

Linn, Benton, Lincoln Partners for Health (Partners for Health)
Virtual through Microsoft Teams
1:00 p.m. – 2:25 p.m.
November 12, 2024
Meeting Summary

Participants: Jeannie Davis, Ed.D., Luis Acosta, Maisa Athamneh, Shelagh Baird, Carolyn Black, Sommer McLeish, Michelle Means, Stephanie Miller, Thien Nguyen, Shannon Rose, Georgia Smith, Edelyn Solis Medina, Jacob Stewart, Mason Stump, Earlean Wilson Huey, and Shelley Hazelton

Welcome:

Dr. Jeannie Davis welcomed everyone to the meeting and led introductions.

Dr. Jeannie Davis, Western University of Health Sciences, Lebanon:

- Submitted an abstract to Samaritan Health Services (SHS) in connection with the medical students tying in the Community Needs Assessments and looking at community impact. It is a 2-year project.
- Excited to discuss and connect with Sommer McLeish and her Addressing Violence in Rural Oregon Communities Grant and 2025 Violence Prevention Summit. Would love to connect our summit with theirs.

Stephanie Miller, Center Against Rape and Domestic Violence (CARDV):

- Hired Mason Stump, Education and Outreach Manager.
- Edelyn Solis Medina is the Rural Bilingual Outreach Advocate.

Meeting Minutes:

The September 10, 2024, meeting minutes of Linn, Benton, Lincoln Partners for Health were presented. **Sommer McLeish made a motion and Stephanie Miller seconded to approve the meeting minutes as presented. The motion was voted upon and was unanimously approved.**

Health Resources and Services Administration (HRSA) Grant - Addressing Violence in Rural Oregon Communities (AVIROC):

Sommer McLeish reported on the Addressing Violence in Rural Oregon Communities Grant.

- The grant focuses on domestic violence/intimate partner violence, child abuse, and human trafficking.
- **Media campaign:**
 - a. Working with AHM Brands on the marketing campaign. Will have billboards, Pandora ads, etc. for East Linn County and Lincoln County. Will not be posting on the dating apps. Want it to be a positive outcome. Will look at possibly changing for next year and look at posting on dating apps.
 - b. Pushing out emails.
 - c. Will work with KAT and Company out of North Dakota as well who will be helping with a partner toolkit. Have videos and social media graphics.
 - d. Focusing on Indigenous, Mam, Spanish, LGBTQ+ and putting together an evaluation for the tool kit.

- Collecting data for reports for HRSA.
- CARDV is growing their team. They are in the schools and doing presentations for middle and high school students. Looking at survey questions and adults fill out a survey as well. Conducted a social media campaign.
- Acosta Services – Working on action plan event for May 2025 in Lincoln City and Newport. Looking for places to hold event. Want to be able to offer food and childcare.
- Working on the Violence Prevention Summit planning for the May 2025 conference.
- Would like to work with Linn, Benton, Lincoln Partners for Health on one summit that would be a Violence Prevention Summit with youth support spin off.

2025 Summit:

Discussion focused on the 2025 Summit. Sommer McLeish led discussions around the summit.

- As mentioned above would like to merge the Linn, Benton, Lincoln Partners for Health Summit with the Violence Prevention Summit and have one summit on May 23, 2025. Sommer McLeish noted she has a budget for her summit and with her grant so we can do more with a combined summit. *Members agreed to combine the summits in 2025 to one summit on May 23, 2025.*
- Reviewed the attachments to the agenda:
 - a. Save the Date – May 23, 2025, at Chinook Winds Casino in Lincoln City.
 - b. Potential Keynote Speakers.
 - c. AVIROC 2025 Violence Prevention Summit Planning (draft agenda).
 - d. 2024 National Training Institute Agenda.
 - e. Human Trafficking Resources – Oregon.
- **Potential Keynote Speakers:**
 - a. Last year we had Rebecca Bender who was a survivor of human trafficking, and she was originally from Southern Oregon. We had a focus on LGBTQ+, the Care Program from the Confederated Tribes of Siletz Indians, panel discussion, had resource tables, and AHM Brands was there as well soliciting input for the media campaign.
 - b. **Stephanie Miller** – It looks like there is a list of about 16 potential speakers on the list. Who out of the 16 are local/regional? Likes the idea of keeping local speakers.
 - c. **Sommer McLeish** – There is one out of Portland we can look at.
 - d. **Dr. Jeannie Davis** – Likes the idea of someone from Portland and looking at the shelter and someone in the youth arena.
- **Dr. Jeannie Davis** – Likes a campaign on belonging and safety. Live Longer Lebanon is looking at – Promoting message where you are. Can we look at rolling this into the summit and something related to belonging and youth in our communities?
- **Sommer McLeish** – “Yes, we can talk about youth and belonging. Also, shared the AVIROC 2025 Violence Prevention Summit Planning document. A focus is on youth, Tribal population, other at-risk populations (LGBTQ+, disabled, Hispanic/Latino, rural). The summit would be from 9:00 a.m. – 3:00 p.m.-3:10 p.m., with breakfast, registration, networking, resource tables at 8:00 a.m. At the Chinook Winds Casino upstairs, they have a conference center. We can put resource tables inside the main room (three rooms opened into each other and resource tables at back of room with third room for breakfast/lunch). The “draft” schedule was shared as follows:

- a. 8:00 a.m. – 9:00 a.m. **Breakfast, registration, networking, and resource tables.**
- b. 9:00 a.m. – 9:05 a.m. **Welcome** – Hope to get Dr. Lesley Ogden to provide the Welcome. Dr. Jeannie Davis agreed to be the MC and could provide the open if needed.
- c. 9:05 a.m. – 9:20 a.m. **Scheduled a media campaign rollout** – We are not sure, if we will do this or not. We hope to have something to show attendees related to this campaign.
- d. 9:20 a.m. – 10:20 a.m. **Keynote speaker**
- e. 10:20 a.m. – 10:35 a.m. **Break** (15 minutes)
- f. 10:35 a.m. – 11:20 a.m. **Session 1** (45-minute presentation with questions and answers) – Would like to have Jen Cooper and Stella with Pacific NW Outreach Association, Angel Flight West. Angel Flight West will offer flights for free for folks, to help move individuals in human trafficking situations.
- g. 11:20 a.m. – 11:35 a.m. **Break** (15 minutes)
- h. 11:35 a.m. – 12:20 p.m. **Session 2** (45-minute presentation with questions and answers)
- i. 12:20 p.m. – 1:20 p.m. **Lunch break** (Networking and resource tables)
- j. 1:20 p.m. – 2:05 p.m. **Session 3** (45-minute presentation with questions and answers – everyone in final session)
- k. 2:05 p.m. – 2:15 p.m. **Break** (15 minutes)
- l. 2:15 p.m. – 3:00 p.m. **Panel or closing speaker** (45-minute discussion With questions and answers)
- m. 3:00 p.m. – 3:10 p.m. **Closing remarks**
- **Panel Discussion:**
 - a. **Dr. Jeannie Davis** – Likes the panel idea and to open to more questions from attendees. What about elder abuse?
 - b. **Sommer McLeish** – Lincoln County does have services to support elder abuse.
 - c. **Stephanie Miller** – With the panel, it would be good to have a focus such as human trafficking for example rather than open ended.
 - d. **Sommer McLeish** – Last year there was a focus on child abuse. This year we could focus the panel on human trafficking.
- **Sommer McLeish** - Last year we also had Coleman Tanner from the Georgia Health Policy Center who provided closing remarks.
- **Dr. Jeannie Davis** – We should look at defining the population. Do we want to focus on the whole population or youth? Last year, we did the whole population
- **Sommer McLeish** – We could look at a keynote speaker that has a focus on youth. We also want to look at our Tribal population and LGBTQ+, disabled, Hispanic/Latino populations as well. Does have a suggestion of someone from Portland that focuses on human trafficking and Tribal.

- **Dr. Jeannie Davis** – Also, loves the conversations around human trafficking and the impact on our communities.
- **Dr. Jeannie Davis** – Likes to have closing remarks. She can provide the closing remarks if needed if she has help. We can wrap all together in an action plan or actionable items for attendees to take home with them.
- **Sommer McLeish:**
 - a. We will pause right now on the closing remarks until we figure out the workshops and additional information.
 - b. Should we provide Continuing Medical Education (CME) credits and nursing Continuing Education Units (CEUs)?
 - c. **Dr. Jeannie Davis** – “Yes,” it would be good to provide CMEs and CEUs.
- Members reviewed the “draft” list of resource tables (not sure on how many will fit in the back of the rooms).
 - a. Ophelia’s Place.
 - b. Jackson Street Youth Services.
 - c. Willamette Trans Network.
 - d. CARDV.
 - e. ABC House.
 - f. My Sister’s Safe Place.
 - g. Parent Success Network.
 - h. Helping Hands.
 - i. Project Bravery/Olalla Center
 - j. Confederated Tribes of Siletz Indians.
 - k. 211.
 - l. Reconnections Counseling.
 - m. Oregon Health Insurance Marketplace.
 - n. Crime Victim Compensation Program
 - o. Civil Rights Unit.
 - p. Lincoln County Health and Human Services.
 - q. Conexion Fenix.
 - r. Samaritan Health Services (SHS), physical health and nutrition.
 - s. WorkSource.
 - t. Equal Housing
 - u. NW Coastal Housing.
 - v. Oregon Department of Human Services in Lincoln County (Bilingual).
 - w. Disability Rights, Oregon.
 - x. Emergency Management/Evacuation.
 - y. Resources for child abuse prevention.
 - z. Victims Rights for Oregon Immigrants.
- **Resource tables further discussion:**
 - a. **Stephanie Miller** – “Yes,” CARDV would like to have a resource table.
 - b. **Dr. Jeannie Davis** – We can look at inviting the Linn County Juvenile Department to have a resource table.
 - c. **Dr. Jeannie Davis** - Please also check to see if Court Appointed Special Advocates (CASA) would like a resource table.

- d. **Sommer McLeish** – Last year, had the Oregon Juvenile Department. Can look at more county specific with the focus on youth.
- e. **Georgia Smith** – “Yes,” would like a table for Parenting Success Network.
- f. **Shannon Rose** – “Yes,” would like a table for 211.
- g. **Carolyn Black** – “Yes, would like a table for Oregon Health Insurance Marketplace.
- h. It was suggested to include Old Mill Center for Children and Families and Family Tree Relief Nursery?
- Sommer McLeish shared the conference room set up for the convention center. Three rooms can open into one large room. Can do registration across the hall and can have a separate room in case we need one-on-one advocacy and Chaplain services. The resource tables will be aligned outside the back rooms, as previously mentioned.
- Can we look at evidence-based research data for Linn, Benton, and Lincoln Counties around houseless and homelessness and tie into youth.
 - a. **Carolyn Black** – Beck Fox with IHN-CCO and there are others in Benton County have data and statistics and demographic information of students and how large in correlation to population of the county, especially Benton County.
 - b. **Dr. Jeannie Davis** – The school districts should have data on youth as well. This is how many youths are struggling that is the reason we are including this as part of the summit and the data we are seeing.
 - c. **Sommer McLeish** – We have child abuse data.
 - d. **Michelle Means** – Can reach out to the Lebanon Community School District to see if they have data/survey related information.

Language Assessment Presentation:

Luis Acosta provided a presentation on the analysis and recommendations on the results of the survey applied to Spanish speakers on interpretation services in health care.

- Shared that he was born in Ecuador and left at age 18. He lived in Mexico for a couple of years and moved to the states at age 33-34. At that time, he did not speak the language and it was hard to navigate the system. There were also no medical interpreters at the hospitals. He started to take medical terminology and went to Western Oregon.
- Questions asked in the survey:
 - a. **What country do you live in? Available answers included Benton County, Lincoln County, and Linn County. Survey results:**
 - Benton County – 558 - 44% of the total.
 - Lincoln County – 403 - 32% of total.
 - Linn County – 313 - 24% of the total.
 - The goal was to get 300 people to participate from each county. This was met and exceeded. There were 1,274 people that participated in the survey.
 - b. **In what country did you learn to speak Spanish? Answers participant had to choose from is listed below. Survey results:**
 - México – 523 – 41.05%.
 - Guatemala – 183 – 14.36%.
 - Honduras – 148 – 11.62%.
 - El Salvador – 99 – 7.77%.
 - Venezuela – 60 – 4.71%.

- Nicaragua – 53 – 4.16%.
 - Columbia – 43 – 3.38%.
 - Ecuador – 34 – 2.67%
 - Argentina – 32 – 2.51%.
 - Chili – 21 – 1.65%.
 - Dominicana – 16 – 1.26%.
 - Perú – 15 – 1.18%.
 - Puerto Rico – 8 – 0.63%.
 - Bolivia – 8 – 0.63%.
 - Cuba – 7 – 0.55%,
 - Uruguay – 7 – 0.55%.
 - Costa Rica – 6 – 0.47%.
 - Panamá – 5 – 0.39%.
 - E.E.U.U. – 4 – 0.31%.
 - España – 2 – 0.16%.
 - Guinea Ecuatorial
 - Paraguay
 - Other
- c. 83.67% of participants said they had learned Spanish, Mexico, Honduras, Guatemala, El Salvador, Venezuela, or Nicaragua.
- d. **In which state, province, or department did you learn Spanish? This was an open question; the participant would write in their own answer.**
- The survey revealed 304 different places of origin. 80% of participants come from 66 different places.

State, province, or department where they learned Spanish – México:

- Oaxaca – 132.
- Sinaloa – 100.
- Jalisco – 65.
- Guanajuato – 52.
- Michoacan – 47.
- Zacatecas – 16.
- Veracruz – 11.
- Puebla – 8.
- Chiapas – 7.

State, province, or department where they learned Spanish – Guatemala:

- Guatemala – 49.
- Huehuetenango – 41.
- Quetzaltenango – 37.
- Baja Verapaz – 5.
- Petén – 5.
- La Antigua – 4.
- San Marcos – 3.
- Cobán – 3.
- Escuintla – 3.
- Alta Verapaz – 0.

State, province, or department where they learned Spanish – Honduras:

- Tegucigalpa – 44.

- Yoro –13.
- Santa Bárbara – 7.
- Valle – 6.
- San Pedro Sula – 6
- Copán – 5.
- El progreso – 5.
- Comayagua – 4.
- Cortés – 3.
- El progreso – 3.

State, province, or department where they learned Spanish – El Salvador:

- Libertad – 21.
- San Salvador – 11.
- Santa Ana – 11.
- San Miguel – 9.
- La Paz – 5.
- Santa Ana – 5.
- La Libertad – 5.
- San Miguel – 4.
- Morazán – 4.
- San Vicente – 3.

State, province, or department where they learned Spanish – Venezuela:

- Caracas – 12.
- Apure – 6.
- Maracaibo – 5.
- Aragua – 3.
- Valencia 3.
- Ciudad Guayana – 2.
- Barquisimeto – 2.
- Amazonas – 2.
- Carabobo – 2.
- Sucre – 2.

State, province, or department where they learned Spanish – Nicaragua:

- Managua – 10.
- León – 3.
- Managua – 5.
- Masaya – 4.
- Masaya La laguna – 3.
- León – 3.
- Carazo – 2.
- Santo Domingo – 2.
- Chinandega – 2.
- Jinotepe – 2.

e. Did you learn Spanish in a city or town? Available answers included city or town.

- City – 65%.
- Town – 35%.

What country did you learn Spanish – Mexico:

- City – 337 - 64.4%.
- Town – 186 – 35.6%.
- Grant Total – 523.

What country did you learn Spanish – Honduras:

- City – 86 – 58.1%
- Town – 62 – 41.9%.
- Grant Total – 148.

What country did you learn Spanish - Guatemala:

- City – 117 – 63.9%.
- Town – 66 – 36.1%
- Grand Total – 183.

What country did you learn Spanish - El Salvador:

- City – 61 – 61.6%.
- Town – 38 – 38.4%.
- Grand Total – 99.

What country did you learn Spanish – Venezuela:

- City – 43 – 71.7%.
- Town – 17 – 28.3%.
- Grand Total – 60.

What country did you learn Spanish – Nicaragua:

- City – 30 – 56.6%.
- Town – 23 – 43.4%.
- Grand Total – 53.

f. **What was your highest level of education? Available answers included:**

- a. I did not go to school – 10.
- b. I started but did not finish elementary school – 21.
- c. I finished elementary school – 53.
- d. I started but did not finish middle school – 37.
- e. I did not go to middle school – 155.
- f. I started but did not finish high school - 235.
- g. I finished high school – 500.
- h. I started but did not finish college – 167.
- i. I finished college – 91.
- j. I have post-graduate studies – 5.
- k. Total: 1,274.

l. 59.9% of those surveyed stated that they had at least a high school education.

g. **Have you had problems understanding other Spanish speakers from other countries or communities? Available answers included always, almost always, almost never, and never.**

- Always – 64 – 5.0%.
- Almost always – 341 – 26.8%.
- Almost never – 541 – 42.5%.
- Never – 328 – 25.7%.
- Total: 1,274.
- It is worth noting that less than 26% of those surveyed said they had never had any problems understanding other Spanish speakers; the rest said they

have had some type of communication problem even when speaking the same language.

- h. **How often do you speak Spanish? Answers included always, almost always, almost never, and never.**
 - Always – 410 – 32.2%.
 - Almost always – 482 – 37.8%.
 - Never – 52 – 4.1%.
 - Almost never – 330 – 25.9%.
 - Grand total: 1,274.
- i. **Have you needed an interpreter at your medical appointments? Answers included yes, no, other (open answer; participants could write in their own response).**
 - Yes – 57.5%.
 - No – 42.5%.
- j. **Did the interpreter use easy-to-understand Spanish? Available answers included yes and no.**
 - Yes – 52%.
 - No – 46%.
 - Other – 2%.
- k. **Did you have any problems due to not having clear interpretation at your medical appointment? Available answers include yes or no.**
 - No – 1,163 – 91.3%.
 - Yes – 111 – 8.7%.
 - Grand total: 1,274.
 - It is this group, close to 9% who perceived having had some kind of problem due to interpretation, on which improvement efforts should be focused. We leave the analysis of this perception of problems for other stages of this effort.
- l. **Do you remember any pleasant or unpleasant experiences when you used interpretation services at your medical appointment? What happened? This was an open response where the participant would write in their answer.**
 - The survey team was tasked with classifying the responses by their content in the different categories.
 - Empty.
 - Neutral.
 - Thank you/Congratulations.
 - Pleasant experience.
 - Unpleasant experience.
 - Suggestion.
 - Standout responses.
 - Empty – 887 – 69.6%.
 - Unpleasant experience – 149 – 11.7%.
 - Neutral or not related – 142 – 11.1%.
 - Pleasant experience – 68 – 5.3%.
 - A little pleasant experience – 11 – 0.9%.
 - Standout response – 8 – 0.6%.

- Acknowledgement/Congratulations – 5 – 0.4%.
- Suggestion – 4 – 0.3%.
- Grant total: 1,274.

m. **Do you recall any pleasant or unpleasant experiences when using interpretation services at your medical appointments? What happened? The following are some of the answers, that in the opinion of the survey team, may be relevant.**

Standout responses:

- Interpreters should secure the quality of their communication because patients need to clearly understand what doctors are referring to.
- I like it when the doctor and the interpreter take time to explain it to me.
- I like it when people ask me if I understand everything.
- I like to repeat in my own words what I have just been told.
- I prefer an interpreter, even though I understand the language for the technical words, and I can ask and be sure that I understand.
- I feel that the interpreter and the doctor had communication problems.
- I had to ask the interpreter if what I understood was true.

Acknowledgement/Congratulations:

- Congratulations, everything is fine.
- It was good.
- They do their job very well.
- No, everything is fine. Congratulations.

Suggestions:

- Is pleasant when the interpreter is respectful and clarifies the doctor's explanation.
- I would have liked to have more explanation.
- I wish they would explain more complex things like diseases and treatments.

n. **In the opinion of Acosta Services: Upon reviewing the results of the survey and based on the usual practice of interpretation, we allow ourselves the following recommendations:**

- Preparing physicians and health care personnel to work with interpreters.
- **Interpreter training** - We also believe that the improvement of interpreting services should be constant. One of the important issues to consider in the feedback to the interpreters should be the regionalization of Spanish and the probable use of slang of the speaker. Specific cases such as names of illnesses, treatments or body parts should be considered.
- **Feedback in daily practice** - Although the result of this effort to better understand the problem has been satisfactory, at ACOSTA SERVICES we believe that the survey of the perception of the interpreting service should be a constant practice. Trends in overall numbers are not invariable constants. We suggest common marketing practices such as focus groups and direct surveys as tools for market analysis and a source of data for decision making.

- **Dr. Jeannie Davis** – With working with medical students, it could be coordinated in their curriculum as students as they are learning to become physicians.

- a. **Luis Acosta** – Even just a 15–20-minute training helps a lot. Interpreter training needs to be more focused.
- ***Shelley Hazelton will send out a copy of the slides.***

Additional Business/Announcements:

Additional business/announcements were noted.

- **Dr. Jeannie Davis** – Had a mini medical school event in Sweet Home and adopted a kindergarten class. Having cooking/nutrition classes with Crossroads next week. The President for their medical school will be on site tomorrow and providing a presentation.
- **Carolyn Black** – Looking forward to another great summit in 2025.

Next Meeting:

The next meeting of the Linn, Benton, Lincoln Partners for Health is scheduled for December 10, 2024, at 1:00 p.m.

Adjourn:

With no further business to discuss, the meeting was adjourned at 2:25 p.m.

Respectfully Submitted,
Shelley Hazelton
Grants and Sponsored Programs