

Summary of Minutes February 2014 Columbia County Community Advisory Council

The agenda was reviewed and there were no additional items that the CAC wanted to discuss. The agenda was approved. The minutes from the January CAC meeting were reviewed. There were a few corrections and the CAC asked that the CHA & CHIP progress be included as an agenda item in each meeting. The minutes as amended were approved.

Joell Archibald, State Innovator Agent, gave an update of state health reform. She encouraged all CAC members to attend the state CAC meeting May 29 and 30th in Eugene. The transformation center has money to pay for mileage, meals, and hotel.

Nancy Knopf gave an update regarding the timeline of CAC work. The CHA and CHIP for CPCCO's region is due to the state on June 30th. There will not be a March meeting so Nancy and Jaclyn can write a draft to get out to the CAC prior to the April meeting for their review. Nancy agreed to send out a draft by the third week of March so the CAC would have time to review and send comments to her in order to have the revisions ready prior to the April meeting.

The following is a summary of the January meeting and the discussion of the health priorities that were chosen at the December meeting:

The CAC then discussed the health priorities chosen at last month's meeting, brainstorming ideas for target populations and long-term goals. The discussion around addictions programs focused on tobacco prevention and cessation, particularly among youth, pregnant women, and policy changes at the city or county level. Tobacco cessation and prevention was seen as a way to enter and ultimately affect the larger issues of alcohol and drug addictions while making a meaningful impact. The discussion around mental health programs focused on suicide, depression, and self-harm. The point that mental health solutions can also be addictions solutions was made. The CAC also expressed interest in best-practices around outreach as a means for community education and early intervention. The discussion about obesity programs focused on education versus the environmental pieces like food access and community walkability. The CAC desired more information to determine the greatest need and greatest possibility of meaningful impact. For all three priorities, the CAC expressed interest in what services currently exist in Columbia County. With that information, they will decide whether to enhance existing programs or fill an important gap. More progress will be made on these priorities and possible programs at the next meeting and in the coming months.

The CAC went through a process to further define the health priorities and create goal statements for each of the three health priority areas.

Themes for Obesity were: Increasing community awareness including access to healthy/nutritional foods. Increase opportunities for free access to activities that help people to get exercise. The local food bank gets more support for cooking class. Community gardens are everywhere.

Goals to reduce Obesity were: Identifying and intervening before the age of 5. Walking access to food that's done in a culturally appropriate way. Education/nutritional counseling during pregnancy, People know what nutrition looks like and have accurate information to be able to have a balance in eating habits. Shared information is applicable and can be used in your real life.

Themes for Mental Health were: Reducing stigma. Multiple access points. Early intervention to avoid crisis or hospitalization or suicide. Multiple providers who can provide diversity in care. People do not have to pay out of pocket for mental health medications.

Goals for Mental Health were: Reducing stigma and access in all five of the major cities from multiple providers and prevention is prioritized.

Themes for Substance Abuse were: Early intervening and prevention is important. Enough treatment beds for all populations. Long term supports in recovery. Fewer pregnant women smoking tobacco. Peer supports.

Goals for Substance Abuse were: Local treatment options especially for adolescents. Prevention starting at a very young age. Peer supports at all ages. Coordinating treatment across all systems.