

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Thursday, September 18, 2014**

REGULAR MEETING

Chair Deborah Kafoury called the meeting to order at 9:38 a.m. with Vice-Chair Diane McKeel and Commissioners Jules Bailey and Loretta Smith present. Commissioner Judy Shiprack joined the meeting telephonically.

Also attending were Jenny Madkour, County Attorney and Marina Baker, Assistant Board Clerk.

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS PROGRAM.]

Chair Kafoury: CAN YOU HEAR US, JUDY?

Commissioner Shiprack: YES.

>> GOOD MORNING, COMMISSIONER SHIPRACK.

>> GOOD MORNING CHAIR KAFOURY.

Chair Kafoury: GOOD MORNING. WELCOME TO THE REGULAR SCHEDULED BOARD OF THE MEETING OF THE MULTNOMAH COUNTY COMMISSION. MAY I HAVE A MOTION ON THE CONSENT CALENDAR.

>> SO MOVED.

>> SECOND.

>> Chair Kafoury: ALL IN FAVOR VOTE AYE? [CHORUS OF AYES] ALL OPPOSED? THE CONSENT CALENDAR IS APPROVED. LYNDA, DO WE HAVE PUBLIC COMMENT?

Board Clerk: YES, WE DO. OPPORTUNITY FOR PUBLIC COMMENT ON NON-AGENDA MATTERS, TESTIMONY LIMITED FOR THREE MINUTES PER PERSON. TIME FOR THE BOARD TO HEAR PUBLIC TESTIMONY, NOT BOARD DELIBERATION. WE HAVE ONE, CHAIR.

Mr. Phillips: YES, I'M PAUL PHILLIPS, AND I SPOKE HERE LAST WEEK, AND THIS WEEK'S SUBJECT THAT WAS THE 9/11, THIS WEEK'S SUBJECT IS ERIC HOLDER, TAXES AND DEATH. ERIC HOLDER IS THE UNITED STATES ATTORNEY GENERAL. I WROTE HIM FOUR TIMES. HE NEVER DID SEEM TO APPLY. THAT IS

THE UNITED STATES ATTORNEY GENERAL AS WELL AS LETTERS ADDRESSED, REGISTERED, AND CERTIFIED TO THE ERIC HOLDER HIMSELF, AND I NEVER RECEIVED ANY KIND OF RESPONSE. WELL, ERIC HOLDER, A PUBLIC SERVANT, HIS SALARY PAID BY THE TAXPAYERS. HE IS JUST A WORKING STIFF THAT SEEMS TO NOT WANT TO WORK. WHAT I'M ABOUT TO READ IS THE WORD EQUALITY, AND IT -- I LOOKED UP IN A --

>> EQUALITY BEFORE THE LAW, ALL OF EQUAL BEFORE THE LAW AND ARE ENTITLED WITHOUT ANY DISCRIMINATION TO EQUAL PROTECTION OF THE LAW. I HOLD THIS UP AGAIN. AFTER SEVEN DOG ATTACKS ON MY SERVICE ANIMAL BY THE SAME DOG AND HAVING MY LEFT HIP BROKE AND TWO FRACTURES TO MY SPINAL CORD THAT I'M DEALING WITH, AS WELL AS INJURED LIGAMENTS AND CARTRIDGES TO MY LEFT KNEE FROM MY HIP BEING BROKE, AND HIP SURGEON HAD TO PUT A PIECE OF METAL FROM THE HIP, HALFWAY DOWN TO THE KNEE, SOME 10 1/2 INCHES, WHICH IS EQUIVALENT TO THIS RED AREA ON MY WHITE CANE. OF COURSE, I'LL READ AGAIN FOR EQUALITY, IT SAYS ALL ARE EQUAL BEFORE THE LAW, AND ENTITLED WITHOUT ANY DISCRIMINATION TO EQUAL PROTECTION OF THE LAW. I HAD DEBORAH KAFOURY'S UNCLE, IT TURNED OUT, DID NOTHING, NOT FILE ANY COMPLAINT, NO LAW PROTECTION, NO NOTHING, JUST QUIT THE CASE, AND HE ACTUALLY WROTE THAT DEBORAH KAFOURY SAID I WAS BAD-MOUTHING HIM AND HAUNTING THESE -- THIS PUBLIC ARENA HERE, AND I FIND THAT VERY -- AND THAT WAS WRITTEN, AND I PROVIDED EVIDENCE TO ERIC HOLDER, STATING THAT, WRITTEN IN GREG KAFOURY'S OWN PRINTED TEXT, THE FULL TEXT OF IT, AND ALL I WAS SEEKING WAS JUSTICE, BUT THAT SEEMS TO BE -- THEY DO THE SAME THING TO A BLIND PERSON AND A -- BORDELLO OR --

>> THANK YOU.

>> R-1, PROCLAMATION PROCLAIMING SEPTEMBER, 2014, FALLS PREVENTION AWARENESS MONTH --

>> Chair Kafoury: MAY I HAVE A MOTION PLEASE.

>> SO MOVED.

>> SECOND.

>> COMMISSIONER SMITH --

Commissioner Smith: LISA, AND MISS REBECCA, GOOD MORNING. I WOULD LIKE TO WELCOME OUR MANY GUESTS TO THE BOARD HEARING TODAY. WE ARE HERE TO PROCLAIM SEPTEMBER AS FALLS PREVENTION AWARENESS MONTH IN MULTNOMAH COUNTY. AS THE DAUGHTER OF AN ELDERLY MOTHER, THE NIECE OF ELDERLY AUNTS, THIS IS AN ISSUE THAT CONTINUES TO NEED THE

ATTENTION OF ALL OF OUR COMMUNITY MEMBERS. IN OREGON, PUBLIC HEALTH INFORMATION TELLS US THAT FALLS ARE THE LEADING CAUSE OF FATAL AND NON-FATAL INJURIES FOR ADULTS 65 AND OLDER. FURTHER, ONE IN THREE OLDER ADULTS FALL EACH YEAR. AND 20 TO 30% OF PEOPLE WHO FALL SUFFER MODERATE TO SEVERE INJURIES, SUCH AS BRUISES, HIP FRACTURES, AND HEAD TRAUMAS. WHILE FALLING IS COMMON TO PEOPLE OF ALL AGES, THE SEVERITY OF INJURY FOR OLDER ADULTS CAN RESULT IN A LOSS OF MOBILITY AND INDEPENDENCE. HOWEVER, MANY FALLS ARE PREVENTIBLE. THERE ARE PROVEN INTERVENTIONS THAT CAN HELP OLDER ADULTS REDUCE THEIR RISK OF FALLING AND LIVE LONGER, HEALTHIER LIVES. THIS MORNING, WE WILL HEAR FROM FOLKS WHO ARE ON THE FRONT LINES WORKING AS ADVOCATES, TRAINERS, COMMUNITY VOLUNTEERS, SENIOR SERVICE SPECIALISTS, ALL FOCUSING ON THE INTEREST OF OUR ELDERS. MY FRIENDS, I WANT TO THANK YOU, AGAIN, FOR YOUR COMMITMENT, FOR YOUR ENERGY, FOR YOUR PASSION IN WORKING ON BEHALF OF OUR COMMUNITIES OF OLDER RESIDENTS. WILL YOU PLEASE INTRODUCE YOURSELVES FOR THE RECORD. THANK YOU.

>> GOOD MORNING, CHAIR KAFOURY AND COMMISSIONERS. I'M LISA SHIELDS, STATE FALLS PREVENTION COORDINATOR AT THE OREGON HEALTH AUTHORITY INJURY AND VIOLENCE PREVENTION PROGRAM. THANK YOU FOR THIS OPPORTUNITY. SOME OF WHAT I WILL SAY IS A REPEAT, BUT I'M GOING TO EXPAND ON IT A LITTLE BIT. ONE IN THREE OLDER ADULTS FALLS EACH YEAR, BUT LESS THAN HALF TALK TO THEIR HEALTH CARE PROVIDERS ABOUT IT. AND WHEN I SAY ONE IN THREE OLDER ADULTS FALLS EACH YEAR, THAT IS 65 AND OLDER, BUT ONCE AN ADULT REACHES AGE 80, THAT NUMBER INCREASES TO HALF. HALF OF ADULTS OVER 80 FALL EACH YEAR. TWO-THIRDS OF THOSE WHO FALL WILL DO -- WILL DO SO AGAIN WITHIN SIX MONTHS. SO, YOUR GREATEST RISK OF FALLING IS FALLING ONCE. FALLS ARE THE LEADING CAUSE OF INJURY DEATHS AND HOSPITAL ADMISSIONS FOR TRAUMA. EACH YEAR, NEARLY 600 OREGONIANS DIE AND 8,500 ARE HOSPITALIZED FOR A FALL. NEARLY 60% OF SENIORS IN OREGON WHO ARE HOSPITALIZED FOR A FALL NEVER RETURN HOME. THEY ARE DISCHARGED INTO SKILLED NURSING FACILITIES. BESIDES THE COST OF YEARS OF LIFE LOST AND LOSS OF INDEPENDENCE, FALLS ARE THE THIRD-MOST COSTLY HOSPITALIZED CONDITION IN OREGON AFTER CANCER AND HEART DISEASE. THE FATAL FALL RATE FOR ADULTS 85 AND OLDER HAS INCREASED 31% OVER THE LAST FIVE YEARS IN OREGON AND THAT TREND IS EXPECTED TO CONTINUE AS BABY BOOMERS AGE. FALLS ARE NOT AN INEVITABLE PART OF AGING. THEY ARE LARGELY PREVENTIBLE. INTERVENTION SUCH AS EXERCISE TO INCREASE STRENGTH AND BALANCE, MEDICATION MANAGEMENT, VISION CARE, HOME SAFETY CAN REDUCE ONE'S RISK OF FALLING IN A SHORT AMOUNT OF TIME. OREGON IS ONE OF THREE STATES TO RECEIVE CDC FUNDING TO INTEGRATE CLINICAL PRACTICE WITH COMMUNITY PROGRAMS TO PREVENT FALLS AND FALL INJURIES AMONG THE ELDERLY IN MULTNOMAH COUNTY. EVERY MAJOR HEALTH SYSTEM IN MULTNOMAH COUNTY IS

INVOLVED IN THIS EFFORT, FROM SCREENING PATIENTS FROM FALL RISK, REFERRING THEM TO COMMUNITY PROGRAMS, TRAINING STAFF, AND HOSTING ON-SITE FALL PREVENTION CLASSES AND WORKING WITH HEALTH PLANS TO COVER THESE ACTIVITIES AS MEMBER BENEFITS, SENIOR CENTERS, FIRST RESPONDERS, ADVOCACY GROUPS, PROFESSIONAL ORGANIZATIONS, FITNESS CENTERS, COMMUNITY HEALTH WORKERS, VOLUNTEERS AND MANY OTHERS. WE HAVE TRAINED OVER 400 INSTRUCTORS TO DELIVER EVIDENCE-BASED FALLS PREVENTION PROGRAMS IN THE COMMUNITY. MULTNOMAH COUNTY AGING AND DISABILITY SERVICES, OHSU, OREGON GERIATRIC EDUCATION CENTER, PROVIDENCE, LEGACY, KEIZER, VA, METROPOLITAN FAMILY SERVICE, BEYOND THE CLINIC PHYSICAL THERAPY, PORTLAND PARKS AND RECREATION, NORTHWEST PARISH NURSES, EL PROGRAM ESPANO, URBAN LEAGUE AND MANY MORE. ONE OF THE MOST EFFECTIVE EVIDENCE BASED PRACTICES FOR FALL PREVENTION IS TAI CHI. TAI CHI MOVING FOR BETTER BALANCE, SIMPLIFIED FORM -- IT CAN DRAMATICALLY REDUCE A SENIOR'S RISK OF FALLING IN 12 WEEKS. PATIENTS OF PARKINSON'S DISEASE -- AND OTHER CONDITIONS. SAFE FOR ALL LEVELS OF FITNESS AND MOBILITY AND CAN BE ADAPTED. ELDERS FROM THE NATIVE AMERICAN YOUTH AND FAMILY -- PRACTICING THIS PROGRAM TOGETHER SINCE 2008 AND THEIR INSPIRING STORIES SHARED NATIONALLY. PORTLAND VA MEDICAL CENTER, TAI CHI MOVING FOR BETTER BALANCE, CHRONIC PAIN AND PTSD. AND THE CLASSES ARE SO POPULAR, THAT THEY HAVE HAD A CONSTANT WAITING LIST SINCE 2008. MARANATHA CHURCH, A GROUP OF ELDERS PRACTICING TOGETHER FOR OVER A YEAR. ADDED A SATURDAY PRACTICE SESSION. THIS GROUP FROM MARANATHA CHURCH IS PARTICIPATING IN A KEIZER HEALTH FAIR NEXT TUESDAY TO ALSO PROMOTE HEALTHY AGING IN OUR COMMUNITY. IN ORDER TO PROMOTE PUBLIC AWARENESS OF FALLS AS A PREVENTIBLE PUBLIC HEALTH ISSUE, WE INVITE YOU TO DIRECTOR PARK, SEPTEMBER 27th, AT NOON, TO EXPERIENCE A TAI CHI FLASH MOB. WE EXPECT TAI CHI INSTRUCTORS, SENIORS, CAREGIVERS AND OTHER COMMUNITY MEMBERS TO ATTEND THIS FUN EVENT. THANK YOU.

>> I'M REBECCA MILLER, RESIDENT FELLOW ON PLACEMENT AT MULTNOMAH COUNTY AGING AND DISABILITY SERVICES, COMMUNITY SERVICES DEPARTMENT. COMMUNITY-BASED CARE TRANSITIONS PROGRAM AND HEALTH BASED PROMOTION ACTIVITIES IN THE COUNTY. WE ARE WORKING WITH OUR PARTNERS TO DELIVER EIGHT DIFFERENT TYPES OF EVIDENCE-BASED HEALTH PROMOTION COURSES UNDER THIS EXPANSION AND WITH NEWLY ACQUIRED STATE FUNDING, 600 NEW COMMUNITY MEMBERS WITH SERVICES, CARE-GIVER TRAINING, CHRONIC DISEASE PREVENTION, MANAGEMENT, EDUCATION, FISCAL ACTIVITY AND FALLS PREVENTION. FALL PREVENTION COURSES, WALK WITH EASE, ARTHRITIS EXERCISE PROGRAM -- TAI CHI PROGRAM. OFFERINGS TO REFLECT THE CHANGING NEEDS OF THE COMMUNITIES IN WHICH THEY SERVE FROM A LIVING WELL WITH CHRONIC CONDITIONS COURSE FOR THE LGBT COMMUNITY OFFERED BY FRIENDLY HOUSE AND SAGE METRO, OR POWERFUL TOOLS FOR CARE GIVERS, BEING

OFFERED BY THE ASIAN HEALTH AND SERVICE CENTER. PROGRAM OFFERED IN SPANISH BY EL PROGRAMMA HISPANO. NOW I'D LIKE TO INTRODUCE BERRY.

>> GOOD MORNING. THANK YOU VERY MUCH FOR HAVING ME. I'M THE SENIORS AND ADULTS WITH DISABILITIES PROGRAM MANAGER WITH IMPACT NORTHWEST. IT'S GREAT TO BE HERE. THIS IS A BEAUTIFUL, MEMORABLE DAY AND THANK YOU FOR HAVING ME HERE. I ESPECIALLY WANT TO THANK LEE GIRARD AND REBECCA FOR HAVING ME. I APPRECIATE THAT. PARTNER WITH ADS AND PROVIDE A NUMBER OF SERVICES TO SENIORS AND ADULTS WITH DISABILITIES, HEALTH PROMOTION ACTIVITIES, FREE TRANSPORTATION, EVIDENCE-BASED EXERCISE CLASSES LIKE TAI CHI AND LIVING WELL WITH CHRONIC CONDITIONS. ESPECIALLY GRATEFUL FOR MR. JOHN McKENNY, OUR VOLUNTEER TAI CHI INSTRUCTOR. SOUTHEAST MULTI-CULTURAL SENIOR CENTER, SITTING RIGHT HERE. AND WE'RE ALSO PARTNERING WITH ASIAN PACIFIC AMERICAN SENIOR COALITION, AND PROVIDING THEIR GROUP, THE ASIAN COMMUNITY WITH THE TAI CHI STARTED LAST WEEK. WE'RE VERY GRATEFUL FOR ALL OF THESE PARTNERSHIPS AND WITH THAT, LET ME INTRODUCE JOHN McKINNY, AND I THINK JOHN IS GOING TO SHOW US SOME TAI CHI TECHNIQUES AND FORMS. THANK YOU VERY MUCH.

>> Chair Kafoury: THANK YOU. GOOD MORNING.

>> GOOD MORNING, CHAIR KAFOURY AND COMMISSIONERS. THANK YOU, IT IS A PLEASURE TO BE WITH YOU. I WOULD LIKE TO TAKE A FEW MOMENTS TO DEMONSTRATE THE TAI CHI FORM, PART OF THE EFFORT TO IMPROVE THE LIVES OF SENIORS --

>> Chair Kafoury: WOULD YOU MIND TAKING THE MICROPHONE SO THAT OUR FRIENDS IN TV LAND CAN HEAR YOU.

>> GOOD MORNING. THANK YOU TO LISA AND BARRY AND REBECCA AND THESE FOLKS WHO HAVE MADE ALL OF THIS POSSIBLE. I WOULD LIKE TO DEMONSTRATE FOR ALL OF YOU A FEW OF THE FORMS TAUGHT AS PART OF THE TAI CHI MOVING FOR BETTER BALANCE FORM. THIS FORM, AS THESE FOLKS HAVE MENTIONED, BEEN DEMONSTRATED CONCLUSIVELY TO IMPROVE STRENGTH AND REDUCE FALLS IN SENIORS. AND SO I WOULD LIKE TO SHOW YOU THAT FORM, TALK FOR JUST A BIT ABOUT HOW IT WORKS AND I WOULD INVITE YOU TO PARTICIPATE WITH ME FOR A LITTLE BIT OF TAI CHI.

>> Chair Kafoury: GREAT. \MM

>> Chair Kafoury: USE THE MICROPHONE.

>> OH, YES.

>> SO, THOSE ARE THE FIRST FIVE MOVEMENTS OF THE EIGHT FORM, AND AS YOU -- OH, YES, I WILL TAKE CARE OF THAT. SO, THOSE FIRST FIVE MOVEMENTS HAVE PARTICULAR ASPECTS OF THEM TO IMPROVE BALANCE. AND THE MOVEMENT THAT I WANTED TO FOCUS ON FOR A MOMENT AND THEN INVITE YOU TO DO WITH ME IS THE PARTING THE WILD HORSES MAIN MOVEMENT AS YOU SAW WHERE YOU HAVE THE HANDS TOGETHER AND SEPARATING. IN ESSENCE, WHAT THIS MOVEMENT DOES, IT PLACES THE BALANCE SYSTEM UNDER MAXIMUM STRAIN OR LOAD OR PRESSURE, IF YOU WILL. AND SO BY MOVING FROM THE VERY NARROW CENTER OF GRAVITY TO A VERY WIDE CENTER OF GRAVITY, WHILE TURNING, THE BALANCE SYSTEM IS IN ESSENCE RESET OR RETUNED AND THIS IS WHY WE SEE THE DRAMATIC IMPROVEMENTS IN PHYSICAL BALANCE, BECAUSE OF THE WAY THAT TAI CHI WORKS TO IMPROVE THE PERFORMANCE OF THE HUMAN BALANCE SYSTEM, AND DR. LEE AND OTHERS AT THE OREGON RESEARCH INSTITUTE HAVE RESEARCHED THIS THOROUGHLY AND KNOW MUCH MORE ABOUT IT THAN I DO. BUT THE PROOF IS IN THE PUDDING, AS THEY SAY. LET'S GET UP AND DO A BIT OF THIS MOVEMENT. I'LL LEAD YOU THROUGH IT, IF YOU WOULD LIKE TO. OKAY.

>> Chair Kafoury: COMMISSIONER SHIPRACK, WE CAN'T SEE YOU BUT WE KNOW YOU'RE COMING ALONG WITH US.

>> WONDERFUL. THANK YOU ALL FOR JOINING ME. GREAT. SO, I WILL FACE THIS WAY. FOR THOSE OF YOU FACING ME, IMAGINE THAT YOU ARE SEEING THIS IN THE MIRROR, AND SO WHEN I MOVE TO THIS SIDE, YOU MOVE TO THIS SIDE. THIS SIDE BEING YOUR LEFT. WE WILL DO IT THAT WAY. WONDERFUL. I WILL HAVE TO PUT THIS DOWN BUT I HAVE A PRETTY LOUD VOICE SO WE SHOULD BE ABLE TO DO THIS. RELAX, NICE UPRIGHT POSTURE. ONE OF THE MOST IMPORTANT IMAGES WE HOLD ON TO IS THE IDEA OF HEAD HELD HIGH. NICE STRAIGHT POSTURE. IMPROVES OUR BREATHING AND IMPROVES THE WAY WE FEEL ABOUT OURSELVES. WE WILL SHIFT OUR WEIGHT -- WE WILL SHIFT TO OUR RIGHT, YOU SHIFT TO YOUR LEFT. SIMPLY SHIFT YOUR WEIGHT TO THE RIGHT. STEP OUT, STEPPING OUT TO YOUR RIGHT, STEPPING OUT TO THE LEFT. SHIFT TO THE CENTER. NOW THE FEET ARE APPROXIMATELY SHOULDER-WIDTH APART, TAKE A DEEP BREATH AND ALLOW THE HANDS TO RISE UP. RELAX THE HANDS DOWN, BEND THE KNEES SLIGHTLY. TURN -- AND TURN NOW TO THE OTHER SIDE. HERE WE BEGIN TO ENGAGE THE BALANCE SYSTEM TO THE GENTLE ROTATIONAL MOVEMENTS TO THE BODY. ONE MORE MOVEMENT. STEP IN WITH THE RIGHT FOOT, STEP OUT AGAIN WITH THE LEFT FOOT. HEEL DOWN FIRST. HEEL DOWN MOVEMENT IS ESSENTIAL TO IMPROVING BALANCE, PROVIDES GREATER STABILITY. EXTEND THE HAND -- THE OTHER HAND BEHIND YOU, SHOULDERS OPEN. THANK YOU VERY MUCH. [APPLAUSE]

>> Chair Kafoury: I HAVE TO SAY, I LOVE THE AUDIENCE PARTICIPATION. YOU GUYS GET AN A.

>> WE REALLY LOVED IT. WE WEREN'T THE ONLY ONES DOING IT. THAT'S THE REAL TRUTH.

>> CHAIR KAFOURY -- THANK YOU.

>> Chair Kafoury: WE STILL NEED TO READ THE PROCLAMATION AND VOTE.

>> EVERYONE LEFT -- OKAY. GOOD MORNING CHAIR KAFOURY AND COMMISSIONERS. MY NAME IS BILL GENTILE. I AM THE CHAIR OF THE ELDERS IN ACTION COMMISSION. I'M HONORED TO BE HERE TODAY WORKING IN PARTNERSHIP WITH OUR COUNTY, COLIAISON, COMMISSIONER SMITH AS SHE INTRODUCES THE PROCLAMATION FOR FALLS PREVENTION AWARENESS DAY. ELDERS IN ACTION COMMISSION SERVES AS THE FEDERALLY MANDATED ADVISORY COUNCIL TO MULTNOMAH COUNTY AND THE CITY OF PORTLAND. SINCE 1968, OUR VOLUNTEER ADVOCATES AND STAFF WORK TO HELP ENSURE THAT COUNTY SERVICES ARE AGE FRIENDLY TO OUR ELDER POPULATION, AND COUNTY STAFF, DIVISIONS, PARTNER ORGANIZATIONS ARE PREPARED TO SERVE AND ENGAGE THIS AGING DEMOGRAPHIC. A PERSONAL STORY. AT THE END OF APRIL OF THIS YEAR, I WAS ATTENDING A MEETING AT THE SOUTHEAST MULTI-CULTURAL BUILDING WITH THIS GENTLEMAN RIGHT HERE, BARRY, AND THE CONFERENCE ROOM WAS LOCATED IN THE LOWER LEVEL. AND AS I WAS WALKING DOWN THE STAIRS TO THAT LOWER LEVEL, I FELL. AND JUST VERY QUICKLY HIT THE LANDING AND MY HEAD HIT THE BRICK WALL, AND, FORTUNATELY, NOTHING WAS DAMAGED MORE THAN MY EGO, AND STAFF WERE THERE AND TOOK EXCELLENT CARE OF ME. MADE SURE THAT I WAS PROPERLY TREATED AND GIVEN A RIDE HOME AT THE END OF THE MEETING, WHICH I WOULDN'T MISS FOR THE WORLD. IT WAS VERY IMPORTANT. SO, THE CAUSE OF THE FALL WAS VERY SIMPLY THE CARPET WAS WORN VERY THIN AND SHINY, AND MY FOOT JUST CAUGHT IT AT THE RIGHT ANGLE AND DOWN I WENT. IT CAN HAPPEN TO ANYONE AT ANY TIME. I THINK WHAT BROKE MY FALL WAS HOLDING ON TO THE RAILING JUST A BIT, AND THAT SAVED ME FROM A LOT MORE SERIOUS CONSEQUENCES. FALLS ARE NOT JUST A NORMAL PART OF AGING, AND THE RESULTING INJURIES CAN STEAL QUALITY OF LIFE FROM OLDER ADULTS AND THEIR FAMILIES. THIS AWARENESS DAY IS AN OPPORTUNITY FOR OLDER ADULTS AND THEIR SUPPORT COMMUNITIES TO LEARN HOW TO REDUCE FALLS RISK SO THAT OLDER ADULTS CAN STAY INDEPENDENT FOR AS LONG AS POSSIBLE. SOME PEOPLE BELIEVE THAT THE BEST WAY TO PREVENT FALLS IS FOR OLDER ADULTS TO STAY AT HOME AND LIMIT THEIR ACTIVITY. THIS IS A MYTH. AND WE KNOW THAT STAYING ENGAGED WILL ACTUALLY HELP YOU STAY INDEPENDENT AS YOUR STRENGTH AND RANGE OF MOTION BENEFIT FROM REMAINING ACTIVE. SOCIAL ACTIVITIES, SUCH AS VOLUNTEERING ARE ALSO GOOD FOR YOUR OVERALL HEALTH. THANK YOU AGAIN FOR THE OPPORTUNITY TO PRESENT THIS MORNING AND TO PARTICIPATE IN THE PROCLAMATION. IT IS AN HONOR TO SERVE AS THE CHAIR OF THE

COMMISSION, AND TO SERVE AS AN OLDER ADULT REPRESENTATIVE HERE AT COUNCIL THIS MORNING. I LOOK FORWARD TO OUR CONTINUED PARTNERSHIP WITH COMMISSIONERS SMITH AND SHIPRACK, THE ELDERS IN ACTION CO-LIAISONS AND TO THE ENTIRE BOARD ON ENSURING THAT WE ALL HAVE THE OPPORTUNITY TO AGE WITH DIGNITY IN THE COUNTY THAT WE CALL HOME. THANK YOU.

>> Commissioner Smith: THANK YOU. CHAIR, AS MUCH AS I DON'T LIKE FLASH MOBS, BUT I THINK I WOULD JOIN THAT FLASH MOB. THAT WAS GREAT. THANK YOU ALL FOR COMING TODAY. IT'S A REAL HONOR FOR ME TO BE ABLE TO HAVE THIS PROCLAMATION AND WE HAVE BEEN DOING IT FOR A COUPLE OF YEARS NOW AND SO I REALLY APPRECIATE YOUR EFFORTS TO EDUCATE US ON WHAT FALLS ARE LIKE AND WHO IS ACTUALLY FALLING AND IT'S VERY IMPORTANT TO OUR COMMUNITY. SO, AND, BILL, I'M SO HAPPY THAT YOU HAD THE GOOD SENSE TO HOLD ON TO THE RAIL. THAT REALLY SAVED A LOT OF PAIN AND INJURY.

>> IT SURE DID.

>> Commissioner Smith: THANK YOU.

>> Chair Kafoury: WHO IS GOING TO READ THE PROCLAMATION? ARE YOU GOING TO READ THE PROCLAMATION, BILL?

>> OKAY.

>> I DON'T HAVE IT.

>> NEITHER DO I.

Commissioner Smith: DOES ANYONE HAVE THE PROCLAMATION?

Chair Kafoury: THAT WOULD BE FABULOUS SO THAT WE COULD READ IT.

>> AGENDA PLACEMENT.

>> Commissioner Smith: IT SHOULD BE.

>> Chair Kafoury: PROBABLY ONLINE.

Commissioner Smith: LET'S SEE HERE. I SHOULD KNOW THE PROCLAMATION BY HEART.

Chair Kafoury: IS IT JUST A SENTENCE? YOU HAVE IT. OKAY.

>> I SEE. OKAY. BEFORE THE BOARD OF COUNTY COMMISSIONERS OF MULTNOMAH COUNTY, OREGON, PROCLAMATION NUMBER -- PROCLAIMING SEPTEMBER 2014, FALLS PREVENTION AWARENESS MONTH AND NATIONAL SENIOR CENTER MONTH IN MULTNOMAH COUNTY, OREGON. MULTNOMAH COUNTY BOARD OF COMMISSIONERS FINDS THE 2014 NATIONAL FALLS PREVENTION AWARENESS MONTH THEME IS STRONG TODAY, FALLS FREE TOMORROW. SEEKING TO RAISE AWARENESS ON HOW TO PREVENT FALL-RELATED INJURIES AMONG OLDER ADULTS. A GOAL THAT THE AGING NETWORK OLDER ADULTS CARE GIVERS AND FAMILY MEMBERS EMBRACE AND THAT THE COUNTY ACTIVELY PROMOTES. THE 2014 NATIONAL SENIOR CENTER MONTH THEME IS SENIOR CENTERS, EXPERTS AT LIVING WELL, WHICH CAPTURES THE KEY ROLE COUNTY FUNDED SENIOR CENTERS, ALONG WITH OTHER COUNTY AND COMMUNITY AGENCIES, SERVING OLDER ADULTS, PREVENTING FALLS AND ENCOURAGING HEALTHY AGING. EVIDENCE-BASED PROGRAMS, SUCH AS TAI CHI, MOVING FOR BETTER BALANCE, AT THE URBAN LEAGUE MULTI-CULTURAL SENIOR CENTER, HOLLYWOOD SENIOR CENTER, CHARLES JORDAN COMMUNITY CENTER, SOUTHWEST COMMUNITY CENTERS AND CHURCH, A MATTER OF BALANCE AND STEADY AT OHSU, STEPPING ON AT LEGACY EMANUEL, PROVIDENCE, AND VA MEDICAL CENTERS, AND THE OTAGO EXERCISE PROGRAM FOR HOME-BOUND SENIORS AT BEYOND THE CLINIC PHYSICAL THERAPY ARE SIGNIFICANTLY REDUCING OLDER ADULT FALL RISK AND FALLS. SENIOR CENTERS PROVIDE A WEALTH OF OPPORTUNITIES TO HELP OLDER ADULTS LIVE WELL. YOGA AND OTHER FORMS OF EXERCISE, CHRONIC DISEASE MANAGEMENT WORKSHOPS, ARTS AND CRAFTS ACTIVITIES, OUTINGS TO PLACES OF INTEREST, EDUCATIONAL CLASSES, SUPPORT GROUPS, AND A VARIETY OF SOCIAL ACTIVITIES INCLUDING MEALS. BY SUPPORTING SENIOR CENTERS EFFORTS TO KEEP OLDER ADULTS ACTIVE AND ENGAGED, AND FALLS PREVENTION PROGRAMS THAT IMPROVE THEIR STRENGTH, BALANCE, AND FLEXIBILITY, MULTNOMAH COUNTY HELPS ENSURE THE SAFETY, INDEPENDENCE AND WELL BEING OF ITS OLDER RESIDENTS. THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS PROCLAIMS SEPTEMBER 2014 AS NATIONAL FALLS PREVENTION AWARENESS AND SENIOR CENTER MONTH IN MULTNOMAH COUNTY. A TIME TO HONOR AND PROMOTE FALLS PREVENTION PROGRAMS THAT ENHANCE OLDER ADULTS HEALTH AND SENIOR CENTERS THAT PROVIDE A WELCOMING PLACE TO GATHER FOR ACTIVITIES, LEARNING, AND COMPANIONSHIP. ADOPTED THIS 18th DAY OF SEPTEMBER, 2014, BOARD OF COUNTY COMMISSIONERS FOR MULTNOMAH COUNTY, OREGON.

>> Chair Kafoury: ANY BOARD QUESTIONS OR COMMENTS?

>> Commissioner McKeel: THANK YOU. I WANT TO THANK ALL OF YOU FOR BEING HERE. I THANK COMMISSIONER SMITH FOR BRINGING THIS PROCLAMATION FORWARD. I THINK THIS AWARENESS PIECE IS SO IMPORTANT. I THINK PEOPLE THINK, OH, YOU FALL. THAT'S WHAT HAPPENS TO US, WE FALL. BUT I THINK TO REALLY HIGHLIGHT THE IMPACTS THAT FALLS

HAVE, PARTICULARLY ON OLDER, OUR OLDER POPULATION, IS VERY, VERY IMPORTANT, AND, BILL, I'M GLAD YOU WERE HOLDING THE HANDRAIL, TOO. I WANT YOU TO KNOW THAT I HOLD THE HANDRAIL WHEN I GO UP AND DOWN STAIRS MY SELF. THANK YOU ALL FOR BEING HERE.

>> Chair Kafoury: I ALSO WANT TO ADD MY THANKS BEFORE WE VOTE. IT'S REALLY INTERESTING FOR US TO LEARN AND FOR THOSE OF US WHO WE CONNECT WITH TO LEARN THAT SIMPLY DOING EXERCISES LIKE TAI CHI AND OTHER THINGS CAN REALLY HELP. IT DOESN'T HAVE TO BE A FACT OF LIFE THAT THE SHEER NUMBER, LARGE NUMBER OF PEOPLE FALL AND INJURE THEMSELVES. I HOPE EVERYONE STARTS, THOSE OF YOU WHO ARE NOT EXERCISING WILL START DOING THAT. AT MULTNOMAH COUNTY WE ARE ALL ABOUT EXERCISE AS WELL. THANK YOU. THANK YOU FOR COMING AND THANK YOU FOR THE TAI CHI EXAMPLE. THAT WAS A FUN ADDITION TO OUR BOARD MEETING THIS MORNING. ALL IN FAVOR VOTE AYE. [CHORUS OF AYES]

>> Chair Kafoury: THANK YOU, COMMISSIONER SHIPRACK. THE PROCLAMATION IS APPROVED. [APPLAUSE]

>> BUDGET MODIFICATION DCHS, 1115, INCREASING THE DCHS, ADS DIVISION, FEDERAL STATE FUND APPROPRIATIONS BY \$313,800.

>> Commissioner Bailey: SO MOVED.

>> Commissioner Smith: SECOND.

>> MOVED AND SECOND, APPROVAL OF R-2.

>> GOOD MORNING. I'M PAUL IARROBINO, DEPARTMENT OF COUNTY HUMAN SERVICES AND I'M HERE TO SEEK YOUR SUPPORT FOR THE BUDGET AMENDMENT WHICH WOULD ALLOW US TO PROVIDE OUTREACH TO OLDER ADULTS AND PEOPLE WITH DISABILITIES FOR SOME CHANGES IN THE STATE LAW THAT IMPACTED THE ELIGIBILITY FOR THE SENIOR TAX DEFERRAL PROGRAM. SO, THERE WERE SOME FOLKS THAT ARE -- WHO ARE LOW INCOME AND WE WILL PROVIDE OUTREACH TO THEM TO MAKE IT MORE EQUITABLE. THIS WOULD ALLOW US TO REACH OUT TO FOLKS STATEWIDE, PROVIDE OUTREACH AND -- MONEY THAT THEY PAID IN TAXES.

>> THANK YOU, CHAIR. WORKING ON A PRIOR ITERATION HERE AS WELL -- AFFECTED BY THIS CHANGE. WE WERE ABLE TO ALLOCATE ADDITIONAL MONEY. I WANT TO THANK JOHN MULLEN FOR THIS WORK TO GET THIS MONEY ALLOCATED. I HAVE HEARD FROM A NUMBER OF MY CONSTITUENTS, WHO I AM VERY HAPPY -- I HOPE WILL HELP BENEFIT FROM THESE KINDS OF FUNDS AND GET FOLKS BACK ON A PATH TO BEING ABLE TO STAY IN THEIR HOMES. I'M REALLY EXCITED TO SEE THIS MONEY COMING THROUGH.

>> Chair Kafoury: ALL IN FAVOR VOTE AYE. [CHORUS OF AYES]

>> Chair Kafoury: OPPOSED? THE BUDGET MODIFICATION IS APPROVED.

>> THANKS VERY MUCH.

>> R-3, NOTICE OF INTENT TO -- HIV AIDS BUREAU RYAN WHITE --

>> SO MOVED.

>> SECOND.

>> COMMISSIONER McKEEL MOVES, COMMISSIONER SMITH SECONDS APPROVAL OF R-3.

>>> GRANT WRITER WITH THE HEALTH DEPARTMENT. AND MARGY ROBINSON, CARE SERVICES MANAGER. WE WOULD LIKE TO PRESENT THE NOTICE TO INTENT TO APPLY FOR \$4,347,682 FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR THE HIV/AIDS, RYAN WHITE PART AN HIV EMERGENCY RELIEF GRANT PROGRAM. ASSISTANCE TO METROPOLITAN AREAS -- HIV CARE SERVICES, PART OF THE PROGRAM, HAS RECEIVED PART A FUNDS FOR 20 YEARS AS A GRANTEE FOR THE PORTLAND TRANSITIONAL GRANT AREA, TGA. MULTNOMAH, CLACKAMAS, WASHINGTON, COLUMBIA, YAMHILL COUNTIES IN OREGON, AND CLARK COUNTY IN WASHINGTON. APPLY FOR ANOTHER YEAR OF PART A FUNDING TO CONTINUE TO PROVIDE PEOPLE LIVING WITH HIV/AIDS, HIGH QUALITY, CULTURALLY COMPETENT CORE MEDICAL AND SUPPORT SERVICES. 85% OF FUNDS ARE PUT OUT INTO CONTRACTS TO COMMUNITY-BASED ORGANIZATIONS AND LOCAL HEALTH DEPARTMENTS FOR DIRECT SERVICE PROVISION BASED ON SERVICE CATEGORIES IDENTIFIED BY THE HIV SERVICES PLANNING COUNCIL. INCLUDE OUTPATIENT MEDICAL CARE, HOUSING -- THE STD, HIV, AND THE HIV CLINIC, CORRECTIONS HEALTH RECEIVE FUNDING FOR OUTPATIENT MEDICAL CARE, CASE MANAGEMENT, EARLY INTERVENTION SERVICES. REMAINING 15%, ADMINISTRATIVE, QUALITY MANAGEMENT ACTIVITIES. I WOULD LIKE TO ASK MARGY ROBINSON --

>> I'M MARGY ROBINSON, HIV CARE SERVICES MANAGER. I WOULD LIKE TO SHARE DATA ABOUT THE IMPACT OF THE FUNDS AND EXAMPLES OF THE OUTCOMES WE HAVE SEEN AMONG THE HIV POSITIVE CLIENTS SERVED WITH THE RYAN WHITE DOLLARS. THE PLANNING COUNCIL, A COMMUNITY PLANNING AND DECISION-MAKING BODY. I ALSO HAVE RECRUITMENT BROCHURES FOR YOU TO LOOK AT AND I LEFT SOME AT THE BACK OF THE ROOM AS WELL. PLANNING COUNCIL IS A GROUP OF COMMUNITY MEMBERS WHO HAVE BEEN GIVEN THE RESPONSIBILITY OF ESTABLISHING THE PRIORITIES AND ALLOCATIONS DECISIONS FOR RYAN WHITE FUNDING. IT IS THE PLANNING COUNCIL THAT MADE THE SERVICES DECISIONS THAT ARE

INCLUDED IN THE GRANT THAT WE'RE SUBMITTING NOW. THEY DECIDED WHICH SERVICES ARE NEEDED IN THE COMMUNITY, AND HOW MUCH FUNDING SHOULD BE REQUESTED FOR EACH SERVICE. AND IF WE DO NOT RECEIVE WHAT WE REQUEST, THEY ARE THE PEOPLE THAT HAVE TO MAKE THE DIFFICULT DECISIONS OF WHAT WON'T BE FUNDED AS WELL. IT IS A REQUIREMENT OF THE GRANT THAT AT LEAST 33% OF THE COUNCIL BE PEOPLE LIVING WITH HIV IN ORDER TO ENSURE THAT THE VOICE OF THE CLIENT IS AT THE CENTER OF OUR DECISION MAKING. I AM HONORED TO WORK WITH THIS GROUP WHO DEVOTES THEIR TIME AND THEIR ENERGY TO HIV SERVICES PLANNING AND MAKING WHAT CAN SOMETIMES BE VERY DIFFICULT DECISIONS. SO, WHAT HAPPENS AS A RESULT OF OUR GETTING THESE FUNDS. 3,013 CLIENTS WERE SERVED IN THE PAST YEAR. THAT YEAR IS FROM MARCH 1st TO FEBRUARY 28th. 67% OF THOSE CLIENTS IDENTIFIED AS WHITE, 33 IDENTIFIED AS PEOPLE OF COLOR. OF CLIENTS RECEIVING MEDICAL CARE, 83% CONSIDERED WHAT WE CALL VIRALLY SUPPRESSED, MEANING THE LEVEL OF HIV VIRUS IN THEIR BLOOD IS VERY LOW. LOW VIRAL LOAD LEADS TO BETTER HEALTH -- 85% OF CLIENTS CONSIDERED ENGAGED IN CARE, MEANING THEY ARE REGULARLY ATTENDING MEDICAL VISITS. THESE ARE THE MEAN OUTCOME MEASURES OF THE GRANT AND THE RESULTS OF GOOD. HIV CLINIC, MULTNOMAH COUNTY HEALTH DEPARTMENT, PROVIDES A TRUE PRIMARY CARE MEDICAL HOME FOR THESE CLIENTS. CLIENTS ARE ABLE TO ACCESS MEDICAL CARE, CASE MANAGEMENT, AND MEDICATION ADHERENCE ASSISTANCE FROM A CLINICAL PHARMACIST WITHIN THAT LOCATION. THOSE WHO NEED ADDITIONAL HELP PAIRED WITH A CLIENT NAVIGATOR, SOMEONE WHO HELPS THEM NAVIGATE THE SERVICES, ENCOURAGE SELF-MANAGEMENT AND TEACHES CLIENTS TO ADVOCATE FOR THEMSELVES. THIS MODEL OF CARE KEEPS PEOPLE HEALTHIER AND SAVES COSTS IN THE LONG RUN, IN THE SHORT RUN IT DOES COST MORE. RYAN WHITE FUNDING PAYS FOR OTHER WRAP-AROUND SERVICES THAT HELP OUR CLIENTS MAINTAIN ENOUGH STABILITY IN THEIR LIVES TO STAY ENGAGED IN MEDICAL CARE. 690 CLIENTS RECEIVED SOME KIND OF HOUSING ASSISTANCE, INCLUDING HOUSING CASE MANAGEMENT, ASSISTANCE WITH FINDING HOUSING OR SHORT-TERM ASSISTANCE PAYING RENT. 2,289 CLIENTS RECEIVED CASE MANAGEMENT SERVICES. RYAN WHITE CASE MANAGERS WORK TIRELESSLY LAST YEAR TO ENROLL ALL CLIENTS IN THE AFFORDABLE CARE ACT AND TO SMOOTH THEIR TRANSITION AS BEST POSSIBLE TO NEW TYPES OF INSURANCE. MORE THAN 1,000 CLIENTS WERE SUCCESSFULLY TRANSITIONED TO MEDICAID, MEDICARE, QUALIFIED HEALTH PLAN OR INSURANCE PLAN OUTSIDE OF THE EXCHANGE. OUR CHALLENGES CONTINUE. DESPITE MANY CLIENTS BECOMING INSURED THROUGH THE AFFORDABLE CARE ACT, THE CHALLENGES OF KEEPING CLIENTS ENROLLED IN INSURANCE REMAIN. THIS NEXT YEAR, MANY OF OUR CLIENTS WHO ENROLLED THROUGH COVER OREGON HAVE TO CHANGE AND GO THROUGH THE FEDERAL EXCHANGE. OUR CASE MANAGERS ARE THERE TO HELP THEIR CLIENTS MAKE THIS TRANSITION. THE PROPORTION OF OUR CLIENTS WITH TWO OR MORE CHRONIC CONDITIONS INCLUDING MENTAL ILLNESS AND

SUBSTANCE ABUSE CONTINUES TO GROW. IT IS IN ORDER TO CONTINUE TO ASSIST OUR MOST VULNERABLE CLIENTS WITH COORDINATED AND ESSENTIAL SERVICES THAT WE NEED ONGOING RYAN WHITE FUNDING. THANKS.

>> DO YOU HAVE COMMENTS?

>> Commissioner Smith: MADAM CHAIR, I HAVE A COUPLE OF QUESTIONS. 85% OF THE FUNDS WILL GO OUT ON THE STREETS TO COMMUNITY-BASED ORGANIZATIONS. COULD YOU TELL ME SOME OF THE PARTNERS THAT YOU ARE GOING TO BE WORKING WITH?

>> SURE. WE WORK WITH CASCADE AIDS PROJECT, CENTRAL CITY CONCERN, WITH QUEST, CENTER FOR INNOVATIVE HEALTH. CLARK COUNTY HEALTH DEPARTMENT. OUR OWN CORRECTIONS HEALTH PROGRAM, HIV CLINIC AT MULTNOMAH COUNTY HEALTH DEPARTMENT. AND WE ARE LOOKING -- WE'RE JUST STARTING SOME RELATIONSHIPS WITH WASHINGTON COUNTY HEALTH DEPARTMENT AS WELL, AND ECUMENICAL OF OREGON AS WELL.

>> Commissioner Smith: WHY DO YOU THINK SO MANY COMMUNITIES OF COLOR HAVE A HIGHER INFECTION RATE?

>> I THINK THAT THE INFECTION RATES HAVE A LOT TO DO WITH OTHER ACCESSES TO SERVICES. AND IT'S CORRELATED A LOT WITH LEVELS OF POVERTY AS WELL. I THINK IT BECOMES VERY CHALLENGING IF YOUR LIFE IS UNSTABLE, OR IF YOU'RE FACING RACISM IN OTHER PARTS OF YOUR LIFE TO BE ABLE TO MAKE ALL THE RIGHT DECISIONS AT ALL THE RIGHT TIMES AND SO I THINK THERE ARE OTHER RISKS THAT OUR FUNDS ARE UNABLE TO ATTACK DIRECTLY, BUT I THINK THAT THROUGH OFFERING OUR CULTURALLY COMPETENT SERVICES AND ALSO WORKING ON POLICIES THAT WORK AGAINST HOMOPHOBIA AND RACISM, I THINK WE TRY TO WORK UPSTREAM TO AFFECT THE OTHER CHALLENGES AS WELL.

>> Commissioner Smith: WHAT ORGANIZATIONS ARE WE GOING TO BE PARTNERING WITH TO HELP EDUCATE FOLKS IN THOSE COMMUNITIES?

>> DO YOU WANT TO TALK A LITTLE ABOUT THE PREVENTION PROGRAM?

>> MARGY IS MANAGER OF THE CARE SERVICES PROGRAM, PROVIDING THE DIRECT -- CONTACTS TO THE DIRECT SERVICES TO PEOPLE ONCE THEY HAVE BEEN INFECTED WITH HIV. PROGRAMS WITH DIFFERENT FUNDING FROM THE CDC, COUNTY TAX DOLLARS, STATE TAX DOLLARS THAT WORK WITH SPECIFIC COMMUNITIES OF COLOR, YOUTH AND YOUNG ADULTS AND WE HAVE A NUMBER OF COALITIONS AND PARTNERSHIPS, A COALITION FOCUSING ON LATINO SEXUAL HEALTH, THE SEXUAL HEALTH EQUITY PROGRAM, WITHIN OUR PROGRAM, AND WORKS WITH -- WE WORK MORE

BROADLY WITH SCHOOL DISTRICTS, WITH FOLKS WHO ARE WORKING WITH COMMUNITY HEALTH WORKERS THAT ARE CULTURALLY SPECIFIC -- WE -- INTERESTING ROLE IN THE COMMUNITY IN TERMS OF COMMUNITY EDUCATION. URBAN LEAGUE, IN TERMS OF THE ROLE THAT THEY HAVE TAKEN ON MORE RECENTLY WITH COMMUNITY HEALTH WORKER DEVELOPMENT. THOSE ARE SOME EXAMPLES.

>> Commissioner Smith: THAT'S GREAT. IT IS GOOD TO HEAR YOU ARE WORKING WITH LATINO NETWORK, SINCE WE HAVE A HIGH TEENAGE PREGNANCY RATE IN THE LATINO COMMUNITY. THAT IS GOING TO BE REALLY GOOD TO GET ADDITIONAL INFORMATION OUT TO EDUCATE FOLKS. THANK YOU.

>> Chair Kafoury: OTHER QUESTIONS?

>> THANK YOU FOR BEING HERE. I KNOW THE RYAN WHITE FUNDS ARE CRITICALLY IMPORTANT TO THE WORK THAT WE DO AND I KNOW THERE ARE DIFFERENT PARTS TO THEM. COULD YOU QUICKLY WALK US THROUGH WHAT EACH PART DOES? I KNOW YOU'RE HERE, PART A AND PART C -- JUST TO CLARIFY.

>> PART A IS DEDICATED TO METROPOLITAN AREAS. AND THOSE ARE DESIGNATED AS THE METROPOLITAN AREAS AS THE EMSAs FOR -- AT THE FEDERAL LEVEL. PORTLAND AREA IS WHAT'S CONSIDERED A TRANSITIONAL GRANT AREA, MEANING THAT WE'RE SMALLER THAN PLACES LIKE NEW YORK CITY AND SAN FRANCISCO, BUT WE'RE STILL A LARGE ENOUGH POPULATION CENTER THAT IT IS DEEMED THAT WE NEED THESE SERVICES IN OUR METRO AREA SPECIFICALLY. PART B PROGRAM COMES TO THE STATE, AND THERE ARE TWO PARTS TO THAT. THAT'S THE AIDS DRUG ASSISTANCE PROGRAM, WHICH REALLY PAYS FOR PEOPLE WHO ENSURE THAT THEY CAN GET THEIR - - THE NECESSARY MEDICATIONS. IN OREGON, WE OFFER THAT THROUGH HELPING PEOPLE PAY THEIR PREMIUMS AND COPAYS BECAUSE IT IS A MUCH MORE COST EFFECTIVE WAY TO GET PEOPLE THEIR DRUGS RATHER THAN BUYING -- PART C FUNDS COME FOR DIRECT CLINICAL CARE. THE PART C CLINIC IS THE HIV CLINIC AT MULTNOMAH COUNTY HEALTH DEPARTMENT. THEY RECEIVE FUNDS THROUGH PART C. THEY ALSO RECEIVE FUNDS THROUGH PART A. SO, IT DOES GET CONFUSING. PART D FUNDS ARE FUNDS FOR WOMEN, YOUTH, AND CHILDREN, AND HIV CLINICS ALSO GET THOSE SERVICES, THAT FUNDING AND THEY PARTNER WITH CASCADE AIDS PROJECT TO PROVIDE SOME OF THOSE SERVICES. THERE IS NO PART E. I DON'T KNOW WHY. PART F IS -- NO, IT KEEPS GOING. PART F IS A RANGE OF SERVICES THAT THE AIDS EDUCATION AND TRAINING CENTER, IT FUNDS OHSU DENTAL, BECAUSE THEY ARE ABLE THEN -- THEY RECEIVE SOME PART A FUNDS AND THEN ANYTHING THAT THEY ARE NOT ABLE TO FUND USING OUR FUNDS THAT GO UNREIMBURSED, THEY ARE ABLE TO APPLY FOR THOSE AS A PART OF THEIR PART F GRANT. THERE ARE ALSO SEVERAL OTHER RESEARCH STUDIES

THAT ARE PART OF WHAT'S CALLED THE SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE, WE CALL SPINS, AND THEY HELP FUND THE NAVIGATORS AT THE HIV CLINIC. IT IS A BRAID OF FUNDS.

>> Commissioner McKeel: THANK YOU, THAT WAS AMAZING. I APPRECIATE THAT. I ALSO HAD SOME QUESTIONS AROUND THE PLANNING COUNCIL. DOES THE PLANNING COUNCIL MAKE THE DECISIONS FOR ALL OF THESE PARTS OF THE RYAN WHITE FUND OR JUST THE PART --

>> JUST THE PART A.

>> Commissioner McKeel: OKAY. AND DO THEY LOOK AT -- DO THEY HAVE SOME KIND OF A -- THEY DO SOME KIND OF A SYSTEMS OF CARE PLAN OR PRIORITIZATION PLAN? I KNOW YOU SAID THEY HAVE TO MAKE THE HARD DECISIONS IF THEY ARE THERE -- IS THERE PRIORITIZATION OF WHERE THE FUNDING SHOULD GO AND HOW IT LOOKS IN THE SYSTEM OF CARE?

>> YES. THEY MAKE A PRIORITY PLAN AND THEN THEY ASSIGN AMOUNTS OF FUNDING FOR THAT PLAN TO -- FOR THE GRANT REQUEST. AND THEN AFTER THAT, THEY MAKE UP WHAT IS CALLED A CONTINGENCY PLAN FOR IF WE DON'T GET EVERYTHING THAT WE REQUESTED, THEN WHERE SHOULD THE FUNDING GO? AND WE WORKING IN THE HEALTH DEPARTMENT USE THEIR DECISIONS TO APPLY THE FUNDS AND PUT THEM OUT IN CONTRACTS ACCORDING TO THE PRIORITIES THAT THE COUNCIL ESTABLISHED.

>> Commissioner McKeel: AND JUST IN GENERAL, WHO SITS ON THIS COUNCIL? I MEAN, YOU DON'T HAVE TO GIVE ME ALL, BUT I'M JUST TRYING TO GET A FEEL FOR THE AREAS THAT ARE REPRESENTED.

>> RIGHT. THERE ARE 15 REQUIRED REPRESENTATIVES. WE NEED TO HAVE SOMEBODY WHO IS A MEDICAL CARE PROVIDER, SOMEONE TO REPRESENT COMMUNITY-BASED ORGANIZATIONS, OTHER LOCAL LEADERS. CONSUMERS ARE ENORMOUS PART OF THE COUNCIL. WE ALSO HAVE ORAL HEALTH CARE PROVIDERS, SUBSTANCE ABUSE PROVIDERS, SOMEBODY FROM STATE MEDICAID, SOMEBODY REPRESENTING THE PREVENTION PROGRAMS AS WELL. WE TRY TO HAVE REPRESENTATION FROM PEOPLE WHO ARE GOING TO BE VERY WELL VERSED IN ALL OF THE SERVICES THAT WE WILL BE PROVIDING, AS WELL AS CONSUMERS WHO ARE RECEIVING THOSE SERVICES. BECAUSE THEY'RE THE ONES WHO CAN REALLY TELL US IF WHAT WE'RE DOING IS WORKING AND MAKING SENSE TO THEM.

>> THE CONSUMERS, CLIENTS, PEOPLE LIVING WITH HIV IN THE COMMUNITY, RIGHT NOW ARE OVER HALF OF OUR COUNCIL. I NEED TO EMPHASIZE AGAIN, LIKE MARGY, THE APPRECIATION THAT WE HAVE FROM THEM. THEY HAVE TO LEARN HOW TO UNDERSTAND EPIDEMIOLOGY, BUDGET SHEETS. WE GIVE THEM A TON OF SUPPORT AND TRAINING. A GREAT PROFESSIONAL

DEVELOPMENT OPPORTUNITY FOR THEM, BUT AT THE END OF THE DAY THEY KNOW WHICH TYPES OF SERVICES ARE ALLOWED TO BE FUNDED AND THEY HAVE TO CHOOSE HOW TO PROPORTION THOSE. ONCE THEY DO THAT, THEN THE CONTRACTING PROCESS WITH THE RFP AND THE COMPETITION FOR CONTRACTS AND WHICH AGENCIES GET FUNDED IS IN OUR PURVIEW, NOT THEIRS. THEY STAY VERY BLINDED TO AGENCY-SPECIFIC FUNDING ISSUES. A TYPE OF SERVICE. IT IS OUR JOB TO MAKE SURE THAT THAT TYPE OF SERVICE IS PROVIDED IN A WAY THAT HAS GEOGRAPHIC EQUITY ACROSS THE URBAN AND RURAL PARTS -- EQUITY AMONG DIFFERENT SUB-POPULATIONS.

>> THANK YOU. DO THEY LOOK AT THE OTHER PARTS OF THE RYAN WHITE GRANT AS THEY MAKE THEIR DECISIONS? I MEAN THE PART B, C, Fs AND WHATEVER --

>> YES, THEY DO.

>> Commissioner McKeel: THEY LOOK AT IT AS A SYSTEM OF CARE ACROSS ALL OF THESE FUNDS.

>> YES.

>> Commissioner McKeel: RECEIVED THROUGH THE RYAN WHITE GRANT.

>> AND OUTSIDE OF THE HIV-SPECIFIC FUNDING AS WELL. A LOT OF FOLKS HAVE FUNDING THROUGH AGING AND DISABILITY, MAYBE MEDICARE AND MEDICAID, AND MAYBE THEY'RE ELIGIBLE FOR SECTION 8 HOUSING VOUCHERS OR HOUSING SUPPORT THAT ALSO ARE PART OF THE BROADER SAFETY NET THAT WE HAVE.

>> Commissioner McKeel: THANK YOU SO MUCH. VERY HELPFUL. THANK YOU.

Chair Kafoury: THE NOTICE OF INTENT IS APPROVED. THANK YOU. GO GET THAT MONEY.

>> PROCLAMATION PROCLAIMING SEPTEMBER, 2014, INFANT MORTALITY AWARENESS MONTH IN MULTNOMAH COUNTY.

>> Chair Kafoury: A MOTION.

>> Commissioner Smith: SO MOVED.

>> SECOND.

>> COMMISSIONER SMITH MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF R-4. OKAY.

>> Commissioner Smith: MISS RACHEL.

>> GOOD MORNING.

>> Commissioner Smith: I WANT TO MAKE SURE THAT WE HAVE THE PROCLAMATION. DO WE HAVE THE PROCLAMATION?

>> YES, WE DO.

>> Commissioner Smith: OKAY. GOOD MORNING. IT'S A REALLY, YOU KNOW, GOOD MORNING BECAUSE RACHEL, I HAVE TO GIVE YOU YOUR KUDOS, YOU HAVE BEEN HELPING OUT DISTRICT 2 FOR A FEW YEARS WITH THE PROCLAMATIONS AND YOU HAVE DONE ANOTHER EXCELLENT JOB OF BRIEFING OUR OFFICE ON WHAT'S CURRENT, AND WHAT'S GOING ON. AND, SO, I WANT TO SAY THANK YOU FROM DISTRICT 2 FOR ALL OF YOUR WORK AND ALL OF YOUR STAFF WORK. I WANT TO TAKE A FEW MINUTES TO SAY HOW INSPIRED I AM BY THE BOARD'S EFFORTS TO HIGHLIGHT THE IMPORTANCE OF WORK THAT IS GOING ON IN MULTNOMAH COUNTY AROUND HEALTHY BABIES. AS A MOTHER AND NOW A GRANDMOTHER TO A BEAUTIFUL, HEALTHY GRANDDAUGHTER, I KNOW WELL THE IMPORTANCE OF PRENATAL CARE, HEALTHY EATING, HEALTHY LIFE-STYLES, MAINTAINING A STRESS-FREE ENVIRONMENT, AND SUPPORTING MOTHERS AND THEIR BABIES. YET WHILE I CAN CELEBRATE THE JOYS WITHIN MY OWN FAMILY, I KNOW THAT IS NOT THE CASE FOR MANY AFRICAN-AMERICAN, NATIVE AMERICAN, AND ALASKAN NATIVE FAMILIES RESIDING IN MULTNOMAH COUNTY. AND LET ME JUST READ YOU JUST A BIT OF THE INFORMATION THAT RACHEL SHARED WITH ME. THE 2007-2009 COMBINED THREE-YEAR INFANT MORTALITY RATE FOR AFRICAN-AMERICANS IN MULTNOMAH COUNTY IS 10.8 DEATHS PER 1,000 LIVE BIRTHS. AFRICAN-AMERICANS AND NATIVE AMERICANS, ALASKAN INDIAN, HAVE THE HIGHEST INFANT DEATH RATES AMONG ALL ETHNIC POPULATIONS IN MULTNOMAH COUNTY, AND AFRICAN-AMERICAN INFANTS ARE NEARLY TWICE AS LIKELY TO DIE AS COMPARED TO NON-HISPANIC WHITE INFANTS. NOT ONLY ARE AFRICAN-AMERICANS EXPERIENCING A HIGHER INFANT MORTALITY RATE, THEY'RE ALSO EXPERIENCING A HIGHER RATE OF DISCRIMINATION, WHICH IS DOCUMENTED SOURCE OF HARMFUL STRESS. ONE STUDY FOUND THAT WOMEN WHO GAVE BIRTH TO VERY LOW-WEIGHT BABIES WERE MORE LIKELY TO HAVE EXPERIENCED RACIAL DISCRIMINATION THAN WOMEN WHO HAD NORMAL WEIGHT BABIES. HEALTH INEQUITIES ARE UNAVOIDABLE AND UNJUST AND COSTLY, AND THE INFORMATION THAT WE GOT IN RETURN -- IN REGARDS TO THESE STATISTICS, THEY CAME FROM THE 2009 MATERNAL INFANT HEALTH ASSESSMENT AND THE CENTERS FOR DISEASE CONTROL, 2008 INFANT MORTALITY REPORT, AS NOTED IN ARTICLES IN USA TODAY, IN A JULY 2011 ARTICLE. NOW, I KNOW I'M PREACHING TO THE CHOIR TODAY. THOSE OF YOU WHO ARE IN THIS ROOM ARE WELL AWARE OF THE ISSUE. AND YOU WORK VERY HARD DAILY, WEEKLY, MONTHLY, AND YEARLY TO MAKE A DIFFERENCE IN OUR COMMUNITY. FOR THOSE OF YOU

WATCHING THIS PRESENTATION TODAY, VIA STREAMING VIDEO OR CABLE TV KNOW THAT WE AT MULTNOMAH COUNTY FIND THE DATA IN THE STORIES UNSETTLING. WE KNOW THAT WE MUST USE OUR PRECIOUS RESOURCES TO MAXIMIZE THE WORK THAT'S BEING DONE AND COMPLETED BY THOSE FUNDERS FROM THE STATE, FROM THE FEDERAL GOVERNMENT, AND PHILANTHROPIC COMMUNITY. COMMUNITY-BASED ORGANIZATIONS AND NON-PROFITS AND COMMUNITY ACTIVISTS AND ADVOCATES, AND WHILE THE DATA GIVES US PAUSE, NO THAT WE'RE DOING SOMETHING ABOUT IMPROVING THE OUTCOMES FOR HEALTHY BABIES AND THEIR MOMS. RACHEL, I KNOW YOU AND YOUR COLLEAGUES WILL PROVIDE US WITH THE OTHER SIDE OF THE STORY ON HOW WE'RE TRYING TO COMBAT THIS. I TOOK -- I LOOK FORWARD TO HEARING HOW THE HEALTHY BIRTH INITIATIVE AND OTHER PROGRAMS FUNDED THROUGH MULTNOMAH COUNTY ARE WORKING TO IMPROVE THE LIVES OF BABIES AND THEIR FAMILIES. THANK YOU, RACHEL, AND THE PRESENTERS CAN BEGIN.

>> THANK YOU COMMISSIONER SMITH AND GOOD MORNING CHAIR KAFOURY, COMMISSIONER McKEEL, COMMISSIONER SMITH, AND COMMISSIONER BAILEY. AND ESPECIALLY THANK YOU, COMMISSIONER SMITH, FOR CONTINUING TO HIGHLIGHT THE ISSUES OF INEQUITIES THAT WE SEE IN OUR COMMUNITIES. I'M HONORED TO BE HERE AND VERY SADDENED TO BE HERE SPEAKING WITH YOU ALL TODAY ABOUT INFANT MORTALITY AND POOR BIRTH OUTCOMES. WE WILL SPEAK TODAY ABOUT WHY THEY EXIST, TALKING ABOUT THE SCOPE OF THE PROBLEM, BUT I THINK MOST IMPORTANTLY OR MOST EXCITINGLY FOR ME REALLY HEARING STORIES FROM FOLKS WHO ARE INVOLVED WITH THE HEALTHY BIRTH INITIATIVES AND FUTURE GENERATIONS COLLABORATIVE. TODAY CORETTA, SHAVONTEE AND MARIE COME TALK TO YOU AS WELL. YOU WILL HEAR STORIES OF BOTH PAIN AND EXTREME RESILIENCE. WE ARE GOING TO HIGHLIGHT SOME EFFECTIVE STRATEGIES AND ALSO I JUST WANTED TO SAY THAT WE'RE MORE THAN WILLING TO COME BACK AT ANY TIME TO DISCUSS ANYTHING FURTHER THAT YOU ALL ARE INTERESTED IN. EARLIER THIS MONTH, MY COLLEAGUES SHARED WHAT I HEARD WAS A DYNAMIC AND DYNAMITE PRESENTATION ON THE MATERNAL CHILD HEALTH COMPREHENSIVE DATA BOOK. AND THIS IS A CONTINUATION IN A WAY OF SHARING THAT DATA. IT'S REALLY THE SECOND SERIES OF PRESENTATIONS THAT TALKS ABOUT THE ISSUES THAT ARE FACING FAMILIES IN OUR COMMUNITY AS THEY LIVE AND WORK AND AGE. AND UNFORTUNATELY, LIKE THE OTHER PRESENTATIONS YOU WILL HEAR ABOUT SOME OF THE DISPARITIES AND UNACCEPTABLE RACIAL AND ETHNIC DIFFERENCES IN HEALTH. THIS PROCLAMATION WILL REALLY NOT ONLY HIGHLIGHT THE DATA, BUT THE STORIES THAT MAKE THIS DATA REAL, THAT GIVE IT A FACE, A VOICE, A FEEL, AND THAT'S OUR INTENT TODAY. SO, THIS DATA SHOWS, AS COMMISSIONER SMITH TALKED ABOUT, THAT AFRICAN-AMERICANS AND NATIVE AMERICANS -- EXPERIENCE THESE DISPROPORTIONATE RATES. AS THE DOCTOR SPOKE ABOUT IN HIS PRESENTATION EARLIER IN THIS MONTH, ROOT CAUSES ARE LESS ABOUT INDIVIDUAL BEHAVIORS AND MORE ABOUT

THE INEQUITIES IN SOCIETY THAT LEAD TO DISPROPORTIONATE RISK FOR POOR BIRTH OUTCOMES AND THE INCREDIBLE STRESS THAT LEADS TO THESE OUTCOMES AND THE STRESS THAT WOMEN FACE ACROSS THEIR LIVES AND ACROSS GENERATIONS. AFRICAN-AMERICAN AND NATIVE AMERICAN AND ALASKAN NATIVE COMMUNITIES SHARE GREAT STORIES OF RESILIENCE AND PRIDE AND HOPE, AND MANY SIMILAR VALUES. FAMILY, SPIRITUALITY AND FAITH, RESPECT FOR ELDERS, AND REALLY AN UNDERSTANDING AND HONOR OF PEOPLE WHO HAVE PAVED THE WAY FOR GENERATIONS TO COME. UNFORTUNATELY, WE ALSO SHARE LEGACIES OF TRAUMA, OF HISTORICAL TRAUMA, RACISM, POVERTY, MISUSE OF RESEARCH AND SOME OF THE THINGS THAT YOU SEE HERE. WE'LL SEE HOW THIS LEGACY REALLY CARRIES THROUGH IN THE DATA. AND THAT DR. LEWIS WILL TALK A LITTLE MORE ABOUT, BUT WHEN WE THINK ABOUT A YOUNG PERSON DYING OR BABY DYING, SOME PEOPLE MAY GO IMMEDIATELY TO SOME ACUTE EVENT OR SOME TRAUMATIC EVENT, BUT MOST OF THE DEATHS THAT WE'RE TALKING ABOUT ARE NOT -- THEY DON'T OCCUR IN AN AMBULANCE RIDE. THE STAGE IS SET FOR THEM MUCH EARLIER, AND THEIR MOTHER'S HEALTH AND LIVES AND THROUGHOUT THEIR PREGNANCY AND THEIR DELIVERY. AS A MOM, IT MAKES MY STOMACH CHURN AND HAIRS STAND ON MY ARMS AND THROUGHOUT MY NECK TO THINK ABOUT THE AGONY THAT FAMILIES FACE AS THEY ARE EXPERIENCING INFANT DEATHS, AND THE COMPLICATIONS OF PREMATURITY AND OTHER BIRTH OUTCOMES. BUT AS A HEALTH DEPARTMENT EMPLOYEE IN YOUR COUNTY, I'M MOTIVATED AND ABSOLUTELY CALLED AND COMMITTED AND CONFIDENT THAT WE CAN AND WE MUST ADDRESS THESE DISPARITIES. BUT WE CAN'T DO IT ALONE. AND IN ORDER TO DO IT, WE MUST REALLY ACKNOWLEDGE THE IMPACT THAT HISTORICAL TRAUMA AND RACISM HAS PLAYED NOT ONLY ON INDIVIDUALS, BUT IN THE PUBLIC POLICIES THAT DETERMINE WHERE PEOPLE LIVE, OPPORTUNITIES THAT THEY HAVE TO BE HEALTHY. WITH THAT, I'M GOING TO TURN IT OVER TO PAUL LEWIS, WHO WILL SHARE MORE WITH YOU ABOUT THE DATA AND THEN HEARING FROM OUR FAMILIES.

>> THANKS, RACHEL. I'M PAUL LEWIS, COUNTY HEALTH OFFICER AND ALSO A PEDIATRICIAN AND FATHER OF THREE. I'M GOING TO SHARE THREE SLIDES WITH YOU TODAY. THEY WERE PREPARED BY OUR EPIDEMIOLOGIST, WHO IS NOT HERE TODAY. SHE IS AWAY AT A CONFERENCE. AS YOU PROBABLY KNOW, INFANT MORTALITY IS PROBABLY THE MOST WIDELY USED HEALTH OUTCOME MEASURE ON THE PLANET. IT CAPTURES A LOT OF IMPORTANT FACTORS IN ONE THING. CONDITIONS RELATED TO WOMEN AND GIRLS, WOMEN HEALTH, CONDITIONS DURING PREGNANCY, ABILITY OF SOCIETY AND THE HEALTH CARE SYSTEM TO CARE FOR INFANTS ONCE THEY'RE BORN. AND AS YOU RECALL, ABOUT A WEEK AND A HALF AGO, WE ALSO HEARD ABOUT HOW IMPORTANT IT IS NOT JUST FOR THAT INFANT AND THAT MOTHER, BUT FOR THE GENERATIONS TO COME. AND, AGAIN, THAT IS REALLY VERY PROFOUND RECENT ADDITION TO OUR KNOWLEDGE. NOW, OVERALL, IF YOU LOOK AT THE UNITED STATES, OREGON DOES A LITTLE BETTER THAN THE

UNITED STATES AS A WHOLE. WITHIN THE STATE, MULTNOMAH COUNTY DOES A LITTLE BIT WORSE THAN THE STATE AS A WHOLE. BUT MORE GLOBALLY, THE UNITED STATES ISN'T DOING VERY WELL. MOST RECENT ESTIMATE FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION, U.S. RANKS 27th. GIVEN OUR RELATIVE WEALTH, THE AMOUNT WE SPEND ON HEALTH AND HEALTH CARE, HOW THAT IS A PRETTY DISAPPOINTING RESULT. WHEN WE LOOK MORE CAREFULLY AT THE INFANT MORTALITY IN MULTNOMAH COUNTY, WE ARE DISAPPOINTED BUT NOT SURPRISED TO SEE THAT INFANT MORTALITY REMAINS HIGHER AMONG COMMUNITIES OF COLOR. DISTURBINGLY AND MOST CONCERNING IS THIS DISPARITY IS NOT IMPROVING, IT IS GETTING WORSE. THE GRAPH IN FRONT OF YOU IS A LITTLE BIT COMPLICATED. IT IS A TIME LINE ON THE LEFT IT STARTS AT 98 AND IT GOES THROUGH 2011. IT LUMPS FOUR YEARS TOGETHER SO THERE IS ADEQUATE NUMBERS SO THAT THE NUMBERS ARE STABLE. THE BLACK JAGGED LINE ABOVE ILLUSTRATES THE RATIO OF ADULT MORTALITY BETWEEN AFRICAN-AMERICANS AND NATIVE AMERICANS -- IF THERE WAS NO DISPARITY, AND IF IT WERE EQUAL, IT WOULD BE THE DASH BLUE LINE BELOW. NOT ONLY IS THERE A LARGE GAP BETWEEN THE HOPE FOR LINE AND THE ACTUAL LINE, IT'S GOING IN THE WRONG DIRECTION. AND IT IS NOW APPROXIMATELY 2 1/2 TIMES GREATER. EILEEN ALSO DID A TREMENDOUS AMOUNT OF WORK DIGGING DOWN INTO SORT OF WHAT IS REALLY BELOW THESE RAW NUMBERS. AND IT LOOKED NOT ONLY AT INFANT MORTALITY, BUT ALSO FETAL MORTALITY. PARTICULARLY IN THE THIRD TRIMESTER. AND WE'RE -- WITH THIS ANALYSIS, THERE IS NOT ONLY ACCESS LOSSES IN THE THIRD TRIMESTER, WHICH IS ALSO AN EXTREMELY TRAUMATIC EXPERIENCE FOR MOTHERS AND FAMILIES, BUT TOO MANY AND TOO LOW WEIGHT BIRTHS ARE OCCURRING. IN ADDITION, THERE IS ALSO DEATHS LATER IN THE FIRST YEAR OF LIFE. AND, AGAIN, THIS ANALYSIS IS QUITE DETAILED AND WE'RE NOT SEEING A PARTICULARLY LARGE NUMBER OF EXCESS DEATHS IN THE FIRST 30 DAYS OF LIFE, NEONATAL PERIOD, BUT IN INFANTS WHO HAD LOWER BIRTH WEIGHTS LATER IN THE FIRST YEAR OF LIFE. FINALLY, WE WANTED TO GIVE YOU A COUPLE OF CONCRETE ILLUSTRATIONS OF WHAT THIS DIFFERENCE IN MORTALITY RATES IN MULTNOMAH COUNTY MEANS. AND ONE WAY OF TRYING TO ILLUSTRATE THAT WOULD BE TRYING TO THINK OF WHAT OUR COUNTY WOULD FEEL LIKE IF WE ALL EXPERIENCED THE SAME HIGHER RATE OF INFANT MORTALITY AS A COMMUNITIES OF COLOR. ON THE LEFT, THE SMALLER STACK OF SCHOOL BUSES ILLUSTRATES WHAT WE HAVE EXPERIENCED FROM 1998 TO 2011. THERE WERE NEARLY 600 INFANT DEATHS, AND WE ILLUSTRATED THIS BY APPROXIMATELY 17 SCHOOL BUSES HOLDING 40 CHILDREN EACH, EXCEPT THERE AREN'T ANY CHILDREN IN THE SCHOOL BUSES BECAUSE THESE INFANTS DIED. ON THE RIGHT, NEARLY TWICE AS MANY BUSES WITH EMPTY STREETS ARE ILLUSTRATED, INDICATING THE PAIN AND SUFFERING THAT THE COUNTY WOULD HAVE EXPERIENCED AS A WHOLE IF WE ALL EXPERIENCED THE SAME HIGH INFANT MORTALITY RATE. ANOTHER ILLUSTRATION, PILE OF OVER 600 DIAPERS INDICATING THE 600 ACCESS AND WE WOULD CONSIDER AVOIDABLE DEATHS AMONG INFANTS IN

OUR COMMUNITY. ANOTHER CRITICAL POINT WE HEARD ABOUT LAST WEEK FROM LARRY WOLLOCK, TALK ABOUT THE STRESS, CONDITIONS OF WOMEN AND CHILDREN THAT LEAD TO VULNERABILITIES IN THE INFANTS. WHEN THERE ARE VULNERABILITIES, WE CAN PROVIDE SUPPORT AND CHANGE THE TRAJECTORIES. WE WANT TO TURN IT OVER TO THREE WOMEN, CORETTA, SHAVONTEE AND MARIE, DEMONSTRATE THE RESILIENCE AND INSIGHT INTO THINGS THAT WE CAN CONTINUE TO SUPPORT.

>> Chair Kafoury: THANK YOU. PLEASE COME FORWARD.

>> GOOD MORNING. MY NAME IS CORETTA KING. I'M HERE TO SUPPORT MOMS AND BABIES AND FAMILIES BY PROCLAIMING INFANT MORTALITY AWARENESS. WHAT HAPPENED TO ME ABOUT THREE YEARS AGO, I GAVE BIRTH TO MY FIRST SON THAT I LOST, AND HE WAS -- I HAD AN INFECTION IN MY AMNIOTIC FLUID AND HE DIDN'T MAKE IT. BY THE TIME I GOT TO THE HOSPITAL, HE HAD STARTED TO CROWN. SO THEY TOOK HIM AWAY AND HE TOOK TWO BREATHS AFTER HAVING HIM AND HE SLIPPED AWAY. HIM AND TAYLOR'S SITUATION -- TAYLOR WAS BORN AT SIX MONTHS. BABY BOB WAS FIVE MONTHS. AS YOU CAN SEE, HE WAS IN AN INCUBATOR FOR 2 1/2 MONTHS. HE HAD TO HAVE HEATED LIGHTS. HE HAD THREE BLOOD TRANSFUSIONS AND HE STILL SURVIVED. HE IS IN THE BACK WITH MY MOM HERE. HE IS HERE AND HE'S HEALTHY AND HE'S DOING GOOD. I ALSO HAVE A 16-YEAR-OLD THAT IS HERE TODAY THAT ALMOST DIDN'T MAKE IT. HE WAS TWO MONTHS. HIS SITUATION WASN'T AS INTENSE AS TAYLOR'S AND BABY BOB'S, BUT HE PULLED THROUGH. I HAD HIM AT EMANUEL HOSPITAL. HE WAS TWO POUNDS AND HE CAME TWO MONTHS EARLY. SO THOSE ARE MY MIRACLE BABIES. IT WAS REALLY HARD TO GO TO THE HOSPITAL EVERY DAY TO SEE HIM. I HAD TO BE THERE AT 7:00 AND LEFT AT 2:00 IN THE MORNING EVERY DAY BECAUSE THEY COULDN'T GIVE ME A PLACE TO STAY NEAR THE BABY BECAUSE I WASN'T IN THE PROXIMITY OF THE MILEAGE THAT THEY REFERRED -- THEY WANTED YOU TO BE AT. IT WAS 30 MILES FROM YOUR HOME IN ORDER TO BE ABLE TO STAY THERE IN HIM. I HAD TO CATCH A CAB THERE EVERY DAY AND GO HOME EVERY DAY. IT WAS THE HARDEST THING I EVER DID WAS LEAVING MY SON AT THE HOSPITAL AND NOT BEING ABLE TO BRING HIM HOME WITH ME. I WANT TO THANK MY MOM, MY DAD, AND MY KIDS FOR BEING A VERY, VERY GOOD SUPPORT GROUP FOR ME. HBI ESPECIALLY, BECAUSE THEY HELPED ME MAKE IT THROUGH AND I HOPE ALL GOES WELL WHEN YOU GUYS GIVE US THE FUNDING THAT WE NEED.

>> Chair Kafoury: THANK YOU.

>> HI. MY NAME IS SHAVONTEE SCOTT. MY DAUGHTER IS VERY VOCAL BACK THERE. I WANT TO THANK YOU FOR LISTENING TO OUR STORIES. MY DAUGHTER, SHE IS GOING TO BE THREE YEARS OLD IN NOVEMBER. WE ARE HERE TO JUST ASK YOU TO SUPPORT US MOTHERS AND OUR BABIES PROCLAIMING INFANT MORTALITY AWARENESS. I HAVE FIVE CHILDREN. ALIZA,

SHE IS MY THIRD CHILD. AND I HAVE A SET OF TWINS AS WELL. BUT JUST LOOKING AT ALL OF THE STRESSES THAT I WAS DEALING WITH WHEN I WAS PREGNANT WITH HER MADE ME REALIZE WHY SHE CAME EARLY. SHE CAME AT 34, 34 WEEKS. WHICH IS NOT, YOU KNOW, THAT BIG OF A DEAL, BUT FOR ME AND MY OTHER CHILDREN, I DIDN'T HAVE THAT ISSUE, AND NONE OF MY OTHER CHILDREN, MY WATER BROKE IN THOSE SITUATIONS. AT THAT TIME, I WAS DEALING WITH RAISING TWO CHILDREN ON MY OWN. I WAS DEALING WITH EVERYTHING BY MYSELF. WHEN I WAS TWO MONTHS PREGNANT WITH HER, I LOST MY JOB OF 11 YEARS. AND THEN I WAS GOING TO SCHOOL AT NIGHT AS WELL. SO, I CONTINUED TO GO TO SCHOOL. WHERE I LIVED AT THAT PARTICULAR TIME, OF COURSE -- I WAS OUT TOWARDS GRESHAM AND I HAD VERY RACIST AND ABUSIVE NEIGHBORS UNDERNEATH ME THAT CONTINUALLY POUNDED ON THE CEILING WHEN ANY NOISE WAS MADE AND THEY EXPECTED ME TO BE QUIET IN THE DAYTIME BECAUSE THE MAN WORKED NIGHTS. HE EXPECTED ME TO BE QUIET FOR HIM TO SLEEP IN THE DAYTIME. HAULING BABIES, AND BAGS OF GROCERIES UPSTAIRS CONTINUALLY TOOK A TOLL ON MY BODY. I DIDN'T HAVE A GOOD SUPPORT SYSTEM AS WELL. IT DIDN'T SURPRISE ME WHEN MY WATER BROKE WITH HER. I'M THANKFUL FOR THE TREATMENT THAT MY DAUGHTER RECEIVED AT THE HOSPITAL, BUT MY TREATMENT AT THE HOSPITAL WAS DIFFERENT AND I ADVOCATED FOR BETTER TREATMENT OF MOTHERS BECAUSE ACTUALLY IT HAPPENED IN BOTH OF MY SITUATIONS. MY TWINS LATER, ADVOCATED FOR BETTER TREATMENT OF THE ADULTS IN THE HOSPITAL. TAKE CARE VERY WELL OF THE CHILDREN. LATER ON I HAD TO BRING HER BACK AFTER SHE WAS BORN. SHE WAS BORN AND SHE WAS VERY HEALTHY, BUT LATER ON SHE CAME DOWN WITH -- SHE WAS AT THE HOSPITAL FOR A LONG TIME. THAT WOULD BE A DIFFERENT STORY AS WELL. I HAD A LOT OF DIFFERENT -- AT THE NEW RANDALL CHILDREN'S HOSPITAL. THEY HAD TO BASICALLY PARALYZE HER TO MOVE HER OVER SO THAT HER HEART WOULDN'T GO OUT WHILE SHE WAS DEALING WITH THAT. THERE IS A LOT MORE TO MY STORY. I COULD TALK ALL DAY. I JUST WANT TO KNOW -- I JUST WANT TO LET EVERYBODY KNOW THAT EVERY WOMAN, I FEEL, SHOULD BE ALLOWED TO HAVE AN AWESOME PREGNANCY AND AWESOME CHILDBIRTH, AND, YOU KNOW, I WANT TO ADVOCATE FOR THAT AND I BELIEVE THAT EVERY WOMAN SHOULD HAVE A JOYFUL PREGNANCY. MY FAMILY CONTINUALLY -- I DIDN'T HAVE THE SUPPORT SYSTEM THAT I NEEDED AND THEY -- ALWAYS CALLED THAT MY CHILDREN WERE MISTAKES. I DON'T BELIEVE ANY CHILD IS A MISTAKE. I BELIEVE EVERY CHILD IS A BLESSING. I BELIEVE IT IS UP TO US AS A COMMUNITY TO MAKE THAT HAPPEN FOR EACH AND EVERY WOMAN FOR THEM TO HAVE AN AWESOME PREGNANCY AND AWESOME CHILDBIRTH AND THANK YOU FOR LISTENING TO MY STORY.

>> Chair Kafoury: THANK YOU. GOOD MORNING.

>> MY NAME IS MARIE KNIGHT. I AM THE MOTHER OF TWO. A 10-YEAR-OLD SON IN SCHOOL AND A 13 MONTH OLD SON WHO HAS BEEN IN THE BACK

MAKING A LOT OF NOISE. AND I'M HERE TODAY BECAUSE I WANT TO ASK YOU FOR YOUR CONTINUED SUPPORT FOR THE FUTURE GENERATION COLLABORATIVE. I AM AN ENROLLED TRIBAL MEMBER OF THE CONFEDERATED TRIBES OF -- I SPENT MAJORITY OF MY LIFE ON THE RESERVATION. I HAD EXPERIENCED A LOT OF DEATHS AND A LOT OF LOSSES IN MY LIFETIME. THE MAJORITY OF IT DUE TO ALCOHOL. AND I BECAME INVOLVED WITH THE FUTURE GENERATIONS COLLABORATIVE ABOUT A YEAR AND A HALF AGO, AND THIS IS AROUND THE TIME I GOT PREGNANT WITH MY SECOND CHILD, AND AT THE TIME IT WAS A VERY STRESSFUL SITUATION, PROBLEMS WITH HIS FATHER. AND I FELT IT WAS VERY DISTRESSING HOW LITTLE SUPPORT I WAS GETTING FROM THE EXISTING SERVICES THAT ARE OUT HERE IN THE COMMUNITY. BUT ALSO BEING INVOLVED WITH THE FGC, WE HAD TALKED ABOUT HISTORICAL TRAUMA, WHICH I DIDN'T REALIZE HAD AFFECTED ME PERSONALLY UNTIL WE BEGAN TO LEARN ABOUT IT. AND OUR ULTIMATE GOAL IS TO LOWER THE RATE OF FAS AND F -- FETAL ALCOHOL SPECTRUM DISORDER, WHICH IS A LIFE-LONG EFFECT ON ADULTS AND YOUNG CHILDREN WHO HAVE BEEN EXPOSED TO ALCOHOL DURING PREGNANCIES AND ALSO FETAL ALCOHOL SYNDROME, THE DEFORMITY OF THE FACES. OUR ULTIMATE GOAL IS TO LOWER THE RATE OF FAS AND FASD CHILDREN IN OUR COMMUNITY BY USING HISTORICAL TRAUMA AS A BASIS FOR OUR HEALING. DURING MY INVOLVEMENT, I HAD GONE THROUGH A LOT OF SERVICES THROUGH THE COMMUNITY, THROUGH THE NORTHWEST ASSOCIATION AND ALSO THE -- THE FAMILY CENTER. A LOT OF THESE SERVICES WERE GREAT, BUT I COULDN'T UTILIZE THEM BECAUSE I WASN'T UNDERSTANDING HOW HISTORICAL TRAUMA WAS AFFECTING ME PERSONALLY. AND IT WAS LEARNING ABOUT ALL OF THESE EFFECTS THAT HELPED ME TO MOVE FORWARD. I HAVE BEEN IN A VERY STUCK POSITION FOR MANY YEARS. BUT BEING ABLE TO LOOK AT ALL OF THESE THINGS, YOU KNOW, FROM NOT JUST FROM MY LIFE, BUT ALSO IT TOOK ME BEING INVOLVED WITH THIS TO REALIZE THAT I WAS STILL SUFFERING FROM THE TRAUMAS OF MY PARENTS, MY GRANDPARENTS, THEIR PARENTS, AND ALL OF THE GENERATIONS BEFORE ME. AND EVERYTHING I DO NOW IS GOING TO AFFECT THE NEXT SEVEN GENERATIONS AND, THEREFORE, I'M ASKING YOU FOR CONTINUED SUPPORT WITH THE FUTURE GENERATIONS COLLABORATIVE. JUST DOING THE COMMUNITY FORUMS AND GATHERING OF NATIVE AMERICANS HEALING CONFERENCE, I HAVE SEEN ALREADY AN ENORMOUS CHANGE IN ATTITUDE IN THE NATIVE AMERICAN COMMUNITY AND A LOT MORE AWARENESS. THANK YOU ALL FOR LISTENING.

>> Chair Kafoury: THANK YOU.

>> THANK YOU SO MUCH LADIES. I SO ADMIRE YOUR COURAGE AND YOUR STRENGTH AND REALLY HUMBLLED BY YOUR STORIES. YOU KNOW, AS MARIE TALKED ABOUT, TODAY'S EXPERIENCES IMPACT TOMORROW'S HEALTH, AND I WANT TO REALLY THANK YOU ALL FOR YOUR CONTINUED SUPPORT OF EARLY CHILDHOOD PROGRAMMING, MATERNAL CHILD AND FAMILY HEALTH

ISSUES OF CULTURALLY SPECIFIC APPROACHES. WE DO A LOT OF WORK AND OFFER A LOT OF SERVICES THAT FOCUS ON CRITICAL AREAS LIKE NUTRITION ACROSS THE LIFE COURSE, AND THE EMERGING AREAS OF LOOKING AT TOXIC STRESS, AND WHILE WE KNOW WE CAN'T TAKE ON ALL OF THE CAUSES OF POOR HEALTH, THAT WE CAN WORK WITH PARTNERS AND LEADERS SUCH AS YOURSELF TO CONVEY THE COMMUNITY CONVERSATION AROUND HISTORICAL TRAUMA, AROUND DISCRIMINATION, AND THE IMPACT THAT IT HAS HAD ON PUBLIC POLICY. AND WE CAN IN OUR CONVERSATIONS AND IN OUR WORK LOOK AT ALL OF OUR DECISIONS, MANY OF OUR DECISIONS AS HAVING HEALTH IMPACTS THAT REALLY WORK ACROSS THE LIFE COURSE. WE DO AND WE CAN HONOR PEOPLE'S EXPERIENCES AND THE WISDOM THAT IS IN THE ROOM. MANY OF THE PEOPLE HERE TODAY AND THEIR LIFE EXPERIENCES AND BODIES OF WORK, BUT ONE THING IS CLEAR, WE DEFINITELY CAN'T SOLVE AND END INFANT MORTALITY ALONE. YOU HEARD FROM DR. WALLOCK ABOUT THIS IMPACT OF TOXIC STRESS, AND THAT IS SOMETHING THAT YOU WILL CONTINUE TO HEAR US TALK MORE ABOUT IN TERMS OF OUR POLICIES. AND I WOULD SAY THAT WE AS A COMMUNITY OWE IT TO THESE WOMEN AND OTHER FAMILIES WHO HAVE LOST CHILDREN TO HEAR THEIR STORIES AND TO MOVE BEYOND SOME OF OUR MORE TRADITIONAL WAYS OF KNOWING OR THINKING ABOUT HEALTH PROBLEMS THAT WE HAVE TO MOVE BEYOND BLAMING THE VICTIMS AND THAT WE CAN'T END WITH SAYING IF YOU JUST WOULD HAVE EXERCISED A LITTLE BIT MORE, IF YOU JUST WOULD HAVE ATE MORE FRUITS AND VEGETABLES, IF YOU JUST WOULD HAVE DONE SOMETHING DIFFERENT, THIS WOULDN'T HAVE HAPPENED TO YOU, BUT REALLY HONOR AND ACKNOWLEDGE THAT WE KNOW THAT THE EXPERIENCES OF HOUSING, OF SUPPORT, OF ACCESS TO SERVICES HAS IMPACTED THEIR LIVES. WE KNOW HEALTH DISPARITIES CANNOT BE EXPLAINED AWAY BY GENETICS OR BEHAVIOR ALONE AND IT CAN'T BE SOLVED BY HEALTH CARE ALONE EITHER. COLLECTIVE SOLUTIONS NEED TO REMOVE THE BARRIERS TO HEALTHY CHOICES THAT PEOPLE FACE IN THEIR NEIGHBORHOODS, BARRIERS TO POLICIES THAT WE HEARD ABOUT TODAY IN TERMS OF SUPPORT, TRANSPORTATION, AND REALLY FOCUS ON CULTURALLY SPECIFIC APPROACHES THAT ACKNOWLEDGE THE UNIQUE EXPERIENCES THAT FOLKS HAVE. AS A MOTHER CELEBRATING MY DAUGHTER'S FIRST BIRTHDAY WAS A HUGE MILESTONE AND IT WAS THE CULMINATION OF THE FIRST STEPS AND THE FIRST WORDS, AND WATCHING HER FACE IN THAT CAKE AND HER CURIOSITY AROUND THAT FIRST REAL SUGARY SUBSTANCE AND GOING BACK FOR MORE IS SOMETHING THAT REALLY WARMS MY HEART. BUT AS YOU HAVE HEARD TODAY, MANY BABIES NEVER MAKE THAT FIRST BIRTHDAY. AND AN ALARMING NUMBER OF THEM ARE AFRICAN-AMERICAN AND NATIVE AMERICAN AND IN THEIR MEMORY WE'RE HERE TODAY AND WE WILL READ THE PROCLAMATION IN THEIR MEMORY AND IN MEMORY OF BABY BOB AND OTHERS.

>> PROCLAIMING SEPTEMBER, 2014, INFANT MORTALITY AWARENESS MONTH IN MULTNOMAH COUNTY OREGON. MULTNOMAH COUNTY BOARD OF

COMMISSION FINDS SEPTEMBER 2014, INFANT MORTALITY AWARENESS MONTH THROUGHOUT THE UNITED STATES. THIS YEAR'S THEME, CELEBRATE DAY 356, EVERY BABY DESERVES A CHANCE. MULTNOMAH COUNTY, TOO MANY BABIES DON'T LIVE TO SEE THEIR FIRST BIRTHDAY. LOW BIRTH WEIGHT AND PREMATURITY ARE BOTH OUTCOMES THAT LEAD TO INFANT DEATHS. POVERTY, TOXIC STRESS, RACISM, LACK OF ACCESS TO HEALTH FOODS, HEALTHY ENVIRONMENTS, LIMITED ACCESS TO CULTURAL COMPETENT HEALTH CARE ARE FACTORS THAT CONTRIBUTE TO -- COMMUNITY INSTITUTION, GOVERNMENT CAN PLAY AN IMPORTANT ROLE IN ADDRESSING THESE ISSUES BY PROVIDING ACCESS TO CULTURALLY COMPETENT PRENATAL CARE IN THE FIRST TRIMESTER. SUPPORTING HEALTH PROMOTIONS EFFORTS THAT BUILD COMMUNITY CAPACITY AND ADOPTING HEALTHY PUBLIC POLICY, SUCH AS A SMOKE-FREE PLACE AND NUTRITIOUS FOODS. MULTNOMAH COUNTY BOARD OF COMMISSIONER PROCLAIMS SEPTEMBER 2014, INFANT MORTALITY AWARENESS MONTH IN MULTNOMAH COUNTY, A TIME TO COMMIT TO GIVING EVERY NEWBORN CHILD IN MULTNOMAH COUNTY A HEALTHY START --

>> Chair Kafoury: COMMENTS OR QUESTIONS.

>> Commissioner Smith: IS DR. LEWIS STILL HERE? I HAVE A QUICK QUESTION. I WAS LOOKING AT YOUR DATA FROM 2008 TO 2011, AND I KNOW THAT DR. NANCY GOLDEN, WE HAD GROWN OUR POVERTY FROM 2000 TO 2010 BY 16%. DO YOU THINK THAT WOULD ACCOUNT FOR THE DOUBLING THAT HAPPENED IN THE 2008 TO 2011 TIME PERIOD?

>> PROBLEM WITH NUMBERS, THE MORE YOU DIG IN, THE MORE COMPLICATED IT GETS. WE ILLUSTRATED TODAY THE DIFFERENCE, WE COMPARED THE AFRICAN-AMERICAN, NATIVE AMERICAN MORTALITY WITH A BASELINE GROUP, WHITE, NON-HISPANIC MORTALITY. COMPARED TO THE REST OF THE COUNTRY, AS I SAID, WE'RE A LITTLE BETTER. OTHER PARTS OF THE COUNTRY HAVE SEEN BIGGER DECREASES IN BOTH RATES. OUR RATES HAVE BEEN RELATIVELY STABLE, BUT IT HAS GONE DOWN MORE FOR THE WHITE NON-HISPANIC GROUP THAN FOR THE AFRICAN-AMERICAN AND NATIVE AMERICAN GROUP. IT IS A NUANCED STORY IN THAT IT IS NOT ALL BAD NEWS, BUT IF YOU CONSIDER FOR US THE BEST THAT WE CAN DO IS A WHITE NON-HISPANIC RATE, WE ARE GETTING FURTHER APART FROM THAT BEST RATE AND THAT IS, AGAIN, THE TREND IS AMONG THE MOST CONCERNING FINDINGS.

>> Commissioner Smith: DO YOU THINK THE TREND IS BASED ON POVERTY?

>> I THINK -- YOU KNOW, THE MORE YOU READ ABOUT IT, COMPLICATED, MULTIPLE FACTORS. AGE AT BIRTH, LEVEL OF EDUCATION, AND INCOME ARE HUGE CONTRIBUTORS, AND THEY'RE ALL OFTEN INTERTWINED AS WELL. CERTAINLY THE TREND LOCALLY AND NATIONALLY AROUND -- I'M TRYING TO

THINK WHAT THE RIGHT BUZZ WORD IS FOR THE WEALTH GAP THAT IS INCREASING AND THERE HAS BEEN A TREND, I THINK, SINCE 1978 OR SOMETHING LIKE THAT, THAT BODES POORLY FOR OUR HEALTH. DID THAT ANSWER YOUR QUESTION?

>> Commissioner Smith: SO THAT WOULD SUGGEST THAT POVERTY IS A HUGE INDICATOR IN TERMS OF INFANT MORTALITY RATES WITH NATIVE AND AFRICAN AMERICANS.

>> RIGHT, ONE OF THE FACTORS WE'RE TRYING TO EMPHASIZE, IT'S NOT JUST POVERTY.

>> RIGHT.

>> INDEPENDENT OF POVERTY. AGAIN, IT IS AN AND WITH ALL OF THOSE -- WITH ALL OF THOSE FACTORS, AND, AGAIN, OUR GOALS ARE ALWAYS TO TRY TO CHANGE THINGS FOR THE BETTER. AND TRY TO UNDERSTAND THE THINGS AROUND EMPLOYMENT, INCOME, TIMING OF PREGNANCY, AND THEN THE THINGS WE HAVE BEEN TALKING ABOUT TODAY, THESE DEEP, HISTORICAL, THE SEVEN GENERATIONS SORT OF STUFF, THAT ALSO NEEDS TO BE -- NEEDS TO BE TURNED.

>> Commissioner Smith: I CAN TELL YOU SINCE THE WEEK AND A HALF SINCE DR. WOLLOCK PRESENTED HERE ABOUT HISTORIC TRAUMA, I HAVE LITERALLY THOUGHT ABOUT HIM A MILLION TIMES A DAY AND WHEN HE TALKED ABOUT, YOU KNOW, SOME OF THE -- SOME OF THE CHRONIC ILLNESSES WERE NOT BASED ON DNA, THAT IT WAS BASED ON TRAUMA AND NEGATIVE ENERGY IN YOUR SPACE, I HAVE BEEN SO AMAZED BY WHAT HE TALKED ABOUT. HE HAS TO BE ONE OF THE MOST FASCINATING RESEARCHERS, DOCTORS THAT I HAVE HEARD SINCE I HAVE BEEN HERE ABOUT -- AROUND THE ISSUE OF DISPARITIES AND HOW YOU HAVE THESE CHRONIC KIND OF ISSUES AND, YOU KNOW, LOW RATE OF -- LOW BIRTH BABY WEIGHT AND THE LIKE AND EVERYTHING IT IS JUST AMAZING. SO, I APPRECIATE ALL OF YOU FOR COMING TODAY. AND SHARING YOUR STORIES. IT DID TAKE A LOT OF COURAGE. AND YOU ALL ARE SURVIVORS. YOU HAVE WEATHERED SOME VERY, VERY HARD STORMS AND YOU HAVE CONTINUED TO HAVE A FAMILY AFTER THOSE STORMS COME. SO, I JUST WANT TO SAY I SALUTE YOU AND APPLAUD YOU FOR YOUR COURAGE GOING FORWARD.

>> Commissioner McKeel: THANK YOU, CHAIR. THANK YOU COMMISSIONER SMITH FOR BRINGING THIS PROCLAMATION FORWARD AND THANKS TO ALL OF YOU FOR BEING HERE AND SHARING YOUR STORIES. THEY ARE VERY POWERFUL, AND AS COMMISSIONER SMITH SAID, IT DOES TAKE A LOT OF COURAGE TO SHARE YOUR STORIES WITH US. AND WE THANK YOU FOR THAT.

>> Chair Kafoury: COMMISSIONER BAILEY.

>> Commissioner Bailey: THANK YOU, CHAIR. THIS IS AN ISSUE THAT WE -- THIS IS A BALL WE HAVE TO KEEP OUR EYE ON. IF WE ARE NOT FOCUSED ON HOW WE SOLVE THESE PARTICULAR CHALLENGES, IT IS GOING TO IMPACT OUR ABILITY TO SERVE OUR COMMUNITY AND FOR OUR COMMUNITY TO BE HEALTHY AND PROSPEROUS FOR GENERATIONS TO COME. I THANK YOU FOR HIGHLIGHTING THIS FOR TELLING YOUR STORY AND FOR BRINGING IT IN FRONT OF US. ONE OF THE MOST IMPORTANT THINGS WE CAN LOOK AT.

>> Commissioner Shiprack: MADAM CHAIR.

>> Chair Kafoury: YES, GO AHEAD.

>> Commissioner Shiprack: I ENJOYED THE OPPORTUNITY TO WATCH THE BOARD ON TV. I HAVE NEVER DONE THAT BEFORE. AND I WANT TO SAY ABOUT THIS PRESENTATION IN PARTICULAR THAT THE NICOLET -- THE ARTICLE IN THE "NEW YORK TIMES" REALLY FOLLOWS THE LEAD OF MULTNOMAH COUNTY AND OUR AWARENESS OF THE IMPACTS OF EARLY CHILDHOOD TRAUMA, LOW BIRTH WEIGHT, TEEN PREGNANCY, HISTORIC TRAUMA, FETAL ALCOHOL SYNDROME. WHAT A REALLY FASCINATING PRESENTATION WE HAVE HAD THIS MORNING. I'VE ENJOYED LISTENING. I'M SORRY THAT I COULDN'T JOIN YOU IN PERSON, BUT I WANT TO THANK COMMISSIONER SMITH FOR THIS PROCLAMATION. AND THE PRESENTERS.

>> Chair Kafoury: THANK YOU, COMMISSIONER SHIPRACK. THESE PAST FEW PRESENTATIONS THAT WE HAVE HAD AROUND ISSUES OF MATERNAL AND INFANT TRAUMA AND CARE AND HEALTH HAVE BEEN, I THINK, AMONG THE MOST FASCINATING, AND MOST INTERESTING AND MOST PERSONAL THAT WE HAVE DEALT WITH DURING MY TIME ON THE MULTNOMAH COUNTY COMMISSION. AND I THINK HEARING THE NUMBER AND THE STATISTICS AND TALKING ABOUT THE POLICIES AND THE PROGRAMS IS SO IMPORTANT AND I COMPLETELY AGREE WITH COMMISSIONER BAILEY KEEPING THIS AT THE FOREFRONT OF OUR MIND. HAVING THE GUESTS HERE TODAY TALK ABOUT YOUR PERSONAL STORIES, REALLY, IT BRINGS IT HOME. WE'RE -- WE'RE PARENTS. WE'RE SISTERS AND BROTHERS AND DAUGHTERS AND SONS AND THERE IS JUST REALLY NOTHING MORE IMPORTANT THAN HEARING FROM YOU AND I THANK YOU FOR COMING TODAY. ALL THOSE IN FAVOR VOTE AYE. [CHORUS OF AYES]

>> Chair Kafoury: THE PROCLAMATION IS ADOPTED. [APPLAUSE]

>> Commissioner Smith: CAN WE HAVE THE MOTHERS AND BABIES COME UP FRONT SO WE CAN TAKE PICTURES WHEN WE CLOSE? SO, STAY HERE.

>> Chair Kafoury: THANK YOU FOR BRINGING YOUR BEAUTIFUL, BEAUTIFUL CHILDREN. THIS MAKES OUR MORNING. NOW IS THE TIME WHEN WE -- BOARD COMMENTS ON NON-AGENDA ITEMS. DO I HAVE ANY? COMMISSIONER McKEEL.

>> Commissioner McKeel: THANK YOU. WELL, FIRST, NUMBER ONE, I'M VERY PLEASED ABOUT THE ANNOUNCEMENT THAT CAME OUT FROM OUR MULTNOMAH COUNTY LIBRARY YESTERDAY THAT THEY RECEIVED THE GRANT FROM THE CABLE REGULATORY COMMISSION TO CREATE A MAKER SPACE CALLED THE ROCKWOOD INITIATIVE -- INNOVATION STATION AT THE ROCKWOOD LIBRARY. THIS IS -- THIS IS HUGE FOR EAST COUNTY, AND FOR THE EAST METRO THEME PARTNERSHIP THAT WE CONVENED OUT OF OUR OFFICE AND HAS JUST TAKEN OFF WITH ALL OF THE PARTNERS OUT THERE. SO, THIS IS A HUGE STEP FORWARD IN AN AREA OF NEED. AND SECONDLY, I AM VERY PROUD THAT MULTNOMAH COUNTY IS PARTNERING WITH PORTLAND STATE UNIVERSITY ON SERVE, WHICH IS THE STUDY FOR EMPLOYMENT RETENTION OF VETERANS. OUR WORK TOGETHER WILL HELP CREATE WORK ENVIRONMENTS THAT SUPPORT OUR CITIZEN SOLDIERS. VETERANS AND SUPERVISORS ARE INVITED TO AN INFORMATIONAL MEETING TODAY FROM 12:00 TO 1:00, ROOM 126, WITH I -- WHICH IS RIGHT IN THE BACK OF THIS ROOM RIGHT HERE. SO, WHAT IS SERVE? IT'S THE STUDY FOR EMPLOYMENT RETENTION OF VETERANS AND IT IS FUNDED BY THE DEPARTMENT OF DEFENSE THROUGH A GRANT AWARDED TO PORTLAND STATE UNIVERSITY, AND IT IS THE ONLY STUDY OF ITS KIND FOCUSING ON VETERAN RETENTION IN THE WORKPLACE. SO, THE STUDY'S GOALS ARE TO IMPROVE THE HEALTH AND WELL BEING OF VETERANS AND THEIR FAMILIES, AND TO INCREASE VETERAN JOB RETENTION BY TRAINING SUPERVISORS TO BETTER SUPPORT THEIR EMPLOYED SERVICE MEMBERS AND ALL EMPLOYEES IN GENERAL.

>> Chair Kafoury: THANK YOU.

>> Commissioner Smith: THANK YOU, MADAM CHAIR. FIRST I WOULD JUST LIKE TO SAY HAPPY BIRTHDAY TO ONE OF MY STAFF, RAFAEL, HE'S STANDING IN THE BACK. HIS BIRTHDAY WAS ON SEPTEMBER 16th. AND HE HAS BEEN THE BIONIC MAN. HE AND HIS WIFE JUST GAVE BIRTH TO A BABY GIRL ABOUT TWO MONTHS AGO. LESS THAN TWO MONTHS AGO. YES. AND, SO, HE HAS BEEN UP ALL NIGHT. HERE ALL DAY. HE ALSO HANDLES MY SUMMER PROGRAM, AND SO I CAN TELL YOU THAT HE HAS BEEN DOING MORE THAN HIS FAIR SHARE OF WORK FOR MULTNOMAH COUNTY, AND I WANT TO SAY THANK YOU, AND HAPPY BIRTHDAY TO YOU. [APPLAUSE]

>> Commissioner Smith: AND CONGRATULATIONS. I COULDN'T GET HIM TO BRING HIS BABY IN. I WILL GET THAT BABY IN HERE SOON. WE HAVE LIBERAL POLICIES ABOUT BRINGING YOUR BABY TO WORK. YOU CAN BRING YOUR BABY TO WORK. IT'S OKAY. THE OTHER ISSUE, I WANT TO ACKNOWLEDGE

THAT THIS IS NATIONAL SENIOR CENTER MONTH. AND I WILL BE HOSTING, ALONG WITH THE HOLLYWOOD SENIOR CENTER, A PANCAKE BREAKFAST SATURDAY MORNING FROM 8:30 TO 11:30, AND WE'RE INVITING ALL SENIORS FROM THE OTHER SENIOR CENTERS TO COME AND HAVE A FREE, YES, IT IS FREE HOSTED BY ME AND THE HOLLYWOOD SENIOR CENTER ON SATURDAY SO YOU CAN EAT AS MANY PANCAKES AS YOU WANT FROM 8:30 TO 11:30. THANKS.

>> OTHER SENIORS --

Commissioner Smith: YES, OTHER SENIORS CAN COME, YES. YES, OTHER SENIORS CAN COME.

>> Chair Kafoury: THANK YOU. I SEE THAT WE ARE IN -- UNLESS COMMISSIONER BAILEY HAS SOMETHING TO ADD.

>> Commissioner McKeel: CHAIR, I HAVE ONE MORE THING. THERE IS A BIRTHDAY IN OUR OFFICE TOMORROW, AND THAT'S SHAWN. I DON'T THINK HE IS IN THE ROOM. BUT SHAWN'S BIRTHDAY TOMORROW.

>> Chair Kafoury: COMMISSIONER SHIPRACK? SEEING NO FURTHER BUSINESS, WE ARE ADJOURNED. THANK YOU. [GAVEL POUNDED]

ADJOURNMENT

The meeting was adjourned at 11:15 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at:
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Board of County Commissioners
Multnomah County