Okanogan Coalition for Health Improvement  
Meeting Notes  
March 28th, 2019, 12:00 PM to 2:00 PM

Introduction—All  
Attendance—SEE SIGN IN SHEET

The Okanogan County CHI is holding a reproductive health panel. This is an important topic to discuss and for us to figure out a solution.

North Central Accountable Community of Health (NCACH) Updates—Sahara Suval and Mike Beaver

- The Advisory Group for the community initiative funding has been meeting and making progress on the application process and criteria of the funding.
- The NCACH Summit will take place on April 11th, at Big Bend in Moses Lake.
- John a. powell from the Haas Institute will be the keynote speaker on targeted universalism and othering and belonging.
- The Opioid Response Conference had 2 keynote speakers and then moved onto local discussion to complete action plans with project champions. This was done with a new conferencing model and the locations were throughout the region. A Narcan training was held after the conference at each location.

Reproductive Health Panel—Facilitator Lauri Jones

- Recently, there was an infant death from congenital syphilis. This is a serious issue and the infant had no prenatal care. This is the second case in Okanogan County. Previously, we had staff that would do home visits for 6 months. Due to funding and outcome measures the funding has been cut. There is a huge gap in prenatal care. Some OBs do not have a lot of time for prenatal care. We know that several years ago Master’s of Public Health students looked at the school districts reproductive education. Most of the schools had some type of reproductive health.

- Three Rivers Hospital and North Valley Hospital—
The hospitals are similar and different. Both have challenges with providing care. The hospitals are critical access care and acute care. The hospitals do not provide everything. One thing the hospitals currently provide is OB care for children that are born in our hospitals. People are happy to come to the hospital when it is for a birth. We like being able to have OB care at the hospitals. People want us to keep the OB unit. Providing OB care costs a lot. The cost of care is not making enough money. The funding is hard to keep. We are struggling to find providers. There will be a Board meeting to decide how to move forward. Are we willing to subsidize care? We believe we offer great care. The rooms are beautiful and highly valued. We are torn about the dilemma.
• There are 1000 OB GYNs in the United States that can do c-sections. From that small amount we have to get those Doctors to come to Okanogan County.

Discussion:
• With 40,000 populations can you have 3 hospitals? No, it has never been affordable.
• Would you have any data for neonatal care? Not off the top of my head.

Room One:
• 4 years ago we wanted to support the clinical bases.
• Some of the topics that Room One provides support for girls groups, classes on bullying and advocacy healthy relationships. It is all evidence-based and medically accurate sexual health education classes. 18 young people are in a youth leadership council and there are youth story projects.
• Youth homelessness system building-health disparities such as homelessness play a part in health.
• There are clinic trainings on youth friendly practices, free plan b and pregnancy test. Title X support clinics and working collaboratively.
• Room One provides “Know your rights cards.”
• Highlighted Barriers: Title X and health systems are challenging. Implementation for evidence-based medically-accurate sexual health education. Fear around the programs provided. Room One’s belief is that young people should talk to family and who they trust when making decisions. It is hard for youth to know what is going on with their bodies. So it is important to educate youth on healthy relationships, drugs and alcohol use.

Mid-Valley Hospital:
• Rural Hospitals have closed the doors. It is all about volumes. We need to put our resources where it will be sustainable and reliable. Part of what makes a community are hospitals, schools and fire department. At the clinic we have 2 board certified Doctors.
• One of the barriers is transportation. Trango put a bus stop outside of our clinic.
• What can the CHI do? We can get more education out to everyone in the community.

Discussion:
• Do you do routine drug testings for pregnancies? On some people.
• Do you have STI numbers? We have a discrepancy with data at this time.
• We talk about only having 2 OBs that do a C-Sections, especially emergency. The doctors from out of town are looking for volumes and we just have that.

DCYF- Child Protective Services:
• We access child services, and we are dealing with chronic neglect and trying to figure out deeper issues. Depending on the situations, they need a court intervention. Children that have medical issues and lack of services can then get their needs met. We are doing social work and need more of the medical aspect though. Education for the employees of DCYF and medical reports are important. We have had a lot of baby exposed to drug.
• Providers from Seattle Children’s consult with us to help breakdown the medical issues like diabetic. There are Neonatal issues.

Molina-
• Planned Parenthood is not up here, but I am happy to hear Room One is doing so much in the community. Molina provides health incentives from the beginning of pregnancy. There are built in incentives and gift cards for prenatal appointments. Also, incentives for postpartum, little kids and wellness checks up to 21 years old. Molina offers free cervical cancer screenings and other services, such as helping to quit smoking. Other offers are free cell phone for members and Amazon Prime rates are cut.

Coordinated Care-
• There are different programs that Coordinated Care provides. To receive weekly messages about pregnancy and baby care the member can use the text4baby program. To help prevent preterm delivery there is the 17P program. Puff Pregnancy offers information about smoking risks, while pregnant. For high risk pregnancy an OB nurse will do home visits with the Home Monitoring program. Also, NICU educations and supply kit for any family who has a baby in the NICU. Along with those programs, Coordinated Care care provides high quality electric breast pump.

Amerigroup-
• Coverage for labor and delivery, includes midwives. There are maturity milestones and circumcision can be included.

Discussion-
• What has been the needs in juvenile detention? We used to take youth to family planning in Okanogan. We have youth in the community that are high risk and need access to care and education. There are efforts on outreach to those youth.
• Trauma affected students need support with insight and discussions.
• Are you training teachers on ACEs and Resiliency?
  ○ Jesus has brought Family Health Centers staff to train us. Omak School District is working on ACEs and Resiliency. It is going to take everyone's help. We created the Coalition to make a change. Thank you Lauri Jones for your leadership in our community.
• At Spring, Family Health Centers (FHC) is going to have a dental mobile unit and expand to a medical mobile unit. Healthcare is what we do well. There will be trainings to help influence behavior change.
• KOMO has produced a document called “Seattle is Dying” and everyone should watch it. It is not a homeless problem, it is a drug problem. There are different places using MAT.
• One gap on parenting is not having father classes. Childbirth classes and boot camp for dads. How do we get our community involved?
• NCACH could potentially help with title X funding. Engage NCACH to be supporters. Could we engage the NCACH to be a funder?
There is the Coalition for Family and Children. United Way wants to be part of these efforts and support it.

There needs to be more education because that makes a big impact on health. There is going to be 6 Family Planning at Family Health Centers.

As we are having discussion around OB in Okanogan, are there other models we can look at?

There are states that have done innovated OB centers. Some perspective is we get everything and should not pay for anything. The focus is on hospitals and highest contributors on cost. Do we provide everything for everyone? Are we willing to pay for it. Do we offer services only to some? Collaboration between hospitals is a big thing and need support from this community. Nothing stops us from collaborating, but being able to share staff we would have to cross districts.

○ Identifying the high risk and work on the prenatal aspect is critical. There are good ideas for the future, but we need to see what happens right now. The hospital only makes 0.48 cents on the dollar. This group is doing a great job on figuring out what to do as a community. Feedback and guidance is very useful. Policy is something that the CHI can help us do. Okanogan County is 3rd biggest county in the United States. Three Rivers has a huge district area.

○ Physicians are hard to recruit, but it is community that gets the physicians here. Having good school districts is important for people to want to move to an area.

Are CHI and NCACH able to work policies more? It needs to be done for the community. With the NCACH we talk about HUB Model and restructuring. The CHI is the advocacy arm from the NCACH and data needs to utilized. We need better use of data around Health issues. Then the CHI can be the advocate. It is hard to make change and policy without data.

There needs to be a bridge for economic employment. As a company they benefit from a healthcare system. There needs to be partnership with employers.

Attendees would like to see if we could do more work at different parts of the County.

This space is the community forum. The CHI is the local level voice and we want guidance the Leadership wants guidance from the group.

It is important to try to get journalist involved to get the work written into the newspaper.

Thank you to the panel for participating.

Meeting adjourned