like records retention, scheduling and other things that made it pretty interesting to just have a space to bring in a chair. Jennifer reached out to several other entities and nobody wanted them either. Holly at South Gilliam Health stated that they are currently working with Dr. Mike and he is trying to get approved to accept OHP clients as well, so they were not interested.</p>	
<p>SHARED POSITION</p>	<p>Teri T stated that NCPHD is continuing to work with the 4RELH and GOBHI to get a shared position and are creating a clear framework about what this position will be doing still moving forward. GOBHI has indicated that they just want to be a supporting partner in creating the shared HUB/NCPHD position.</p>	
<p>ACTION ITEMS</p>	<p>PERSON RESPONSIBLE</p>	<p>DEADLINE</p>
<ul style="list-style-type: none"> Jennifer Bold, Chair 	<p>Chanel Kelly/Lisa Helms</p>	<p>MSP</p>
<ul style="list-style-type: none"> Lisa Helms, Vice Chair 	<p>Teddy Fennern/Teri Thalhofer</p>	<p>MSP</p>
<ul style="list-style-type: none"> Teddy Fennern – Proxy to RCAC for Liz 	<p>Elizabeth Farrar, Gill. Co. Judge</p>	
<ul style="list-style-type: none"> October Minutes 	<p>Amy Nation/Chanel Kelly</p>	<p>MSP</p>

Next meeting February 7, 2019