SHIP SUBCOMMITTEE MEETING

☐ **Bias** ☐ **Trauma** ☐ **Economic Drivers** ☒ **Access to Care** ☐ **Behavioral Health**

March 5, 2020 | 2:00 p.m. – 4:00 p.m. | Call: (669) 900-6833, Access: 393-128-009

Members Present: Senna Towner, Rebeckah Berry, Nina Fekaris, Cable Hogue, Tom Jeanne

Members Absent: Kelle Little, Katie Harris, Patricia Patron, Catherine (Cat) Livingston, Bridget Canniff, Tim Menza (OHA Lead), Muriel DeLaVergne-Brown, Frank Thomas, Chiqui Flowers, Laura McKeane, Char Reaves, Heidi Hill, Jim Rickards, Danielle Sobel, Tim Svenson, Marty Cardy

OHA Staff: Elizabeth Gharst, Krasimir Karamfilov

Members of the Public: Dayna Steringer (Willamette Dental Group)

Welcome, Agenda Overview, and Subcommittee Business

Elizabeth Gharst welcomed the subcommittee members to the meeting. She asked the members to introduce themselves. The attending subcommittee members introduced themselves.

Elizabeth Gharst reviewed the agenda. She asked the subcommittee to pay attention during the wording of the strategies in terms of relevance to the community, so that if someone outside of a subcommittee member's field was reading the strategies, they understood the terms that are being used. If unsure, language should be added to make a strategy clear. She added that the OHA team had a kick-off call with the mini-grantees last week. One thing they mentioned was the need for a plain-language translation or examples to help understand what some of the complicated language means, so that they can break it down at the community level.

Elizabeth Gharst remarked that the goal was to have an overall balance in each subcommittee. Questions that the subcommittee should ask include: Do the strategies match the goals that were put forth? Will some of the strategies affect changes in the areas of childhood immunizations, colorectal cancer screening, 3rd graders in cavities in their permanent teeth?

Finalize Wording of Strategies and Apply Criteria

Senna Towner thanked Elizabeth Gharst for providing the navigation map, which helped her see how the goals related to the strategies. The subcommittee edited, clarified, and reworded each of the five strategies in Goal #1.

Nina Fekaris suggested removing STI screening from strategy #3, as it is not one of the screenings commonly included in that list.

Elizabeth Gharst stated that she would check with Tim Menza on removing STIs. Senna Towner questioned if this should include social determinants of health (SDoH) screening. The subcommittee edited, clarified, and reworded each of the five strategies in Goal #2.

For the access to oral health services strategy, the subcommittee recognized that there were three strategies rolled into one and discussed the political feasibility of water fluoridation. It was decided, as there is only one strategy available for oral health, to combine the mid-level dental provider and dental services in schools strategies as those are both at the community level.

For the access to sexual and reproductive health services strategy, the subcommittee kept the wording concise and excluded the following examples which will be recorded under activities for this strategy:

- Access to wrap-around HIV/STI screening, HIV pre and post exposure prophylaxis (PrEP and PEP), partner services for HIV/STI, expedited partner therapy, long-active reversible contraception, abortion, insurance coverage of pharmacist-delivered PrEP and PEP, and Medicaid coverage for expedited partner therapy.
- Expanded funding models for sexual health, including insurance coverage of pharmacist-delivered PrEP and PEP and Medicaid coverage for expedited therapy (as in California).

For the strategy to increase culturally responsive care, the subcommittee kept the wording concise and excluded the following examples of traditional health workers: doulas, peer support specialists, recovery mentors, and community health workers.

The subcommittee edited, clarified, and reworded each of the five strategies in Goal #3. For the strategy to increase and improve electronic health record coordination, the subcommittee excluded from the wording secondary/tertiary health care providers and included specialty care, SBHCs, hospitals.

The wording for the strategies as decided on by the subcommittee is as follows:

Goal 1: Increase equitable access to and uptake of community-based preventive services

- Reduce barriers to accessing preventive services by locating fundamental support services at or near clinics, for example childcare, food pantry services, housing, and providing safe and active transportation options.
- Provide and expand resources for and access to affordable, fresh, nutritious foods, particularly for populations experiencing food insecurity, communities of color, tribal communities, in rural and urban areas.
- Ensure that students have access to screening for health barriers to learning, for example developmental disabilities, poor oral health, reduced vision, reduced hearing, and chronic medical conditions.
- Support dissemination of health literacy techniques for healthcare providers including educational outreach, online resources, and best practices.

- Expand and promote evidence-based approaches to preventive services such as harm reduction programs, overdose prevention, vaccinations, obesity and diabetes prevention programs, and contraception provision.

Goal 2: Increase equitable access to and uptake of clinical preventive services

- Support and expand evidence-based alternative workforce models for health care delivery, particularly to increase access to care in rural and frontier areas. Create healthcare teams that include primary care providers, advanced practice providers, dietitians, traditional health workers, school nurses, and dentists.
- Increase access to oral health preventive services by expanding the evidence-based model of mid-level dental providers especially in tribal and rural communities, and providing access to dental sealant and fluoride varnish programs in schools.
- Improve access to sexual and reproductive health services by improving knowledge of wraparound services, decreasing stigma, and expanding funding models for sexual health.
- Increase access to early prenatal care in the Medicaid and CAWEM+ population by reducing systemic barriers and expanding programs with the goal of reducing low birthweight and increasing efficiency.
- Increase culturally responsive care through use of traditional health workers and developing health care expertise around caring for people of all race/ethnicities, gender identities, sexual orientations, and abilities.

Goal 3: Implement systemic and cross-collaborative changes to clinical and community-based health related service delivery to improve quality, equity, efficiency and effectiveness of services and intervention

- Expand tele-medicine and its infrastructure (i.e. improvements to payment reimbursement mechanisms) to increase access to mental health care, health promotion programs, and specialty services.
- Increase and improve electronic health record coordination and data sharing between primary care and secondary/tertiary care.
- Harness electronic health record technology to promote delivery of preventive care screenings (i.e. immunizations and colorectal cancer screening), including screening for social determinants of health.
- Use healthcare payment reforms to create incentives and encourage flexibility to support access to food, housing, and transportation.
- Support efforts around statewide community information exchange to facilitate referrals between the health sector and social services.

Public Comment

Elizabeth Gharst thanked the subcommittee members. She inquired if there were members of public on the call and since there were not there was no public comment. She asked if there were any thumbs sideways or thumbs down for the discussed strategies. Those subcommittee members remaining on the call, Nina Fekaris, Rebeckah Berry, and Cable Hogue, gave thumbs up.

Next Steps

- The strategies will be posted in Basecamp for the subcommittee members to see the final strategies.
- In April, the subcommittee will discuss the process measures. The OHA team will draft the measures and send them to the subcommittee as a starting point for discussion.

Adjourn

Elizabeth Gharst adjourned the meeting at 4:03 p.m. The next meeting will be on April 27, 2020.