



AGENDA

Community Advisory Council

621 W. Madrone St.

June 8th, 2017 -5:30 to 7:00 PM

5:15 PM – Gather/ Set Up – Please feel free to arrive a little early. Meeting will begin at 5:30.

Absent: Bevin Hansell / Brandy Olson / Jerry O’Sullivan / Josie Renwah / Juliete Palenshus
Mary Stevenson / Michael Lasher / Paul Coffelt

Staff Attending: Jennifer Redshaw

Guests: John Schultz (public) / Dr. Hollander / Marcia Hall

1.	5:30	Call to Order A member of the public commented that she could not find the agenda up on the website this afternoon. And directions to the Madrone location: a map would be preferred. Brenda asked for a copy digitally in JPG for the announcements for upcoming meetings to help spread the word. Action: Jennifer will follow up with Mark to correct this. Melanie introduced Dr. Hollander as a member of the public. She referenced the April meeting where a member of the public with cerebral palsy was not able to find services in Douglas County. (See May 11 th minutes).	Melanie Prummer
2.	5:30	Consent Agenda Approval of May 11, 2017 Minutes Action: Jennifer will bring them to the next meeting for both May and June Minute approval.	Melanie Prummer
3.	5:35	ACE Presentation ACES is prominent in Douglas County and although some people are just now becoming aware, the work and services have been here for over 40 years. Determinants of Health: <ul style="list-style-type: none"> • Peace and Safety 	Marcia Hall

		<ul style="list-style-type: none"> • Shelter • Education • Food • Income • Stable eco-system • Sustainable resources • Health Care • Transportation • Social Justice and equality <p>In the determinants of health, 10% is healthcare, 10% environment, 10% genetic, 40% socio-economic, and 30% behavioral.</p> <p>Yet: 95% of resources are going to medical care</p> <p>5% public health</p> <p>Less than 1% in Douglas County in comparison for public health.</p> <p>The focus of ACES is to implement practices that prevent abuse instead of treating just the after fact symptoms. When adverse (traumatic) childhood experiences happen they have a direct link to poor health, poor choices, and continued toxic behavior. There has been leading studies to show that brain changes chemically and physically during childhood development caused by toxic environments, even in utero if the mother is exposed to trauma and stress.</p> <p>Those with 4 or more risk factors are at a high risk of continued abuse, poor health, and violence both around and inside the individual.</p> <p>4+ score has a 51% of learning disabilities.</p> <p>ACES are the most basic cause of health risk behaviors for our society. Violence is a catalyst.</p> <p>In DC, we went from 10% to 30% increase in the population that were abused and neglected.</p>	
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		<p>550 currently in foster care. By these statistics, the problem is only becoming worse and very little is being done to stem the growth. We used to tell kids that had gone through trauma that they would forget over time or get over it. Obviously, that has not been the case. There is a pattern where those that were abused and not treated go on to continue the toxic environment onto the next generation either directly or through their partners.</p>	
4.	6:30	<p>Q &A about ACE</p> <p>Q: IS there really no one in DC that is Trauma informed and treating? Treating trauma is not the same as preventing trauma. We do not have a trauma informed organization: aware but not informed. (The tribe IS trauma aware).</p> <p>Q: How does the sanctuary model work and specifics on how to prevent it? Mother/young child is the best point of intervention for ACES.</p> <p>Q: Can Blue Zones support and spur more of the model?</p> <p>It would have been nice, but it is not their priority. In examples, the implementation of ACES came before Blue Zones so it was already fixing social determinants.</p>	Marcia Hall
5.	6:35	<p>Oral Health</p> <p>Reducing oral health disparity through community partnerships</p> <p>Started in 1994 when dental health care was not covered with Medicaid although the need for dental health was high. Now state wide (Advantage Dental).</p> <p>“No one in the community should go to sleep with a toothache.”</p> <p>Serve about 300,000 people through outreach for vulnerable demographics.</p>	Cindy Shirtcliff

		<p>They go out into the community and do health assessments for at risk demographics.</p> <p>More than just dental: the home visits have uncovered mental health, domestic abuse, fear, and neglect.</p> <p>With oral health, we are now focusing on chemical imbalance in the mouth (bacteria) and not so much the drill and fill method. These develop in the first six months of life, so focus on pregnant/post baby/ under 21 demographic. We are now using silver fluoride to help kill bacteria before and even after cavities develop as well as other treatments such as sealants and caps.</p> <p>It is easier to reach an at-risk demographic by hosting outside of their main facility (like meeting and setting up at WIC). Because they look for and serve a higher percentage of the community, it is easier to find and help prevent trauma (aces) and work with other community partners to assist.</p> <p>Cavity infection is higher than diabetes and obesity as far as percentage as community children infected that accounts for low health and missed school days.</p> <p>Q: How early is too early for fluoride and for how long? Never too early. Start before teeth by wiping out the mouth after feedings with a washcloth.</p> <p>Q: Help the individuals with seeking consent return sheets? It allows us to contact appropriate partners. New house bill will allow for screening with passive consent with an “opt out” option.</p> <p>Q: How is Advantage funded now? Through the CCOs. We are for profit. Also Willamette Dental. Although we have the predominant amount of the population in DC. There are several in the state.</p>	
7.	7:07	Adjourn	Melanie Prummer

Next Meeting: July 13th 2017 / 5:30 to 7:00 PM / Location: 621 W. Madrone Street Roseburg

Dinner will be provided. Call in line is 855.257.8693 PIN 4832599