

MARION COUNTY HEALTH ADVISORY BOARD
Meeting Minutes
April 15, 2014
5:30 P.M. to 7:30 P.M.

Present: Patrick Vance, Mike Mann, Tim Murphy, Sandra Echavarria, Josh Sandeman,

Absent: Judy Scott, Hanten Day, Melinda Veliz, Renee Stewart

Staff: Rod Calkins, Scott Richards, Pam Hutchinson, Cary Moller, Polly Kuznetsov (Recorder)

Guests: Judy Cleave, Taylor Ottomano, Sierra Nelson

Call to Order/Introductions/Approval of Minutes – Patrick Vance, Chair

Patrick called the meeting to order, introductions followed. Patrick entertained a motion to approve last month's meeting minutes, members voted, motion carried, minutes were approved.

Announcements/Updates:

Developmental Disabilities Advisory Board Reminder –

Cary said that in the March HAB meeting she gave everyone a draft of the Intellectual and Developmental Disabilities Advisory Board Bylaws. Those who offered to give feedback on the bylaws draft will need to do so by May 9th.

HAB Candidate –

Patrick introduced Sierra Nelson who is a student at Western Oregon University. She currently works in the health care field, and is interested in the student position on the Health Advisory Board. Sierra explained that she is currently a junior and wants to become an Anesthesiologist. She works as a Direct Support Professional 2 for adults with intellectual and developmental disabilities. She volunteers at Salem Hospital and the Salem Free clinics. HAB members and Health Department staff answered Sierra's questions about the Health Advisory Board. The members each introduced themselves to Sierra. Rod said that we have invited her to get to know what the HAB is all about and get to know the members. After attending a couple of meetings, if Sierra is still interested, then HAB members will vote if they would like to recommend her appointment to the BOC for the HAB.

Immunizations – Reasons for Opting out:

Judy Cleave introduced herself as the Program Supervisor for Early Childhood Nursing and Immunizations. She also introduced Taylor Ottomano, a Willamette University Senior studying anthropology. Taylor was an intern at the clinic from September to December. Judy said that Taylor had a good reason for doing research on immunizations because she had lost a relative to a vaccine preventable disease. Taylor said is currently in school for Anthropology and Biology, but plans to go into epidemiology. She had lost her aunt to a vaccine preventable disease and her cousins are still not vaccinated. This led her to thinking of the reasoning behind why people choose not to vaccinate. The approach in Anthropology is a qualitative method and her research consisted of interviews and participant observations. Her essential puzzle was why do parents make the decision not to vaccinate their child. She researched how urban legends impact vaccine attitude. There are stories that circulate in the community

and how it impacts people's choice to vaccinate. Her research was based on participant observation, where she would sit in a corner and observe the running of the clinic.

The first process had been to pass the, Internal Review Board of Willamette university and Marion County to allow her to do this research. She had to receive informed consent from both the workers and clients and then was able to do interviews. She applied her research to some of the scholarly literature out there like Urban Legends. John Legrand, a folklorist author, defined Urban legends as realistic stories concerning recent (or alleged) events with an ironic or supernatural twist. Urban legends are believed by some or most of the sophisticated folk of modern society. A common example that John Legrand uses in his book is the Kentucky fried rat. The Kentucky fried rat story was believed that fast food restaurants particularly KFC were serving road kill or other non-chicken products.

These Contamination stories are a revelation of a world of shocking ugliness lying just beneath a surface of tranquilly and apparent wholesomeness. Things are not at all what they seem. These stories came out as women started working more and relying on fast food. Taylor compared urban legend stories like the Kentucky fried rat to stories like Vaccines cause autism or flu. Another folklorist, Andrea Kitta, compared vaccine urban legends to contamination stories from the past. Taylor had found the same four similarities with what Andrea identified in her writing and with the health department. The four similarities are that legends come from an unknown source, found to contain something that it was not supposed to; an unknown substance is used such as virosome and aluminum, and is widely debated on the internet. When Taylor interviewed clients at the health department a question asked was, what have you heard about vaccines. Common answers she heard was that they cause autism, they cause the flu, or vaccines make you sick.

From her interviews, the client often expressed their reasoning of choosing to vaccinate their child as a risk. Most made comments of what could happen if I don't and I don't want to not do it and have something worse happen. Parents are more afraid of getting autism than getting polio. The reasoning is because we see more cases of autism than of polio since many of vaccine preventable disease have been reduced. Taylor thought that if parents would be educated on what the benefits were they would choose to endure child crying for a couple hours. Experience in the immunization clinic is actually influencing people's decision's to vaccinate such as children crying. A barrier to immunization are the stories of other people's experiences, you always hear the negative complaints and not the positive experiences. Another barrier is insurance and cost, although this didn't affect the Health Department since they focus on getting vaccines to those who can't afford them. Transportation is another common issue, but the Health Department has off site clinics in Silverton, Stayton and Woodburn. Taylor even went with some of the nurses to visit other sites like homeless shelters. These two issues Taylor did not focus on much.

The important findings that Taylor had found through her research were that clients were swamped with paperwork and printouts of electronic record. She also noticed that loss of sensitivity to the patients wants is a common problem since nursing professionals base all their decisions on medical science. During her Scholarly literature research portion, she studied Epistemology, which is how you know what you know and how you interpret the world. Vaccine denialists are an alternative epistemic. A parent's point of view needs to be listened too. A medical provider has a large amount of schooling and decisions they make are always based on scientific reasoning. A mom asked if her son can receive a PE (Physical Education) note because she was concerned her son's arms would hurt. The nurse would not give the note because the child needed to move arms around to reduce soreness according to common practice after getting vaccinated.

There is a hesitation to push back on epistemic barriers and a lack of consistent education. The conclusion of the report was that we need to rethink what education information is passed on to the patient. Many patients concerns of additives or the downside of not receiving vaccine could be answered by education from the nurse. Judy said that Taylor did give a presentation to the nurses of the Health Department clinic

and that the nurses came away with valuable information. There was a discussion after the presentation given to the nurses, on patient and nurse interaction. Judy said that with tight budget concerns there have always been concerns with increasing efficiency, and sometimes we have not interacted the best way we can. What they talked about is that focus on really listening to the client and really helping them make good decisions.

Delayed Announcements:

Health Rankings-

Rod said that the Health Rankings, which were given as handouts, come out annually from the University of Wisconsin. They give you a ranking for each of the counties unless the county is too small to have enough data. They give you a ranking for some data points. We have come up in our rankings as a county. Health factors indicate that if when good then the future health of the county will be good. If they are bad then the health in the county will be bad. This is the first year that the rankings show how we compare nationally. It makes it hard to compare the rankings from past years since they are consistently improving measures and changing them from year to year. The physical environment section has always been difficult for them to come up with good measures. Marion County is ranked 14th in Oregon and not sure how that compares to other states. A question is asked what is done with these Health Ranking Results. Rod answered the information on health rankings has been presented to the Board of Commissioners. It may give an idea of what to discuss for strategic planning.

Mobile Crisis –

Scott announced that from an earlier Request for Purchase (RFP) we have received the funds to have two mobile crisis teams. They will be on the road starting next week. They are currently in their second or third week of training. Consequently, they are in the twice yearly Crisis Intervention Training (CIT). One patrol care will be providing coverage Sunday through Wednesday and the other will be Wednesday through Saturday. There is an advanced CIT that Washington County has developed and Ann-Marie and Kevin Rau had attended. When the next version of the advanced training comes along the team will likely be participating. One team will consist of a Marion County Sheriff with a Mental Health Professional and the other will be a City of Salem Police officer with a Mental Health Professional. There has been an openness of collaboration with both the sheriff's office and the city of Salem police department.

Public Health Strategic Planning –

The Health Advisory Board decided to discuss this topic at next month's meeting due to time restraints.

Expanding Options for Intensive Services for Adult Clients:

Josh said that the two topics that he would like to discuss that are important to him are mental health and chronic pain. As he's said before the countries that seem to be having the greatest success with mental health are countries where there are strong social supports and a relatively low rate of prescribing medications. Back in October, the New Solutions and MV Wrap programs were discussed at HAB, and Josh thought that this type of program was exactly what was needed for adults. A strongly positive social relationship goes a long way to help. The prescription ends up being a crutch for the patient. Josh is interested in exploring the possibilities of adapting services like New Solutions and MV Wrap to serve adults. Since adults need that structure too, who are further along in their illness and unlike children often do not have the support of a parent. It's frustrating for a provider that the only help that they can provide is a prescription. Cary said there currently is a program emerging to assist with natural supports, community supports, and recovery. The community integration program is focused for those who have stayed for a long length of time at the Oregon State Hospital and lost their relationships because of their illness. It would be great if we can figure out a way to provide support like the Community Integration Program to the population of patients that Josh works with.

Chronic Pain Management and Use of Narcotics:

Josh expressed that chronic pain was worse for the underserved because of psychosocial problems. A provider is unable to seek other alternatives including physical therapy, massage therapy, or Prolotherapy. Provider's requests are often approved for prescriptions, but not for alternative therapies. Josh wanted to see if it can be lobbied to adjust health care benefits in another direction, so that providers can get approval from OHP to help alleviate chronic pain with other methods besides narcotics. WVP will try out changing a few things to see if they can help those underserved populations. They also have expanded evening classes to include managing chronic pain. Those with the resources and reserves tend to do better when hard times come along and seek alternative therapies. Josh's overall perspective is to look for ways to reduce narcotic use and alleviate chronic pain using alternative methods not usually funded for the underserved by the Oregon Health Plan.

Other Business:

We will be discussing Strategic Planning at our next meeting. The chair, Patrick, invited Sierra to our next HAB meeting.

The chair motioned to adjourn, members voted and approved.

HAB Meeting Adjourned.

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2014 Meeting Schedule:

January 21, 2014	June 17, 2014
February 18, 2014	September 16, 2014
March 18, 2014	October 21, 2014
April 15, 2014	November 18, 2014
May 20, 2014	December 16, 2014