



# Community Advisory Council Minutes

February 18, 2014 at 12:00 p.m.  
FamilyCare Second Floor Conference Room  
825 NE Multnomah  
Portland, OR 97232

**Members Present:** Jan Tesch, Alicia Atalla-Mei, Chris Murphy, Laura O'Neill, Carmen Cordis, Nick Ocon, Candice Jimenez, Katherine Walker, Kyna Harris, Eric Owens, and Paul Lewis.

**Members Absent:** Deborah Westfall, Duane Westfall, Richard Jenkins and Amber Fay.

**Board of Directors Present:** Karen Carnahan

**Staff Present:** Bill Murray, Carol Burgdorf-Lackes, Mary Nolan, Brett Hamilton, Maureen Gaine.

**Guests/Other:** Dustin Zimmerman (Oregon Health Authority)

**Welcome/ Introduction:** Chair Jan Tesch welcomed the Council members and asked each to introduce themselves and their affiliation since there had been some recent transitions in membership.

Tesch recognized Chair of FamilyCare's Board of Directors, Karen Carnahan, who was in attendance. Tesch also acknowledged that several FamilyCare staff members were in attendance including Bill Murray the COO. Carnahan joined Tesch at the head of the table.

Tesch reviewed expected outcomes of the meeting as:

1. Review and discuss the progression of the draft Community Health Improvement Plan and provide guidance to the work group moving forward;
2. Discuss and provide guidance and vision on desired targeted outcomes of the Community Health Improvement Plan. In other words, how do you define success?;
3. Discuss and provide guidance on which metrics are best to measure the successful implementation of the Plan.

Tesch also informed the Council that after today's meeting the next step would be making a presentation of a draft of the Plan to the FamilyCare's Board of Directors at the March 18th Council meeting. Tesch requested that Alicia Atalla-Mei and Carmen Cordis join her in making the presentation.

She also distributed a glossary of FamilyCare acronyms, a link to the Healthy Columbia Willamette Collaborative About Us page and website as well as a comparative list of organizations that FamilyCare has established relationships with and the list created by the work group.

**Approval of minutes:**

Minutes and agenda were approved.

**Community Health Improvement Plan Development:**

Tesch explained that the work group has continued to develop the Community Health Improvement Plan into its next stage in the process. She then asked Alicia Atalla-Mei to walk us through the two work plans.

The two work plans were in PowerPoint formats and projected onto a screen. Atalla-Mei went through both plans. It was observed that health priority #2 had a long list of strategies. Atalla-Mei commented that the list was a menu of strategies for the Board of Directors to choose from to achieve the desired health outcomes.

It was also noted that it was important to be aware that health equity had to be ingrained in whatever strategy (s) were chosen.

Laura O'Neill asked what they were presenting to the Board of Directors. She asked if they were asking for the funding for the Community Health Improvement Plan. Tesch responded that the intent is to provide advisement, not direction. Tesch suggested giving the Board of Directors a vision, what the Council thought was needed and some benchmarks. Tesch said the Board of Directors wants to know what the Council thinks.

[A robust conversation took place about the important role the Community Advisory Council plays in addressing the broader community's need. O'Neill passionately reminded the Council and staff that the consumer members of the Council are the experts on the population and should be treated as such. She reminded everyone that the Community Advisory Councils were created to give consumer an unfettered voice and it is that voice that will guide FamilyCare to improving the health and wellness of its members.](#)

[Harris agreed and challenged the Council and staff to promote the consumers more as an active voice.](#)

O'Neill asked how the partner organizations, listed as a strategy, would be selected? She feels that the Council should select partner organizations rather than FamilyCare staff. O'Neill suggested that Council vote on partner organizations. O'Neill requested that to be written into the Community Health Improvement Plan.

Kyna Harris cautioned that the Council would need to be mindful of those groups who are not being represented if the Council decided to recommend something to FamilyCare. [Harris gave the example of how African Americans often don't get the specialized health care for their unique needs such as specific annual exams.](#)

Harris suggested that the work group set up the criteria for selecting partner organizations and return to the full Council for agreement. If agreed upon the Council could advise the Board of Directors to consider using the criteria to select partner organizations.

It was discussed that partner organizations in the plan would be used as participants in listening sessions, connecting with traditional health workers, and find youth to participate in health related activities.

### **FamilyCare TAY Data Review**

Tesch asked Maureen Gaine to provide background on FamilyCare's TAY population by offering a current snap-shot of members via available data.

Gaine shared a snap shot of FamilyCare members aged 15-25 years-old as of the February 3<sup>rd</sup> meeting. Gaine presented demographic information, primary care provider assignment, primary language spoken, ethnicity and race, and the number of visits members of this age group had with their provider over the past 18-months.

Tesch asked if FamilyCare had information on how many of these members were getting dental care. Gaine responded that the only information that FamilyCare had at this point was assignments.

O'Neill asked if the information on the number of mental health visits had been pulled. She also asked if there was any way to see who was serving substance abuse services. Gaine responded that she was still gathering the information about mental health visits and was researching the possibility of disaggregating mental health services to extract substance abuse data.

Paul Lewis commented that he didn't think that provider visits was a good indicator of improved health. He continued that youth are primarily healthy. He suggested seeking a way to measure improved health beyond measuring just who is seeing their primary care provider or based on emergency rooms visits.

Lewis suggested perhaps doing a randomized survey of the population to see if they were engaged in their health care and receiving the care they needed.

FamilyCare Board Chair Karen Carnahan injected and asked the Council specifically what is it that you want to have different for the transitional age youth?

Council members responded that they wanted FamilyCare to go out into the community differently than it has in the past especially with its engagement with transitional age youth.

Carnahan challenged the Council and urged that they be more specific with due dates and that they would have to be much more direct in their presentation to the Board.

Carnahan continued that the Council would need to be more concise and passionate in their presentation to the FamilyCare Board of Directors.

The Council decided that they would need to prepare an executive summary of the Community Health Improvement Plan. Cordis and Chris Murphy agreed to be responsible for identifying a template.

The work group announced that they would be meeting on Tuesday. All Council members affirmed that the number one priority of the Community Health Improvement Plan was to increase engagement and increase care coordination of transitional age youth members.

**Meeting Adjourned**