Deschutes County Health Services

Public Health Advisory Board

MINUTES

October 29, 2014

12:00 – 1:30 p.m.

Stan Owen, Deschutes County Health Services

Item	
Facilitator	Susan Keys, Vice Chair
Meeting Coordinator	Tom Kuhn
Scribe	Lisa Michael
Next Meeting	December 10, 2014, Health Services, Stan Owen

Agenda Items/Discussion/Motions

	Topic and Lead
1	**Introductions & Approval of September Meeting Minutes** The Board went around the room and everyone introduced themselves. Charla motioned to approve the minutes as submitted with a second from Katrina. Unanimously approved.
2	**Brief Announcements & Unfinished Business** Tom announced we are working incessantly on the Ebola effort. The CDC has been changing their guidelines almost daily making in near impossible in keeping up to date.
3	**LAUNCH Lessons Learned** Maggi gave a background presentation on Project LAUNCH and spoke of the lessons learned during her time running the program. She went on to explain that the program received grant funding for 5 years, which recently ended, and was designed to improve the wellness of young children in addressing their physical, emotional and cognitive health. The key components of the program include integrating primary care with behavioral health needs through child wellness screenings, incorporation of the Nurse Family Partnership home visiting program, and the development of a media campaign informing parents of the importance of early childhood wellness. During the program's duration, LAUNCH has served over 200 children and their families for at-risk behavior. Early childhood wellness serves as a bridge with the CCO and ELC initiatives to form a common bond in providing wellness health care and education. At this time, there are 37 demonstration sites nationwide. Maggi mentioned that LAUNCH was unpopular at first due to grant funding losses and changes to other programs. She had to rebuild her relationships with these program coordinators over time. The main goal of LAUNCH is the collective impact meaning the commitment of partners from different sectors working towards a common agenda for solving a specific problem. This in turn results in building trust and relationships. In order to achieve the collective impact, public awareness campaigns were created to assure LAUNCH was deliverable and provide education to the public and policy makers, while providing sustainability and common messaging between partner organizations. A course of action was implemented in the form of three steps delivered in separate timeframes as follows: Year 1: Formation of a partner task force, contract with a consultant and development of a logo/brand. Year 2: Creation of a website and PSA that aired on local TV, our website and those of partnering websites. Years 3-5: Development of a new PSA each year with themes based on environmental conditions and partner input such as perinatal depression, oral health and early literacy.

The next step was to measure the collective impact to find out how well the PSA increased public awareness. Logo recognition increased from 14% in 2012 to 37% in 2013 and 74% were likely to support early childhood wellness either through voting or monetary donations. Eighty three percent of those polled agreed the PSA supported a common voice, while everyone thought the campaign was very sustainable. How did Project LAUNCH affect the overall collective impact? Council member interviews were conducted and a social network analysis tool was created (www.partnertool.net) which involved mapping relationships between network members, assessing gaps and strengths, measuring collaborative changes over time and capturing outcome perceptions. Council members were asked to complete the survey in 2012 and again in 2014 to compare individual organization reports, as well as overall network reports, after which the group met to discuss strategic planning. The response rate increased from 75% in 2012 to 90% in 2014; thereby also increasing partner trust. Council members found that the lack of a shared data system formed a major obstacle in system integration and the collective impact. They also struggled with service delivery silos, regardless of collective impact progress. On the flip side, the group reported more flexibility in supporting collaborative work. Maggi noted a list of lessons learned involving development of a group mission and PSA campaign that contributed to the common agenda and program sustainability; creation of a brand or co-brand; advocacy for a community data system and use of a network analysis tool to evaluate progress.

Stephanie was next to give a presentation on system integration and program findings. The Healthy Child Family Support Team approach addresses the basic needs, behavioral health and primary care of the child, while the Maternal Child Health Initiative speaks to public health and primary care. The Maternal Mental Health System is centered around public and behavioral health and primary care. Qualitative interviews were conducted of four FAN staff, two BH therapists and two nurse practitioners who found that system integration was challenging; however, working as a team was very beneficial. It was also noted that service locations played a key role in providing for clients and those interviewed agreed that school sites were not the best for early childhood development, but WIC may be a better alternative. FAN advocates were used as the first point of client contact, while the nurse practitioners' role was to conduct patient screenings.

The MCHI morphed into a CCO project integrating primary and public health for prevention and population based care. This program included case management, service referrals and prevention screenings. Additional home visiting nurses were placed on staff to provide services in all three local jurisdictions (Deschutes, Crook and Jefferson). Other activities included in the MCHI program were depression screening and relationship building prospects between public health and primary care. Again, qualitative interviews were conducted for pre and post results. Twenty-five participants were polled before the program started, while post results are still ongoing. Attitudes and practices changed significantly, while staff continued to experience challenges in integration. In conclusion, preliminary findings indicated that face to face interaction was most valuable and location was a key factor in staff and patient satisfactory, along with staff experience. Trust building between patient and staff was imperative for establishing a good rapport, while ongoing technical support was vital, particularly when initiating new procedures such as screenings and referrals.

The third segment of the program was Maternal Mental Health focusing on primary care, public and behavioral health. Brochures and PSA's were developed in order to promote community awareness, while a screening tool and referral process were used as part of training. Stephanie reported a high rate of screenings for prenatal and postpartum depression and mentioned that several of these patients were referred to behavioral health for treatment or the warm line for follow-up. An international postpartum support line number was made available with very few calls reported prior to introduction of the MMH program. WIC decided to retain a BH therapist on staff and implement the screening tool to diagnose depression. In doing so, WIC reported that 40 screenings were conducted with 75% of those cases testing conclusive. Interviews with staff and providers were held to review the results of the program. In short, findings noted that time and location were found to be of utmost importance, along with warm hand-offs and walk-in availability. Other valuable findings included awareness, education, and technical support.

	With time running short, Viktor briefly discussed the lessons learned and the importance of evaluating the LAUNCH program for effectiveness, document implementing and translation. Early engagement and utilizing the appropriate personnel to evaluate and coordinate activities played a major role in achieving success.
4	**Public Health/Behavioral Health and Seniors** Charles spoke about a fascinating publication he found in the Atlantic written by Ezekiel Emanuel, an author and White House Health Care Advisor, who wrote the article, "Why I hope to die at 75". He discusses the fact that many seniors are leading a poor quality life at an older age due to a decline in their health, which in turn places an enormous burden on the health care system. Ezekiel noted by the time he turns 75, he will have lived a long full life and does not care to become incapacitated, placing the responsibility of his care on his loved ones. He also speaks of the moral and ethical issues surrounding assisted suicide. Charles moved on to discuss the impact of the baby boomer years (those who were born between 1946 and 1964). During this time after the end of WW II, there was a massive surge in the US economy with demand for housing, education and jobs. Today, with so many seniors living longer, there is a greater need for primary care and mental health services. Many health care providers fail at recognizing mental health as an essential part of wellbeing for seniors, especially when caring for those with other chronic health conditions. More and more seniors are becoming ill with Dementia and Alzheimer's disease making efforts for providers to deliver and maintain mental health care extremely difficult. Charles announced that Oregon has been ranked #8 in the country this year as opposed to #13 in 2013 by the CDC for desirable living conditions for seniors. This entails higher access to outdoor activities, a higher percentage of social support and a lower frequency of falls. On the flip side however, statistics show an increase in the chronic drinking rate, lower flu vaccination coverage and a higher frequency of depression. It has been noted that nursing home quality has improved significantly by nearly 20% over last year. Tim, an expert mental health trainer specializing in senior care, noted that Oregon used to be one of the top states in the nation for geriatric mental and public health. Now we have slipped somewhere closer to the bottom with states like Louisiana, but fighting hard to work our way back up the ladder. Many seniors over 65 are having a difficult time obtaining Medicaid and nearly half of all providers refuse to see those who are on it. The state only designates a small amount of funding every year to the county for the geriatric mental health program. Tim noted there are currently 15 senior living facilities in Deschutes County alone. Tim also spoke briefly about the ever increasing number of schizophrenic cases and the fact that these patients don't live near as long as the average adult. Mostly, he sees patients who are Bipolar, have Dementia and/or Alzheimer's.
5	**Adjourn** **Meeting adjourned at 1:38 p.m.**

Board Members present: Susan Keys, Katrina Wiest, Keith Winsor, Charles Frazier, Holly Remer, Mike Shirtcliff, Kate Wells and Charla DeHate

BHAB Board Members present: Marianne Straumfjord, Roger Olson, and Lorelei Kryzanek

Staff Members present: Jane Smilie, Tom Kuhn, Pamela Ferguson and Lisa Michael

Guest Speaker(s): Maggi Machala (staff), Stephanie Sundborg (staff), Dr. Viktor Bovberg (OSU Associate Professor) and Tim Malone (staff)

Other Guests: Hillary Saraceno (staff), DeAnn Carr (staff) and Brooke Hein (staff)

CDC – Center for Disease Control
CCO – Coordinated Care Organization
LAUNCH – Linking Actions for Unmet Needs in Children's Health
ELC – Early Learning Council
PSA – Public Service Announcement
FAN – Family Access Network
BH – Behavioral Health
WIC – Women's Infants Children
MCHI – Maternal Child Health Initiative
MMH – Maternal Mental Health
WWII – World War II
US – United States