

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, November 28, 2017**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:23 a.m. with Vice-Chair Lori Stegmann and Commissioners Loretta Smith, Sharon Meieran and Jessica Vega Pederson present.

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

Chair Kafoury: WE'RE A LITTLE BEHIND SCHEDULE THIS MORNING. I APOLOGIZE. THANK YOU ALL FOR COMING. GOOD MORNING. WELCOME TO MULTNOMAH COUNTY. WE HAVE A BOARD BRIEFING THIS MORNING ON THE COMMUNITY HEALTH WORKER CAPACITY BUILDING TRAINING UPDATE. THAT IS A LONG MOUTHFUL. WE'RE EXCITED TO HAVE YOU ALL HERE. WHO IS GOING TO BEGIN?

B.1 Board Briefing on Community Health Worker Capacity Building Training Update for Fiscal Year 2018. Dr. Pei-ru Wang, Teresa Campos, Beth Poteet – Community Capacitation Center; Veronica Leonard – Latino Network; and Ayni Amir, IRCO Africa House

Pei-ru Wang: GOOD MORNING, CHAIR AND COMMISSIONERS. PEI-RU WANG, INTERIM SUPERVISOR FOR PUBLIC HEALTH DIVISION COMMUNITY CAPACITATION CENTER. MOUTHFUL. OK. AND THANK YOU SO MUCH FOR THE OPPORTUNITY FOR US TO PRESENT TODAY AND TODAY ALONG WITH ME, YOU KNOW, WE HAVE BETH POTEET FROM THE CAPACITATION CENTER AND ALSO VERONICA LEONARD FROM LATINO NETWORK. AND AYNI AMIR FROM IRCO AFRICA HOUSE. BEFORE WE START, WE'D LIKE TO SHARE WITH YOU BECAUSE WE'RE REALLY EXCITED ABOUT THE ASIAN CENTRIC CHW TRAINING WE JUST GRADUATE ED GRADUATED ON OCTOBER 30TH. THANK YOU VERY MUCH, CHAIR, FOR BEING AT OUR GRADUATION TODAY. THIS IS JUST A SHORT MINUTE AND A HALF VIDEO. LET ME DO THIS.

[VIDEO PLAYS]

Pei-Ru Wang: A LOT OF JOY AND LAUGHTER IN THAT VIDEO. BECAUSE THAT'S JUST SO EXCITING AND INSPIRING WHEN WE HAVE LIKE, YOU KNOW, A GROUP OF THOSE WHO GRADUATED. SO NEXT, I JUST WANT TO KIND OF GIVE YOU A LITTLE BIT, JUST VERY SHORT BACKGROUND OF COMMUNITY CAPACITATION CENTER AND, YOU KNOW, OUR PREVIOUS SUPERVISOR NOELLE WIGGINS WHO STARTED THIS WORK IN 1988 AND THE CAPACITATION CENTER

FORMALLY ESTABLISHED IN 2001. AND, YOU KNOW, NOELLE WIGGINS AND THERESA CAMPOS ARE ACTUALLY THE PIONEERS AND BECAUSE OF THEIR VISION AND DEDICATION THAT C.C.E. IS WHERE IT IS TODAY. AND IN TERMS OF C.C.C. THAT, YOU KNOW, WE ALWAYS BELIEVE IT'S VERY IMPORTANT TO SUPPORT COMMUNITIES TO IDENTIFY AND ADDRESS THEIR OWN MOST PRESSING HEALTH ISSUES. AND PARTICULARLY, THE CAPACITY. THEY ALREADY HAVE THE CAPACITY SO WHAT WE NEED TO DO IS JUST DRAW OUT AND BUILD ON THEIR CAPACITY. AND SO IN TERMS OF A LOT OF WHAT WE DO IS RELATED TO COMMUNITY HEALTH WORKERS. AND COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND THE COMMUNITY CAN BE, YOU KNOW, IDENTIFIED AS, YOU KNOW, RELATED TO RACE, ETHNICITY OR AGE OR GENDER OR SEXUAL ORIENTATION OR OTHER FACTORS. AND THEY ARE REALLY FROM AND WITHIN THE COMMUNITY.

Pei-Ru Wang: AND SOME OF THE COMMUNITY HEALTH WORKERS, YOU KNOW, THEY PLAY A WIDE RANGE OF ROLES AND SOME OF THE ACTIVITIES THAT THEY PLAY INCLUDE COMMUNITY ENGAGEMENT, HEALTH EDUCATION, YOU KNOW, NAVIGATION AND REFERRALS, YOU KNOW, PROVIDE SOCIAL SUPPORT AND SOMETIMES INFORMAL COUNSELLING AND ALSO, ADVOCACY FOR INDIVIDUALS AND FAMILIES AND COMMUNITIES. AND ALSO, THAT, YOU KNOW, THERE'S SOME POSITIVE RESEARCH OUTCOMES, YOU KNOW, ASSOCIATED WITH C.H.W.S. C.H.W. INTERVENTIONS. FOR EXAMPLE, LIKE ACCESS TO PREVENTATIVE CARE. IMPROVED PATIENT AND PROVIDER COMMUNICATION AND CHRONIC DISEASE MANAGEMENT AND PATIENT AND COMMUNITY INVOLVEMENT. SO NEXT, I'M GOING TO HAND OVER TO BETH AND TALK A LITTLE BIT ABOUT WHAT WE DO.

Beth Poteet: THANKS, GOOD MORNING. TO THE CHAIR AND THE COMMISSIONERS. MY NAME IS BETH POTEET AND I'M THE LEAD ON OUR TRAINING PROGRAM AT THE C.C.C. I WANT TO START BY SHARING THE HISTORICAL CONTEXT OF WHERE WE'VE COME FROM AND HOW WE SERVE THOSE COMMUNITIES. AS PEI-RU MENTIONED, A MAJOR PART OF OUR WORK HAS BEEN TRAINING AND SUPPORTING COMMUNITY HEALTH WORKERS. AND COMMUNITY HEALTH WORKERS ARE REALLY UNIQUE BECAUSE THEY HAVE MEMBERSHIP IN AND A DEEP KNOWLEDGE OF THE COMMUNITIES THAT THEY SERVE. AND BECAUSE OF THAT, THEY'RE ABLE TO CREATE UNIQUE AND TRUSTING RELATIONSHIPS WITH COMMUNITY MEMBERS. AND THAT RELATIONSHIP REALLY ALLOWS COMMUNITY HEALTH WORKERS TO SUPPORT COMMUNITY MEMBERS WHEN NAVIGATING HEALTH AND SOCIAL SERVICE SYSTEMS IN A WAY THAT OTHER HELPING PROFESSIONALS JUST CAN'T PROVIDE. SO THEY PLAY THIS REALLY IMPORTANT ROLE. AND BECAUSE THEY HAVE THAT DEEP, INTIMATE KNOWLEDGE OF THE CULTURAL BACKGROUND OF THE COMMUNITY MEMBERS, THIS REALLY ALLOWS THEM TO BE ABLE TO PROVIDE CULTURALLY RELEVANT SERVICES TO COMMUNITY MEMBERS. AND HELP THEM REALLY MEET THE COMMUNITY MEMBER WHERE THEY'RE AT AND HELP THEM ADDRESS ALSO THE SOCIAL DETERMINANTS OF HEALTH. SO KIND

OF THE BROADER SORT OF SYSTEMIC ISSUES THAT ARE AFFECTING FOLKS. AND FOR THOSE REASONS, THE HEALTH DEPARTMENT HAS REALLY HONORED AND LIFTED UP THE ROLE OF COMMUNITY HEALTH WORKERS OVER MANY, MANY YEARS. THE HEALTH DEPARTMENT HAS EMPLOYED COMMUNITY HEALTH WORKERS IN OUR CLINICS SYSTEM AND IN PUBLIC HEALTH PROGRAMS LIKE MATERNAL AND CHILD HEALTH, THE COMMUNICABLE DISEASE PREVENTION AND MANAGEMENT PROGRAM.

Beth Poteet: OUR H.I.V./S.T.I. PROGRAM, ASTHMA HOME VISITING, ADOLESCENT SEXUAL HEALTH PROGRAMS AND MANY OTHER PROGRAMS. SO WE REALLY KIND OF HONOR THE ROLE OF COMMUNITY HEALTH WORKERS OVER THE YEARS. AND HONESTLY, THE HEALTH DEPARTMENT HAS REALLY BEEN A LEADER BOTH WITHIN OREGON AND NATIONALLY AROUND SUPPORTING AND HONORING COMMUNITY HEALTH WORKERS AND HAS REALLY LED THE WAY FOR OTHER HEALTH SYSTEMS AND NONPROFIT ORGANIZATIONS AND OTHER HEALTH DEPARTMENTS ACROSS THE COUNTRY. SO WE REALLY ARE SEEN AS SORT OF A LEADER IN THIS WORK. AND THEN, WITHIN THE CAPACITATION CENTER, OUR SPECIFIC ROLE HAS BEEN AROUND TRAINING COMMUNITY HEALTH WORKERS LIKE MY TWO FRIENDS WHO ARE SITTING UP HERE NOW. IT'S REALLY BOTH A PHILOSOPHY AND WAY OF DOING MEETING FACILITATION THAT IS CENTERED IN EQUITY AND SOCIAL JUSTICE. SO IT REALLY HONORS THE LIFE'S EXPERIENCE OF THE PEOPLE IN THE ROOM. AND BUILDS UPON THAT KNOWLEDGE IN RELATIONSHIP WITH OTHERS TO HELP KIND OF CREATE A NEW WAY OF BEING AND THINKING AND A MORE JUST AND EQUITABLE SOCIETY SO THAT'S SORT OF OUR PHILOSOPHY.

Beth Poteet: AS YOU CAN SEE IN THIS, IF WE GO TO THE NEXT SLIDE, SO RATHER THAN USING KIND OF A LECTURE STYLE, EDUCATIONAL METHOD, WE USE POPULAR EDUCATION. SO THIS IS AN EXAMPLE OF A TRAINING WE DID ON ASTHMA MANAGEMENT AND TOBACCO CESSATION. SO THE FOLKS WHO ARE HOLDING THE TUBES ARE PRETENDING TO BE THE AIRWAYS IN THE BODY AND THEN THE FOLKS WHO ARE MOVING THROUGH THE TUBES ARE KIND OF -- IT'S SHOWING WHAT ASTHMA, WHEN ASTHMA IS HAPPENING IN THE BODY, WHAT THAT LOOKS LIKE. SO RATHER THAN JUST TALKING ABOUT IT, WE GOT FOLKS UP AND MOVING AROUND AND PRACTICING. AND SEEING WHAT THAT FEELS LIKE. AND SO THE BULK OF OUR WORK HAS REALLY BEEN PROVIDING THIS 90-HOUR COMMUNITY HEALTH WORKER TRAINING FOR BOTH COUNTY STAFF AND OTHER COMMUNITY PARTNERS. AND SINCE 2013, WE'VE TRAINED OVER 400 PEOPLE IN THE PORTLAND METRO AREA WHICH IS REALLY WONDERFUL. AND THOSE COHORTS HAVE BEEN BOTH MULTICULTURAL AND CULTURALLY SPECIFIC SO SOMETIMES THE MULTICULTURAL ONES ARE FOLKS FROM WHOMEVER IN THE COMMUNITY IS INTERESTED BUT WE ALSO DO CULTURALLY SPECIFIC TRAINING WHICH I'LL TALK ABOUT MORE IN JUST A MINUTE AND THIS TRAINING HAS BEEN APPROVED BY THE OREGON HEALTH AUTHORITY AS A CERTIFIED COMMUNITY HEALTH WORKER TRAINING PROGRAM. AND WE ARE THE ONLY PROGRAM OF THAT NATURE IN THE

PORTLAND METRO AREA. ADDITIONALLY, WE ALSO PROVIDE CONTINUING EDUCATION CREDITS FOR COMMUNITY HEALTH WORKERS WHICH THEY HAVE TO COMPLETE AS PART OF THEIR TRAINING ON TOPICS SUCH AS UNDERSTANDING VIOLENCE AS A PUBLIC HEALTH ISSUE, ORAL HEALTH, ASTHMA MANAGEMENT AND TOBACCO CESSATION. AND THESE TRAININGS ARE OPEN TO COUNTY STAFF AND COMMUNITY PARTNERS. SO I DO WANT TO SWITCH TO TALKING A LITTLE BIT ABOUT THE CULTURALLY SPECIFIC TRAINING THAT WE'VE OFFERED.

Beth Poteet: SO IN THE PAST, ORGANIZATIONS HAVE APPROACHED US TO ASK FOR THIS KIND OF TRAINING AND SO WE'VE PARTNERED WITH THOSE COMMUNITIES TO CREATE A STEERING TEAM AND FACILITATORS FROM THE COMMUNITY TO MAKE SURE THAT THOSE TRAININGS ARE CULTURALLY RELEVANT SO WE UPDATE THE CONTENT AND ACTIVITIES TO MAKE SURE THEY'RE REFLECTIVE OF THE COMMUNITY. AND WE KNOW THAT EACH COMMUNITY HAS THEIR OWN UNIQUE SET OF VALUES AND HISTORY AND PERSPECTIVES AND SO PART OF PROVIDING CULTURALLY SPECIFIC TRAINING HAS REALLY -- CREATES A SPACE FOR THOSE CULTURES TO SHARE THEIR WISDOM AND FOR THAT WISDOM AND STORIES TO BE HONORED AND TO BE ABLE TO INCORPORATE THAT WISDOM INTO HEALING FOR HISTORIC AND PRESENT DAY TRAUMA. IT'S BEEN VERY HELPFUL FOR FOLKS. AS WE'VE OFFERED MORE TRAINING, THE DEMAND FOR TRAINING HAS INCREASED OVER THE LAST SEVERAL OF YEARS FOR BOTH MULTICULTURAL AND THE CULTURALLY SPECIFIC TRAINING SO AS YOU CAN SEE ON THE SLIDE, THESE ARE SOME OF THE CULTURALLY SPECIFIC TRAININGS WE'VE OFFERED IN THE LAST COUPLE OF YEARS. SO WE OFFERED TWO THAT WERE AFRO CENTRIC SO BOTH WITH THE AFRICAN-AMERICAN AND AFRICAN IMMIGRANT COMMUNITY. ONE WITH THE NATIVE AMERICAN COMMUNITY.

ONE WITH THE AFRICAN IMMIGRANT AND REFUGEE COMMUNITY WHICH AYNI WILL TALK ABOUT. ANOTHER ONE WE DID IN SPANISH WITH THE LATINO COMMUNITY AND ONE THAT WAS FOCUSED ON FOLKS DOING VIOLENCE PREVENTION WORK AND VERONICA WAS PART OF THAT. THEY CAN TALK A LITTLE BIT ABOUT THOSE TRAININGS AS WELL. THAT'S SORT OF WHERE WE'VE BEEN. WHERE ARE WE NOW? SO FOR THIS FISCAL YEAR, AS PEI-RU MENTIONED AND YOU SAW IN THE VIDEO, WE GRADUATED 19 FOLKS FROM THE ASIAN CENTRIC COMMUNITY HEALTH WORKER TRAINING. IT WAS A WONDERFUL GROUP. AND THE PARTNERS THAT WERE INVOLVED IN THAT WERE ASIAN HEALTH AND SERVICE CENTER. IRCO'S ASIAN FAMILY CENTER, OREGON COMMUNITY HEALTH WORKER ASSOCIATION, AND ALSO APONO AND WE WANT TO OFFER A SPECIAL THANKS TO THE CHAIR AND COMMISSIONER MEIERAN TO COMING TO ONE OF THE SESSIONS AND FOR THE CHAIR TO COME TO THE GRADUATION AND SPEAKING. THAT WAS REALLY SPECIAL FOR ALL OF THE FOLKS. WE ALSO ARE WORKING WITH FOLKS FROM IRCO'S AFRICA HOUSE TO SUPPORT THEM TO APPLY FOR CERTIFICATION WITH THEIR CULTURALLY SPECIFIC COMMUNITY HEALTH WORKER TRAINING FOR --

THROUGH THE OREGON HEALTH AUTHORITY AND WE WORKED WITH THEM BACK LAST YEAR. IT HAS BEEN A YEAR AGO. WE GRADUATED A COHORT OF 25 FOLKS FROM THAT COMMUNITY. AND SO AYNİ WILL TALK A LITTLE BIT MORE ABOUT THAT. AND CURRENTLY, WE'RE IN THE PROCESS OF PREPARING A COMMUNITY HEALTH WORKER TRAINING WITH FOLKS FROM THE PACIFIC ISLANDER COMMUNITY. SO THAT WILL TAKE PLACE IN JANUARY AND FEBRUARY. AND SOME OF THE PARTNERS INCLUDE THE HEALTH DEPARTMENT'S HEALTH EQUITY INITIATIVE, THE PACIFIC ISLANDER COALITION, THE MICRONESIAN ISLANDER CLUB, OREGON COMMUNITY HEALTH WORKER ASSOCIATION AND ALSO, IRCO'S ASIAN FAMILY CENTER. SO WE'RE REALLY EXCITED FOR THAT. WE'RE IN THE PLANNING STAGES RIGHT NOW.

Beth Poteet: AND THEN THIS SPRING, WE'RE PLANNING TO OFFER ONE WITH THE ARABIC SPEAKING COMMUNITY AND SO THIS CAME OUT OF A CONVERSATION WE HAD WITH THE EAST PORTLAND ACTION PLAN'S CIVIC ENGAGEMENT COMMITTEE BACK IN JULY. AND AT THAT MEETING, THE COMMITTEE SAID WE'D LIKE TO REALLY PRIORITIZE THE ARABIC SPEAKING COMMUNITY FOR COMMUNITY HEALTH WORKER TRAINING. AND SO SINCE THEN, WE'VE BEEN MEETING WITH VARIOUS STAKEHOLDERS. AND WE HELD AN INFORMATIONAL SESSION AND WE'RE PLANNING TO HOLD OUR FIRST STEERING TEAM COMMITTEE MEETING IN THE NEXT COUPLE OF WEEKS. SO WE'RE PLANNING TO HOLD THAT HOPEFULLY IN APRIL AND MAY OF NEXT YEAR. SO THAT'S WHERE WE'RE -- WE'VE BEEN. WHERE WE'RE GOING. AND THEN I'M GOING TO TURN IT OVER TO PEI-RU TO GIVE YOU A SENSE OF NEXT STEPS AFTER THAT. THANK YOU SO MUCH.

Pei-ru Wang: THANK YOU. AND SO WE'VE BEEN, YOU KNOW, FOR THE CURRENT AND PREVIOUS YEAR, WE HAVE BEEN DOING A LOT OF, YOU KNOW, PROVIDING TRAINING BUT REALLY, IT'S VERY IMPORTANT TO BE ABLE TO BUILD THE COMMUNITY CAPACITY AND MOVE FROM THE TRAIN TO TRAINER MODEL. SO THE PRIMARY THINKING IS REALLY TO SUPPORT ORGANIZATION TO DEVELOP THEIR OWN TRAINING PROGRAM. AND, YOU KNOW, WHY WE ARE CONSIDERING THIS, THAT, YOU KNOW, FIRST IS THAT THE PROFESSION OR SUPPORTING THE C.H.W. PROFESSION IS AN IMPORTANT PART OF THE PUBLIC HEALTH EQUITY STRATEGY. AND AS YOU ALL KNOW, PUBLIC HEALTH HAS A LOT OF, YOU KNOW, AMAZING STRATEGIES. FOR EXAMPLE, THE CULTURAL SPECIFIC, YOU KNOW, STRATEGY INCLUDING, YOU KNOW, INITIATIVE. FUTURE GENERATION COLLABORATIVE AND THE MATERNAL CHILD MEDICAL HOME. AND ALSO, THERE IS ANOTHER, YOU KNOW, STRATEGY IS THE REACH PROJECT RELATED TO CHRONIC DISEASE PREVENTION. AND ALSO, PART OF THE, YOU KNOW, PUBLIC HEALTH STRATEGY IS PROVIDING CULTURALLY COMPETENT COMMUNICABLE DISEASE AND S.T.D. CLINICS SO WE ARE ALL PART OF THIS BIG EQUITY STRATEGY. AND ALSO, THAT, YOU KNOW, IT'S WHY WE ARE CONSIDERING THIS IS COMMUNITY DEMANDS THAT A LOT OF COMMUNITY PARTNER ORGANIZATION APPROACHED US AND THEY HAVE THE

MOTIVATION, THEY HAVE THE CAPACITY, THEY WANT TO MOVE TO THE NEXT LEVEL TO REALLY PROVIDE THE TRAINING THEMSELVES. AND THE C.H.W. TRAINING, YOU KNOW, DEMANDS CONTINUES. THIS WILL REALLY OPEN A LOT OF OPPORTUNITIES FOR COMMUNITY HEALTH WORKER TO BE TRAINED AND TO BE CERTIFIED. ALSO, THIS YEAR, THAT WILL BE DEVELOPING TRANSPARENT PROCESS TO HAVE A SET OF CRITERIA TO REALLY SELECT AND PRIORITIZE OUR PARTNER ORGANIZATION WHO WE'LL BE WORKING WITH AND JUST MAKE IT THE PROCESS TRANSPARENT. AND SO NOW, I'M GOING TO HAND OVER TO VERONICA AND THEN SHARE A LITTLE BIT.

Veronica Leonard: THANK YOU, PEI-RU. GOOD MORNING, CHAIR AND COMMISSIONERS. THANK YOU FOR THE OPPORTUNITY TO PRESENT TODAY ABOUT THE LONG STANDING PARTNERSHIP THAT LATINO NETWORK HAS HAD WITH THE COMMUNITY CAPACITATION CENTER. MY NAME IS VERONICA LEONARD AND I'M HEALTH AND WELLNESS MANAGER AND A GRADUATE OF THE COMMUNITY HEALTH WORKER TRAINING. WE HAVE A LONG HISTORY AT LATINO NETWORK OF PARTNERING WITH THE C.C.C. BEGINNING IN THE LATE 1990S. THIS INCLUDED POPULAR EDUCATION TRAININGS FOR THE MAJORITY OF OUR STAFF AS WELL AS SUPPORT FOR AND EVALUATION OF OUR COMMUNITY HEALTH WORKERS. WHEN OUR ORGANIZATION WAS FIRST CREATED, MOST OF LATINO NETWORK'S PROGRAMS WERE CARRIED OUT BY COMMUNITY HEALTH WORKERS AND SO THE SUPPORT WE RECEIVED FROM THE COMMUNITY CAPACITATION CENTER WAS REALLY KEY TO ENSURING THAT THE OUTREACH AND THE PROGRAMMING THAT WE DID WAS AS EFFECTIVE AS POSSIBLE. AND TODAY, OUR COMMUNITY HEALTH WORKERS OR TOPICS THAT OUR COMMUNITY HEALTH WORKERS PROMOTED INCLUDED VIOLENCE PREVENTION, HEALTH OUTREACH AND EARLY CHILDHOOD EDUCATION, ALL LEADING TO GREATER HEALTH EQUITY IN OUR COMMUNITY.

Veronica Leonard: TWO YEARS AGO, WE HAD THE OPPORTUNITY TO PARTNER WITH THE C.C.C.'S STRIVE INITIATIVE. THE STRIVING TO REDUCE YOUTH VIOLENCE EVERYWHERE THAT BETH REFERRED TO. SO THIS PARTNERSHIP ALLOWED US TO TRAIN THREE OF OUR WORKERS WHO ARE WORKING SPECIFICALLY WITH GANG AFFECTED YOUTH AS PART OF OUR COMMUNITY HEALING INITIATIVE PROGRAM. AND THIS ALLOWED US TO TAKE IT -- TAKE PUBLIC HEALTH A STEP FURTHER AND REALLY LOOK AT VIOLENCE PREVENTION AS HEALTH PROMOTION. THIS WAS A REALLY UNIQUE OPPORTUNITY FOR US TO STRENGTHEN OUR COMMUNITY HEALTH WORKER, VIOLENCE PREVENTION FIELD. AND BY INCORPORATING A PUBLIC HEALTH LENS WITH STAFF WHO HAVE LIVED EXPERIENCE. OUR MOST RECENT PARTNERSHIP WITH THE C.C.C. HAS BEEN TO CO-CREATE THE LATINO CENTRIC TRAINING THAT BETH JUST MENTIONED. THIS REALLY CAME ABOUT, LIKE SHE DESCRIBED, AFTER LATINO NETWORK REALLY ADVOCATED FOR A NEED TO HAVE A SPANISH SPECIFIC -- SPANISH LANGUAGE SPECIFIC TRAINING SO THAT OUR STAFF AND COMMUNITY MEMBERS WHO WERE DOING WORK ALREADY COULD OBTAIN STATE CERTIFICATION. AND SO TOGETHER

WITH OUR PROGRAM, C.C.C. AND LATINO NETWORK, WE REWROTE THE CURRICULUM IN SPANISH AND ENSURED IT WAS CULTURALLY SPECIFIC AND NOW THE TRAINING IS AVAILABLE AND IT HAS ALLOWED LATINO NETWORK TO TRAIN FIVE OF OUR STAFF TO BE STATE CERTIFIED COMMUNITY HEALTH WORKERS. SO OVER THE YEARS, OUR PARTNERSHIP WITH THE C.C.C. HAS ALLOWED US TO INCREASE OUR CAPACITY IN HEALTH PROMOTION, VIOLENCE PREVENTION AND EARLY LEARNING. THIS PARTNERSHIP HAS BEEN PARTICULARLY SUCCESSFUL BECAUSE C.C.C.'S PHILOSOPHY AND APPROACH LATINO NETWORK'S MISSION OF COMMUNITY SELF-DETERMINATION, BEING ABLE TO PARTNER WITH AN INSTITUTIONAL PARTNER THAT DIRECTLY REFLECTS THIS VALUE IS UNIQUE. AND WE REALLY APPRECIATE THE SUPPORT THAT THEY HAVE GIVEN US. SO NOW, I'LL TURN IT OVER TO AYN. THANK YOU VERY MUCH.

Chair Kafoury: THANK YOU, GOOD MORNING.

Ayni Amir: THANK YOU, GOOD MORNING, CHAIR AND COMMISSION. THANK YOU FOR THE OPPORTUNITY TO PRESENT TODAY ABOUT HOW IRCO AFRICA HOUSE HAS BEEN HELPING THE COMMUNITY HEALTH PROFESSION AND HOW THE C.C.C. HAS SUPPORTED THIS WORK. SO FIRST, I AM THE COORDINATOR FOR THE AFRICAN IMMIGRANT AND REFUGEE COMMITTEE HEALTH WORK TRAINING. FROM IRCO AFRICA HOUSE. FOR THE PAST YEAR, AFRICAN COMMUNITY HAVE WORKED WITH THE C.C.C. TO DEVELOP AFRICAN COMMUNITY HEALTH WORK TRAINING. TRAINING FROM OUR UNIVERSITY FOR PRESENTATION FROM THE AFRICAN COMMUNITIES AND WE WORKED WITH THE C.C.C. TO DESIGN AND PROVIDE 90 HOURS OF COMMUNITY HEALTH WORK, TRAINING, CERTIFICATION. WE HAD 25 MEMBERS GRADUATE IN DECEMBER OF 2016. THIS YEAR, WE'VE BEEN MEETING WITH THE C.C.C. TO GET OUR AFRICAN IMMIGRANT COMMUNITY HEALTH TRAINING PROGRAM APPROVED BY THE OREGON HEALTH AUTHORITY.

AND WE PLAN TO PROVIDE ANOTHER ROUND FOR THE COMMUNITY HEALTH TRAINING IN SEPTEMBER OF 2018. WE ARE REALLY EXCITED THAT WE HAVE ALREADY 50 PEOPLE SIGNED UP FOR THE TRAINING. I ALSO WOULD LIKE TO SHARE HOW THIS TRAINING HAS AN IMPACT ON ME. BEFORE THE TRAINING, I DIDN'T KNOW WHAT IS REALLY A COMMUNITY HEALTH WORK OR WHAT IS IT ABOUT? THEY HELPED ME AND OPENED MY EYES TO LEARN ABOUT THIS PROFESSION. THE EXPERIENCE FROM THE TRAINING REALLY MOTIVATE ME TO FURTHER PURSUE DEGREE IN PUBLIC HEALTH. NOW, I STARTED MY PUBLIC HEALTH PROGRAM AT P.S.U., ALSO THE TRAINING HELPED ME OPEN AN OPPORTUNITY FOR ME TO GET A SCHOLARSHIP FOR THE PUBLIC HEALTH LEADERSHIP INSTITUTE IN SEATTLE, WASHINGTON, UNIVERSITY. I LEARNED A LOT. AND I JUST GRADUATE FROM THAT INSTITUTE. ALSO, FOR AFTER THE -- AFTER I WENT THROUGH THE AFRICAN C.H.W. TRAINING, THE PREVIOUS COORDINATOR LEFT. I GOT PROMOTED TO THE NEW COORDINATOR POSITION. C.C.C. ALSO PROVIDED MENTORING FOR ME TO HELP BECOME A

STRONG LEADER. NOW, I UNDERSTAND HOW IMPORTANT IT IS TO WORK TOGETHER WITH OTHER COMMUNITIES, HEALTH WORKERS AND LEADERS TO PROMOTE HEALTH EQUITY. CURRENTLY, I AM SERVING IN OREGON COMMUNITY HEALTH WORK ASSOCIATION REGION FIVE COMMITTEES. I ALSO SERVE ON THE OFFICE OF EQUITY AND HUMAN RIGHTS OF CITY OF PORTLAND. AND ALSO, I'M ALSO PART OF THE TRADITIONAL HEALTH WORK COMMISSION TRAINING EVALUATION METRIC AND PROGRAM. I REALLY APPRECIATE THE OPPORTUNITIES TO TAKE ON ADVOCACY AND LEADERSHIP ROLES FOR THE AFRICAN COMMUNITY. THANK YOU AGAIN FOR YOUR CONTINUED SUPPORT FOR THE AFRICAN AND IMMIGRANT COMMUNITIES. THANK YOU. I'LL HAND IT TO PEI-RU. THANK YOU.

Chair Kafoury: YOU HAVE IT VERY WELL SCRIPTED THIS MORNING. I AM IMPRESSED.

Pei-ru Wang: THANK YOU.

Chair Kafoury: QUESTIONS OR COMMENTS THIS

Commissioner Vega Pederson: THANK YOU, CHAIR. THANK YOU GUYS SO MUCH FOR TAKING SOME TIME THIS MORNING TO TELL US MORE ABOUT THIS PROGRAM AND I THINK THIS IS SOMETHING THAT IS JUST A WONDERFUL MODEL IN TERMS OF REACHING OUT TO COMMUNITIES THAT IT'S BEEN HARDER FOR PUBLIC HEALTH. ENTITIES TO REACH OUT TO BEFORE AND I'M NOT SURPRISED THAT IT'S A NATIONAL MODEL. I'M CURIOUS ABOUT THE RELATIONSHIP WITH THE COMMUNITY HEALTH WORKERS AND THE C.C.O.S. & WHAT THAT MIGHT LOOK LIKE. AND I DON'T KNOW IF YOU GUYS HAVE THAT INFORMATION. BUT I'M JUST -- I KNOW THAT, YOU KNOW, THIS IS SOMETHING THAT ULTIMATELY, YOU KNOW, IN TERMS OF OUR HEALTH CARE SYSTEMS IN THE STATE THAT'S GOING TO BE A BIG PLAYER IN IT AND I'M CURIOUS ABOUT WHAT THE STATUS OF THAT IS.

Beth Poteet: OK. WE'RE GOING TO TAG TEAM. SO IN TERMS OF KIND OF THE MULTNOMAH COUNTY SORT OF METRO AREA, THERE'S SEVERAL FOLKS FROM FAMILY CARE WHO HAVE GONE THROUGH THE TRAINING. AND ARE EMPLOYED AS COMMUNITY HEALTH WORKERS WITHIN THEIR SYSTEM. AND THEN THERE'S SEVERAL FOLKS WHO ARE -- I THINK PART OF WHAT'S HAPPENING WITH AFFORDABLE CARE ACT AND INTEGRATING COMMUNITY HEALTH WORKERS MORE INTO THE HEALTH CARE SYSTEM IS THAT FOLKS ARE NOW - - CLINICS ARE HIRING COMMUNITY HEALTH WORKERS. SO WALLACE MEDICAL CONCERN, OUR OWN CLINIC SYSTEM, OTHER FQHCS THAT ARE WORKING IN LARGE PARTNERSHIPS ARE STARTING TO OPEN UP POSITIONS FOR COMMUNITY HEALTH WORKERS. AND WE'RE SEEING THAT ACROSS THE STATE. SO NOT JUST IN THE PORTLAND METRO AREA BUT THERE ARE OTHER C.C.O.S WHO ARE REALLY SAYING WE NEED TO CREATE THIS WORK FORCE

AND HAVE BEEN LOOKING TO US TO ACTUALLY HAVE SOME SUPPORT FOR WHAT THEY'RE DOING. SO THAT'S KIND OF A QUICK ANSWER.

Pei-ru Wang: ALSO THAT WE WORK CLOSELY WITH HEALTH SHARE AND FAMILY CARE IN TERMS OF, YOU KNOW, THE C.H.W. TRAINING THAT THEY ARE, YOU KNOW, THEY'VE BEEN PART OF THE TRAINING LIKE, YOU KNOW, SOME OF THEM SERVE ON THE STEERING COMMITTEE.

Commissioner Stegmann: THANK YOU SO MUCH, CHAIR. THANK YOU SO MUCH FOR OFFERING THIS INFORMATION. I DON'T KNOW A LOT. I HAVE SOME BASIC QUESTIONS. SO IF YOU HAVE A JOB, HOW MUCH DO WE PAY? I'M TRYING TO GET A GRASP OF WHAT DOES THIS LOOK LIKE? DO THEY WORK JUST FOR MULTNOMAH COUNTY?

Beth Poteet: I'LL START AND THEN I'M GOING TO LOOK TO SHARE A LITTLE BIT, TOO. SO FOLKS ARE BOTH EMPLOYED AT COMMUNITY HEALTH WORKERS AND SOMETIMES THEY DO IT AS VOLUNTEERS SO THERE'S A WHOLE, FOR INSTANCE, PARISH HEALTH PROMOTER PROGRAM THROUGH PROVIDENCE HEALTH PROGRAMS THAT IS WORKING WITH FOLKS WHO ARE DOING IT IN THEIR CHURCH COMMUNITIES AS VOLUNTEERS. IN TERMS OF PEOPLE WHO ARE PAID, USUALLY IT IS A FULL-TIME JOB WITH BENEFITS. MULTNOMAH COUNTY DOES EMPLOY COMMUNITY HEALTH WORKERS BUT OTHER NONPROFIT ORGANIZATIONS ALSO EMPLOY COMMUNITY HEALTH WORKERS LIKE IRCO HAS QUITE A FEW. LATINO NETWORK. OTHER CULTURALLY SPECIFIC ORGANIZATIONS. THE SALARY RANGE, I'M NOT SURE. WHAT THAT IS. WE CAN GET THAT INFORMATION AND GET BACK TO YOU ABOUT THAT. LET ME SEE, DID YOU HAVE ANOTHER SPECIFIC QUESTION?

Commissioner Stegmann: WHAT SPECIFICALLY IS THEIR JOB DESCRIPTION? OR DOES IT VARY -- IT PROBABLY DOES. I'M TRYING TO GET AN IDEA OF SPECIFICALLY WHAT DIFFERENT TYPES OF ROLES THAT THEY PLAY.

Beth Poteet: SURE. I'LL ANSWER THAT AND THEN I'LL ASK MY COLLEAGUES TO CHIME IN. SO THERE ARE 10 DIFFERENT ROLES SO IT'S EVERYTHING FROM ADVOCACY, COMMUNITY ORGANIZING TO HELPING PEOPLE NAVIGATE HEALTH AND SOCIAL SERVICE SYSTEMS. GOING WITH THEM TO THEIR APPOINTMENTS. SOMETIMES DOING A LOT OF CULTURAL MEDIATION SO BETWEEN THE PROVIDER AND THE COMMUNITY MEMBER. AND IT REALLY DEPENDS THE SETTING THAT THEY'RE IN. SOMEONE WHO IS IN A CLINIC SETTING WOULD BE PROBABLY MORE FOCUSED ON NAVIGATION THAN SOMEONE WHO IS IN MORE OF A COMMUNITY BASED SETTING LIKE THE FOLKS WHO ARE DOING VIOLENCE PREVENTION WORK, YOU KNOW, THEY'RE WORKING WITH THE YOUNG PERSON AND THE FAMILY AND THE COMMUNITY MORE ON A SYSTEMS LEVEL SO IT REALLY KIND OF JUST DEPENDS THAT THERE IS A SET OF CORE 10 ROLES THAT COMMUNITY HEALTH WORKERS ARE SUPPOSED TO KIND OF PLAY THAT BROAD RANGE OF ROLES. I WONDER IF

YOU WANT TO SHARE A LITTLE BIT ABOUT WHAT THAT LOOKS LIKE IN YOUR ORGANIZATION.

Veronica Leonard: SURE. I THINK THAT'S GOOD. SORRY. SO AT LATINO NETWORK, WE HAVE KIND OF TWO TEAMS THAT MAINLY HAVE THAT COMMUNITY HEALTH WORKERS. OUR MOST LONG STANDING TEAM IS THE EARLY CHILDHOOD LEARNING PROGRAM AND SO THEY HAVE QUITE A FEW COMMUNITY HEALTH WORKERS THAT DO A LOT OF PARENT SUPPORT, NAVIGATION THROUGH THE EDUCATIONAL SYSTEM, HEALTH EDUCATION AND REALLY HELPING PARENTS UNDERSTAND HOW TO SUPPORT THEIR YOUTH OR THEIR LITTLE ONES SO THAT WHEN THEY ARRIVE AT KINDERGARTEN, THEY'RE READY TO SUCCEED IN SCHOOL. AND THEN MOST RECENTLY, WHEN WE TRAINED OUR COMMUNITY HEALTH WORKERS IN THE VIOLENCE PREVENTION SPECIFIC PROGRAM, THEY ARE THE -- THEY ARE OUR MENTORS WHO ARE WORKING WITH YOUTH WHO ARE GANG AFFECTED SPECIFICALLY SO THEY'RE TALKING TO THE YOUTH AND THE FAMILIES ABOUT HOW VIOLENCE -- HOW PREVENTING VIOLENCE IN THEIR FAMILY AND IN THEIR COMMUNITY IS GOING TO IMPROVE THE HEALTH OUTCOMES OF THEIR FAMILY AND THEIR COMMUNITY.

Ayni Amir: YOU GUYS SAID EVERYTHING. I MEAN, AFRICA HOUSE HAVE -- WE HAVE TWO AGENTS, COMMUNITY HEALTH WORKER AND WE RECENTLY HIRED AFRICAN COMMUNITY HEALTH WORKERS. AND I'VE BEEN WORKING AS THE COMMUNITY HEALTH WORK BUT NOT MUCH. SO THE COMMUNITY HEALTH WORK IN THE AFRICAN, THEY HAVE -- THEY NEED LOTS OF TRUST. WE NAVIGATE THE HEALTH DEPARTMENT AND WE ADVOCATE FOR THEM AND SUPPORT THEM AND THAT WAS VERY HELPFUL AND REALLY IMPACTED IN THE AFRICAN COMMUNITIES. SO IN EVERYTHING, THEY SHARED.

Pei-ru Wang: THANK YOU. FOR CLARIFICATION IS THAT C.C.C. DOES TRAINING AND THEN ALSO THAT, YOU KNOW, SOME OF THE C.H.W. ALREADY EMPLOYED AT THE ORGANIZATION, ALSO WE WORKED WITH OREGON COMMUNITY HEALTH WORKER ASSOCIATION VERY CLOSELY AND SO THEY HAVE, YOU KNOW, DO MUCH BROADER IN TERMS OF HELP PEOPLE TO FIND JOBS AND OTHER THINGS OF THAT SORT.

Commissioner Stegmann: GREAT. THANK YOU.

Chair Kafoury: AND I THINK IT'S FAIR TO SAY THIS IS A GROWING FIELD AND ONE OF THE ISSUES THAT WE'RE WORKING ON OR WE AS A COMMUNITY IS NOW THAT WE'VE TRAINED A LOT OF FOLKS AND WE'RE DOING TRAIN TO TRAINER MODEL, IT IS IMPORTANT TO HELP GET THEM JOBS. AND SO WORKING, YOU KNOW, YOU ASKED A QUESTION ABOUT THEIR RELATIONSHIP WITH THE -- WITH THE C.C.O.S, C.C.C., THERE'S STILL A LOT OF ROOM TO GROW. IN THAT SENSE, I THINK, WE RECOGNIZE THE VALUE. IT'S IMPORTANT THAT WE -- THAT

THE HEALTH CARE INDUSTRY RECOGNIZES THE VALUE WHICH I THINK THEY WILL FROM THE OUTCOMES THAT WE HAVE.

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. THANK YOU ALL FOR COMING. THIS WAS A GREAT PRESENTATION. ARE YOU NOTICING ANY PARTICULAR HEALTH ISSUES IN THE DIFFERENT COMMUNITIES THAT ARE MAYBE NOT KNOWN THAT ARE A CHALLENGE FOR COMMUNITY MEMBERS THAT THE COMMUNITY HEALTH WORKERS HAVE BEEN ABLE TO GIVE THE KIND OF TRUST AND, YOU KNOW, GUIDANCE TO GO FURTHER TO GET MEDICAL ATTENTION THAT THEY WOULDN'T ORDINARILY GET?

Beth Poteet: WOULD YOU LIKE TO SHARE THAT?

Veronica Leonard: WELL, I THINK FOR US SPECIFICALLY AT LATINO NETWORK, ONE THING THAT WE'VE BEEN SEEING WITH OUR COMMUNITY MORE THAN A SPECIFIC HEALTH ISSUE IS THE FEAR OF ACCESSING HEALTH CARE BECAUSE OF THE IMMIGRATION CLIMATE. AND SO OUR WORKERS, BECAUSE WE ARE OF THE COMMUNITY, WE ARE ABLE TO REALLY HELP THEM NAVIGATE THAT SYSTEM AND DIMINISH TO SOME EXTENT THE FEAR THROUGH THE COMMUNITY. SO REALLY WORKING KIND OF HAND IN HAND WITH OUR PROGRAMS SO OUR COMMUNITY HEALTH WORKERS ARE TRAINED TO DO KNOW YOUR RIGHTS, TALK ABOUT KNOW YOUR RIGHTS TRAININGS SO THAT HELPS OUR COMMUNITY FEEL MORE COMFORTABLE ACCESSING HEALTH SERVICES.

Commissioner Smith: THANK YOU SO MUCH FOR DOING THAT. THAT IS SO IMPORTANT AND THAT WAS GOING TO BE MY NEXT QUESTION IN REGARDS TO HOW DO PEOPLE RESPOND BECAUSE I KNOW THAT THERE'S THIS SENTIMENT OUT THERE NOT TO PARTICIPATE WITH GOVERNMENT AND NOT BEING REALLY TRUSTING. BUT I'M REALLY HOPEFUL AFTER LISTENING TO YOU ALL THAT YOU'RE GETTING INTO THE COMMUNITIES AND PROVIDING A CERTAIN AMOUNT OF TRUST THAT'S IMPORTANT. THANK YOU.

Chair Kafoury: COMMISSIONER MEIERAN?

Commissioner Meieran: THANK YOU ALL FOR BEING HERE AND FOR DOING THIS WORK. AS SOMEONE PRACTICING IN THE HEALTH CARE FIELD, I JUST CAN'T TELL YOU ENOUGH HOW MUCH I APPLAUD WHAT YOU'RE DOING AND WHAT A MEANINGFUL DIFFERENCE IT MAKES IN THE LIVES OF PEOPLE WHO ARE TRYING TO FIGURE OUT THIS HEALTH CARE SYSTEM WHO MAY BE SCARED, WHO MAY JUST NOT BE FAMILIAR WITH OUR UNIQUE MODEL OF HEALTH CARE DELIVERY. AND SO IT'S JUST FABULOUS AND IT WAS GREAT BEING AT THE TRAINING AT THE ASIAN HEALTH CENTER AND TO SEE THAT IN ACTION. IT'S LIKE I JUST WANTED TO JUMP RIGHT IN AND STAY THERE. I HAD ONE QUICK QUESTION ABOUT AFRICA HOUSE. AND I'VE BEEN SPEAKING WITH SOMEONE FROM THE SOMALI-AMERICAN COUNCIL OF OREGON, WHO REALLY WAS

INTERESTED IN HAVING THE COMMUNITY HEALTH WORKER TRAINING AND BEING INVOLVED IN THAT, AND FELT THAT THERE WASN'T THAT PARTICULAR COMMUNITY. I'M NOT SURE HOW AT AFRICA HOUSE, WHAT DIFFERENT COMMUNITIES ARE SERVED, HOW THEY COME INTO CONTACT WITH YOU, MAYBE I CAN CONNECT THEM WITH YOU. HOW MANY DIFFERENT GROUPS ARE YOU SERVING, CAUSE OBVIOUSLY IT'S A NUMBER OF,

Ayni Amir: SO, AFRICA HOUSE SEVRES ALL AFRICAN COMMUNITIES, IT IS OPEN TO EVERYBODY, BUT WE SERVE ALL KINDS OF AFRICANS. WE STILL HAVE A WAITLIST OF 50 PEOPLE. WE ARE STILL WORKING ON IT.

Chair Kafoury: I'D LIKE TO HEAR, WHAT YOU SEE GOING FORWARD, WHAT ARE SOME OF THE CHALLENGES THAT YOU FACE AND WHAT ARE SOME OF THE AREAS THAT YOU HOPE THAT THERE ARE GOING TO BE NEW DIRECTION, KIND OF NEXT STEPS.

Pei-ru: I THINK WHAT IS IMPORTANT OR WHAT WILL DRIVE OUR WORK IS WHAT THE COMMUNITY WANTS. COMMUNITY ORGANIZATIONS, AND WHAT WILL MAKE THE BIGGEST IMPACT, AND THAT WILL DRIVE OUR WORK. AND THEN IN TERMS OF POTENTIAL CHALLENGES, OUR OWN TEAM HAS TO CHANGE OUR MIND SET. HOW WE DO OUR WORK ON HOW WE LINK OUR WORK TO OTHER COMPONENTS OF THE EQUITY STRATEGY, THE COUNTY AS A WHOLE EQUITY STRATEGY, BECAUSE IT'S ALL INTER RELATED. AND SO I WOULD SAY THE OPPORTUNITY FOR US IS TO REACH OUT MORE, AND CONNECT MORE. PROBABLY IT WOULD ENCOUNTER SOME BARRIERS AND CHALLENGES ALONG THE WAY. BUT, YOU KNOW, THE ULTIMATE GOAL AND ULTIMATE WHAT WE WANT ACCOMPLISHED WILL ALWAYS BE THE DRIVING FORCE FOR US TO GET THERE. YEAH.

Beth Poteet: YEAH, I MIGHT JUST ADD TO THAT. I THINK, WELL, AS WE MENTIONED EARLIER INTEGRATING COMMUNITY HEALTH WORKERS MORE INTO THE HEALTH CARE DELIVERY MODEL SO THERE'S GOING TO BE CONTINUAL GROWTH AROUND THAT. BUT I THINK JUST WHAT PEI-RU WAS MENTIONING WHAT WE'RE HEARING AND SEEING FROM OUR PARTNERS IS WE'VE DONE SEVERAL CULTURALLY SPECIFIC TRAININGS NOW AND THOSE FOLKS ARE SAYING WE WANT TO BE ABLE TO PROVIDE THIS OURSELVES IN THE FUTURE WITH YOUR SUPPORT. SO JUST LIKE WE'RE WORKING WITH AFRICA HOUSE TO HELP THEM KIND OF GET THEIR CURRICULUM READY TO BE CERTIFIED. SO I THINK THAT'S ANOTHER OPPORTUNITY IS REALLY PARTNERING WITH FOLKS THAT WE'VE WORKED WITH IN THE PAST AND NEW PARTNERS AROUND HOW DO WE REALLY SUPPORT ESPECIALLY COMMUNITIES OF COLOR TO BE THE LEADERS IN THEIR OWN WORK? AND REALLY KIND OF BE SORT OF WALKING ALONGSIDE AND EVENTUALLY BEHIND IN A WAY. AND NOT HAVE TO BE KIND OF THE LEADING ROLE SO MUCH. SO I THINK THAT'S A WONDERFUL OPPORTUNITY THAT REALLY IS IN LINE WITH, I THINK, THE COUNTY'S, YOU KNOW, KIND OF MISSION AROUND EQUITY AND

EMPOWERMENT AND PARTNERSHIP. SO I THINK THAT'S ANOTHER JUST KIND OF KEY SORT OF OPPORTUNITY FOR US.

Veronica Leonard: I THINK ANOTHER REALLY KEY OPPORTUNITY THAT HAS ARISEN NOW WITH THE PASSING OF HB-3391 OR THE REPRODUCTIVE HEALTH EQUITY ACT THAT PASSED INTO LAW THERE WASN'T ANY FUNDING TO OUTREACH. SO THE OREGON HEALTH AUTHORITY NOW IS REALLY STRUGGLING WITH HAVING THE COMMUNITY KNOW ABOUT IT. SO I THINK COMMUNITY HEALTH WORKERS WHO ARE PART OF THE COMMUNITY THAT ARE ON THE GROUND WOULD BE A REALLY GREAT PARTNER TO HELP MOVE THAT LEGISLATION INTO ACTION.

Chair Kafoury: ALL RIGHT. ANY OTHER QUESTIONS OR COMMENTS?

Commissioner Smith: MADAM CHAIR, I WAS JUST THINKING ABOUT IN TERMS OF TALKING ABOUT, IS THAT SOMETHING YOU'RE TALKING WITH THE STATE ABOUT? IS THAT SOMETHING THAT WE SHOULD HELP? TO ADVOCATE?

Veronica Leonard: SOME OF THE SUBGROUPS THAT THEY HAVE RIGHT NOW THAT ARE WORKING TO ROLL OUT. THAT WOULD BE HELPFUL.

Commissioner Smith: THAT WOULD BE GREAT. CAN YOU WORK WITH MY ASSISTANT ON THAT? THANK YOU.

Veronica Leonard: YES.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS FOR OUR PANELISTS? THANK YOU SO MUCH FOR COMING THIS MORNING. AND I THINK PROBABLY FOLKS HAVE OTHER QUESTIONS, TOO, THEY'D LIKE TO HAVE BECAUSE THIS IS THE FIRST TIME THAT SOME OF OUR COMMISSIONERS HAVE HEARD ABOUT THE PROGRAM. AND WHERE YOU'RE GOING. IT WAS REALLY GREAT HEARING FROM COMMUNITY MEMBERS WHO HAVE BEEN THROUGH IT AND WHO HAVE - - WERE PARTICIPATING. AS COMMISSIONER MEIERAN SAID, WE HAD A WONDERFUL TIME WITH THE ASIAN HEALTH AND SERVICE CENTER AT THE ASIAN HEALTH AND SERVICE CENTER WITH THE ASIAN CENTRIC COHORT AND I WAS -- IT REALLY BROUGHT TO ME HOW IN SOME WAYS IT WAS UNIVERSAL BUT THERE WAS SOME SPECIFIC DIFFERENCES PER COMMUNITY AND IT WOULD BE REALLY INTERESTING, I THINK, TO SEE HOW OTHER COMMUNITIES ARE ATTACKING OR, YOU KNOW, ADDRESSING THIS ISSUE AS WELL. THANK YOU.

Beth Poteet: THANK YOU VERY MUCH. THANKS. YOU'RE ALWAYS WELCOME TO COME TO ONE OF OUR TRAININGS. THEY'RE INTENSE. IT'S NOT EASY. THEY ARE NOT FOR THE FAINT OF HEART.

Chair Kafoury: ALL RIGHT. THANK YOU ALL FOR COMING.

ADJOURNMENT – 11:01 a.m.

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