



**Community Advisory Council Meeting
June 20, 2017
12:00 p.m., 14th Floor Board Room**

Facilitator: Royal and Kamar Haji Mohamed

Community Advisory Council Members:

Community Representatives: Zuri Lopez

Consumer Representatives: Royal Harris

County Representatives: Rose Sherwood, Leticia Sainz

OHA Representative: Dustin Zimmerman

FamilyCare Staff: Ashley Green, Issa Kamara, Annette Dieker, Sandra Clark, Kamar Haji Mohamed

Guest: Violet Larry

Note Taker: Lisa Meurs

Welcome	Discussion
Welcome	<ul style="list-style-type: none"> • Introductions –A simple round table of introduction • Review Agenda – A modification was requested to allow for a 2 minute update on the Health Hack video Project. • Movement Building Activity – The word of the day is Heshima which is Swahili for Respect <ul style="list-style-type: none"> ○ Some shared responses to the question “what will you be doing this summer”.
May Meeting Review	<ul style="list-style-type: none"> • Review, Amend/Approve Minutes – A Quorum is not present so no edits or approval may be accepted.
Presentation	<p><i>Guest: Violet Larry - Clinical Nurse Supervisor – Multnomah County</i> <i>Topic: Healthy Birth Initiative (HBI)</i></p> <p>HBI is one of 105 federally funded programs with a mission to decrease infant mortality and low birth rates amongst African American Women. Statistics show that African American women, regardless of their socio-economic status, experience a higher rate of infant mortality and birth issues.</p> <p>At its inception nearly 20 years ago the HBI was established to serve both the Latino and African American Communities. However, it became clear in time that the disparities across the two cultures were not the same. Ten years ago a grant was written allowing HBI to refocus its programs on African American specific needs.</p> <p>All HBI staff are culturally specific to the population served, allowing members to feel at ease and to develop a trust with their HBI partners. There are currently 170 moms in the program, 100 of which are pregnant. The program has 4 Nurses and 3</p>

community health specialists serving their members. Federal guidelines require, that to maintain funding, they must see 25) new pregnant women per year.

HBI follows a Nurse/Family Partnership Model. They serve 1st time moms only right now but are in the processing of expanding their services to multi-birth moms as well. HBI provides guidance and assistance with Social, Emotional, Physical health needs.

Additional Notes:

- HBI has an exclusive partnership with Shellmire for Mental Health services to their clients.
- Maternal mortality rates are also on the rise leading to the launch of a respite program for new moms up to 16 hours/month.
- Fathers are included in all visits and a monthly father/child activity program has been established
- HBI provides an incentive program for members
- HBI has a REACH (Racial & Ethnic Approach to Community Health) Program
 - Providing Tobacco cessation education and testing
 - Developing a Healthy Food program
- This difference between HBI and BPI – HBI focuses on Healthy Birth and the 1st two years of the infants life; BPI is about parenting.
- HBI is specific to Multnomah County though other counties may have similar programs.

Discussion:

How can we strengthen our existing relationship with the HBI and make the most of our relationship?

- HBI would like FamilyCare to refer its African American Maternity Population to their program for assessment and potential support.
 - Sandra Clark agreed that FamilyCare data also demonstrates health disparities within its African American and Native American populations.
 - Ensuring P2ORT staff are aware of the HBI program is the first step.
 - Can HBI support all of FamilyCare’s African American Maternity population if referred? – Violet stated yes.
- FamilyCare has staff who attend the monthly CAN (Community Action Network) meeting. The next meeting is on *June 21st from 5:30-7:30 p.m. at NE Health Center, 5229 NE MLK Blvd., Portland.*

Next Steps:

Maegan Pelatt, Manager for Population Health at FamilyCare, will meet with HBI staff to gather more information about the program and its benefits.

CAC Charter & policies

- Review CAC Charter & Policies:
 - We are in the midst of creating CAC 2.0
 - This committee will be instrumental in creating the vision of what the CAC looks like 3 years from now.

	<ul style="list-style-type: none"> ○ Sandra Clark appreciates the action words in the Charter stating the Council 's purpose. The language used in our charter makes it a dynamic document demonstrating progress and innovative intent not just a static statement. This is important in acclimating new Council members to what we do. ○ What literacy level is the charter written at? It was recommended that we use the Health Literacy software to evaluate. ○ The Charter is presently based on excerpts directly from our CCO contract. It would be more effective if FamilyCare specific information was integrated. ○ Chair Harris would like the mission of the Council iterated more definitively to new and potential Council members, addressing not just the how but the why.
<p>Recruitment Strategy & Onboarding CAC Members</p>	<p><u>Recruitment:</u> There are currently 5 applications in review. Kamar Haji-Mohamed will perform the initial review of applicants before sending forward to the selection committee. Final approval for any new members is given by the FamilyCare Board.</p> <p>In an effort to ensure all documentation is completed, current board members are being asked to complete the demographic section of the updated member application. To help identify current and future missing representation.</p>
<p>Standing Items</p>	<ul style="list-style-type: none"> ● CAC Chair/Board update - The Community Advisory Council is charged with assisting FamilyCare in achieving its mission, value, and goals by creating healthy individuals through innovative systems whereby we are continually looking at the systems in place and evaluating the effectiveness of service to our members <ul style="list-style-type: none"> ○ Osteopathic – Interconnectedness, of oral, mental and physical health. FamilyCare’s focus is on connectedness. Looking at the whole person is important. ● Chair Harris will be attending the FamilyCare annual Board Retreat.
<p>Word on the Street</p>	<ul style="list-style-type: none"> ● What are you hearing about FamilyCare Health? ● What are you hearing about the community’s health?
<p>Wrap-up</p>	<ul style="list-style-type: none"> ● July agenda items: <ul style="list-style-type: none"> ○ Charter changes completion. ○ Update on Community Health Improvement Plan <ul style="list-style-type: none"> ▪ (Transitions Age Youth) ○ Strategic Planning ○ Onboarding Process ● What went well and any improvements?