



**Community Advisory Council Meeting
July 18, 2017
12:00 p.m., 14th Floor Board Room**

Facilitator: Royal Harris and Kamar Haji-Mohamed

Community Advisory Council Members:
Community Representatives: Christine Lau, Sarah Keefe, Celia Higuera
Consumer Representatives: Royal Harris
County Representatives: Martha Spiers, Rose Sherwood

FamilyCare Staff: Sandra Clark, Ashley Green, Issa Kamara, Maegan Pelatt, Mary Zodrow, Annette Dieker, Kamar Haji-Mohamed
Guests: Yamungu Serava, Pari Mazhar
Note Taker: Lisa Meurs

Welcome	Discussion
Welcome	<ul style="list-style-type: none"> • Introductions –A simple round table of introduction • Review Agenda – No Modifications • Board Retreat Update – The FCI Board came together over the weekend of July 14-16 at the Skamania Lodge. A key content focus for the retreat was Trauma Informed Care. Several guest speaker addressed varying aspects of Trauma Informed Care including neurobiology, resiliency, and community application of principles. FCI’s Director of Population Health, Sandra Clark, presented a thorough and well informed presentation to identify a potential path for FCI to Include Trauma Informed Care methodologies in its member outreach programs. Chair Harris credited the work of the FCI Population Health team as outstanding. • Movement Building Activity – Sea/Land/Air
June Meeting Review	<ul style="list-style-type: none"> • Review, Amend/Approve Minutes – Minutes were approved as-is with no changes.
CHIP Update	<p>Ashley Green informed the Council that Health Hack Curriculum is completed and in pilot testing with five (5) Organizations; NAYA, Youth Movement, Benson Wellness Center, New Avenues for Youth, and Janus Youth.</p> <ul style="list-style-type: none"> • Benson Wellness Center and New Avenue for Youth have completed the pilot. Data and Feedback will be reviewed. • The Intent of this program is to Improve Health Literacy amongst FamilyCare Youth populations <p>Additional FamilyCare efforts to engage the youth population include:</p> <ul style="list-style-type: none"> • A review of the current provider network with a Transition Age Youth (Transition Age Youth) lens in order to expand services.

Welcome	Discussion
	<ul style="list-style-type: none"> Partnering with Foster Care providers and community organizations to launch new support mechanisms by Fall 2017 <p>Comments:</p> <ul style="list-style-type: none"> Council members are pleased that Transition Age Youth remains a priority for FamilyCare and that staff are working to ensure programmatic engagement. <ul style="list-style-type: none"> The council was instrumental in driving this focus. A good example of how what this Council does today impacts the future lifecycle of FamilyCare members.
Ground Rules	<p>The Council reviewed the following proposed Goal, Values, and Ground Rules:</p> <p>Goal Authentically bring the community’s voice to advise FamilyCare Health to intentionally eliminate health disparities and health inequities among its members and community at large.</p> <p>Values</p> <ul style="list-style-type: none"> Commitment, trust, respect, and honest communication among council members and FamilyCare Health staff and community partners. Inclusivity, that all voices matter, and elevates those historically marginalized. Cultural humility - where everyone is open to learning and hearing from one another. <p>Group Rules</p> <ul style="list-style-type: none"> Consider anything that is said in this space confidential Actively listen to one another before responding Speak from your own experience Be engaged and speak up Trust and share your knowledge Respond to emails and tasks as needed Attend all meetings and communicate when you cannot Network and have fun <p>Feedback: The initial review with Council Members was appreciative and positive. Council members are in agreement with the language for both the Goal and Values. There was a robust discussion regarding the Ground Rules with a strong focus on listening and assuming good intent.</p> <p>With the diversity of Council members in mind, it was recommended that this topic remain on future agenda’s until the rules reflect the Council. Once a consensus is achieved, and a quorum is present, the Goals, Values, and Ground Rules can be approved and adopted within the Council Charter.</p>

Welcome	Discussion
<p>Community Health Needs Assessment/Community Health Improvement Plan Timeline</p>	<ul style="list-style-type: none"> • Council Members and FamilyCare staff conducted a brief review of the timeline. <p><u>Recommendations:</u></p> <p>Some of the recommendations regarding the Community Health Improvement Plan and Community Health Needs Assessment timeline and anticipated tasks included:</p> <ul style="list-style-type: none"> • Making Community Health Improvement Plan and Community Health Needs Assessment timeline a standing agenda item with a strong focus and commitment to time • There were conflicting views about creating small breakout teams to address key task (i.e. costs analysis, photo voice, etc.) <ul style="list-style-type: none"> ○ Pro – It would allow for an efficient and focused effort ○ Con – It would exclude the diversity of voices and valuable input of other Council Members • If small task oriented breakout teams are not the solution, Council members should be prepared for a possible additional 2 hour meeting each month through delivery of a finished plan. <p><u>Considerations:</u></p> <ul style="list-style-type: none"> • Are we using regional and community based assessments to identify commonalities? • How are we leveraging regional and community epidemiological data to inform our plan for eliminating health disparities in the populations we serve? • What is the mechanism to ensure FamilyCare has a strong and consistent Community Health Improvement Plan and Community Health Needs Assessment timeline? • How are we holding ourselves accountable to our members?
<p>Planning/Brainstorm Community Health Improvement Plan and Community Health Needs Assessment timeline 2017-18</p>	<p>Kamar led breakout sessions addressing a series of questions and receiving input from Council members, guests, and staff.</p> <p><u>What do you need individually and as a team to prepare for the assessment process?</u></p> <ul style="list-style-type: none"> • To know what kind of data is available within FamilyCare • Framing – what are all the elements in the process? • What are the requirements? • How will we know we have all the right data and information? • Do we have adequate time? • Is the CAC ready? <ul style="list-style-type: none"> ○ Stable and consistent attendance ○ Active vs. passive ○ >50% consumer representation • Do we have access to data and reports in multiple formats?

Welcome	Discussion
	<ul style="list-style-type: none"> • Structure – clear expectations, accountability, investment • Clear lines of communication between FamilyCare and the CAC • Representation of hard to reach communities <ul style="list-style-type: none"> ○ Who may or may not have paid advocates ○ Meaningful engagement with consumers <p><u>Please list any data/community reports you are aware of that will support our assessment or should be considered.</u></p> <ul style="list-style-type: none"> • Healthy Columbia Willamette – EPI Data • IRCO completed a CHNA focus group on July 13, 2017 • OHA/OPI THW assessment • County Data Reports • Coalition of Communities of Color (CCC) • Healthy Teen Relationship Act data • University collaboration projects • Catholic Charities • Lutheran Services • PSU Equity & Inclusion dept./institute • Trauma Informed Care of Oregon • All Head Starts conduct community needs assessments • Early Learning Hubs conduct needs assessments • Youth Advisory Councils of SBHC’s conduct surveys/assessments • APAC Database – Hospital/Emergency Department reports <p><u>What comes to mind when you hear Community Health Needs Assessment?</u></p> <ul style="list-style-type: none"> • Prevention • Access • Equity/Inclusion • Who might have been left out (past, present, future) • Educating our population • Intersection of equity, trauma, & vulnerability factors • Data from both traditional and non-traditional sources • Where should we focus our efforts/resources? • Community trends up to date • Organizations willing to adopt • Narrowing the scope to manage deliverables – the messier it is the more upstream and complex it becomes • Representation/Involvement – only capturing voices being shared <p><u>Please list your skills that will be a strength during the CHNA process.</u></p> <ul style="list-style-type: none"> • Experience in the system • Knowledge of BH issues • Ability to build relationships and partnerships • Passion for social justice • Analytical perspective and love of data • Community connections/network • Established trust within the community

Welcome	Discussion
	<ul style="list-style-type: none"> • Understanding of Tri-County (lay of the land) • Aware of historical concerns, efforts, etc. Have seen what has/hasn't worked. • Organizing events in specific communities • Social/Service Rolodex • Primary, secondary, & tertiary prevention in health systems experience • Collecting information from High School and College students about their communities • Needs assessment/precursor to grant applications • Connections to communities of color • Familiar with TAY programs/Youth LGBTQ of color • Experience developing CHNA/CHIP <p><u>Any other considerations and/or resources?</u></p> <ul style="list-style-type: none"> • OCADSV – Present to discuss concerns & provide access to data and community reports • Underserved community voices need to be sought out and informed for input • Consumer input • Collaborate with CBO's for data/input & lessons learned • What data is missing from HCWC • Coalition of Communities of Color, local universities (PSU, OHSU), schools, & SBHC's • Other CCO's (Healthshare, Care Oregon) data • What is our budget? What resources and tools are available?
<p>Planning Continues Community Health Improvement Plan and Community Health Needs Assessment timeline 2017-18</p>	<p>Following the breakout sessions, the council discussed what to expect as the CHIP/CHNA is developed:</p> <ul style="list-style-type: none"> • The Council and FamilyCare staff will work together to identify priority selection criteria • The Council and FamilyCare staff will determine what "Level Set" looks like and to provide clarity for regulatory requirements in our relationship with OHA • CHNA/CHIP is a continual evolving 5 year document which is updated annually always looking 5 years forward • Vision – focus on early life health and prevention, have a multi-generational impact • We are required to base our plan on current industry best practices and to demonstrate an understanding of trauma informed care. • The plan should integrate services at the community, clinical, behavioral, and spiritual level. • Include an aggregate of data from a variety of community assessment findings <p>The finished product should:</p> <ol style="list-style-type: none"> 1. Show shared ownership 2. Defines community across dimensions

Welcome	Discussion
	3. Data collection & Analysis 4. Community Engagement
Word on the Street	<ul style="list-style-type: none"> • What are you hearing about FamilyCare Health? • What are you hearing about the community's health?
Wrap Up	<ul style="list-style-type: none"> • <i>August agenda items:</i> <ul style="list-style-type: none"> ○ <i>Rank Criteria for Community Health Improvement Plan and Community Health Needs Assessment</i> ○ <i>Planning for two Fall Public Meetings (October/November)</i> ○ <i>Ground Rules</i> • <i>What went well and any improvements?</i> <ul style="list-style-type: none"> ○ <i>Guests felt inspired</i> ○ <i>Participants were engaged</i> ○ <i>Open and collaborative communication between Council Members and FamilyCare Staff</i> • <i>Homework:</i> <ul style="list-style-type: none"> ○ <i>Think about additional community reports and be prepared to discuss at next meeting</i> ○ <i>Brainstorm selection criteria and (see handout) Limit to 5 criteria and rank them 1-5 by next meeting.</i>