MINUTES

WIB Faith-Based Meeting

January 10, 2018

Attendees: Pastor Carolyn McCombs Chair, Dr. Chris Irving, Walter Toombs, Pastor Michael Odom, Stacey Coleman, Elder William Henry, Antoinette Brevard, Angela Fields, Erica Crenshaw, Andrea Newton, Rosa Williams-Hopkins, Quay Davis, Mario Fontana, Cristina Pagan, Angel Laboy,

Welcome and Introductions
Pastor Carolyn McCombs called the meeting to order at 1:37 p.m.

Minutes
Minutes were reviewed and approved.

Dr. Chris Irving asked the committee to take a moment to acknowledge one of our deceased members who was a long serving member of the Faith-Based Committee, Deacon Mike Henry. On behalf of the Chosen Freeholder Board and the Faith-Based Committee resolution was adapted and presented to his brother, Elder William Henry.

Pastor Carolyn apprised the committee of the presentation by the Passaic County Healthcare Coalition and introduced Kimberly Birdsall Executive Director.

Presentation by Healthcare Coalition of Passaic County
Kimberly Birdsall presented the following:

- The presentation started with a video titled Minority Health Disparities- Michelle’s Story, demonstrated how many families have to choose between paying bills/Medicine and eating. The story talks about healthy eating and why many people do not invest in their health.
- Kimberly noted the Healthcare Coalition of Passaic County was funded in 2017 with a grant from Nicholson Foundation. The Coalition is made up of a 15 member Board which includes SJRMC, Harbor House, City of Paterson Dept. of Health & Human Services, Eva’s Village, NJ Dept. of Health, NJ Community Development Corporation, Partnership for Maternal and Child Health of Northern NJ, Passaic County Board of Social Services, Passaic County Det. Of Health,
Paterson Housing Authority, Paterson School Board Clinic, St. Mary’s General Hospital, Straight & Narrow, Passaic County Sheriff Dept. and Paterson Community Health Center.

- **The mission**
  Is to create a thriving and sustainable coalition to address the social issues with health in this community, identify gaps and work on how to bridge the gaps. The team who presented included: Marie Ben-Israel Population Health Analyst, Romanus Joseph Transition of Care Manager and David Asiamah Director of Clinical and Community Engagement.

- **Social Determinants of Health**
  1. Economic Stability
  2. Neighborhood & Physical Environment
  3. Education
  4. Food
  5. Community & Social Context
  6. Healthcare System

- **What is the work of the HCPC**
  - Target population and Geography of high Emergency Room users in Paterson, NJ.
  - Zip Codes 07501, 07522 and 07514 Top 3-5% of Emergency Room Users.
  - Men aged 40-64 with diabetes or Asthma/COPD
  - 61 ER Patients, 27 Men 40-64 with Asthma/COPD or Diabetes Total number of Target population 88
  - Total Patients 66, Total ER visits for each zip was 927 for one year, total Out patient was 244.

- **Target Population per Top 3-5% Users in select Zip codes**
  Were observed by categories such as behavioral Health, Pain, Respiratory GI/Diabetes, Kidney/Heart, Infection, Injury and Cancer.

Kim noted the problems run deep due to the Social Determinants of Health such as Poor Health, Race/Ethnicity, Culture and Socioeconomic Status and Income.

- **Pathways Community HUB Model**
  Creates effective way for organizations to work toward common goal to reduce health disparities.
• 20 Core Pathways – National Certifications
  which includes: Adult Education, Employment, Health Insurance, Housing, Medical Assessment, Medical Home, Medical referral, Medication Management, Smoking Cessation, Social Service Referral, Behavioral Referral, Developmental Screening, Developmental Referral, Education, Family Planning, Immunization Screening, Immunization Referral, Lead Screening, Pregnancy and Postpartum. There is also 20 Standard pathways.

• Pathways to Success
  1. Clients from target population will be asked to enroll in HCPC Pathways to Success Program
  2. Clients who say yes will be assigned a Community Health Worker (CHW).
  3. CHW will meet with the client and begin to work on assigned pathways.
  4. Pathways will lead to community resources to meet the Social Determinants of Health and work toward the goal of reducing health disparities.

• HCPC Community Connectivity
  Healthcare providers plus Social Services equal Provider network.

• Provider Network Approach:
  -Clinical and Social Service Providers Surveys developed and approved by HCPC Board.
  -Recommended number of providers determined per area of specialty.
  -Surveys administered and analyzed by HCPC & DCCE.
  -Areas of deficiency Identified.
  -Interviews within the community scheduled to address areas of deficiency.

• Where does the Community Fit?
  The community must be part of the initiative through participation on the Community Advisory Board (CAB) which will drive the strategy for accomplishing whatever is needed in the community. Kim noted currently there are 24 organizations who are members and the goal is to have 50 organizations. The HCPC Community Advisory Board member organization include:

Q&A
Do you already have the 88 people and are you doing outreach to those 88 people? Kim explained yes they have targeted the 88 clients but we have to wait for them to engage into the system (return to the ER/Clinic) after which HCPC will be able to interact with the client.

What will be the role of the Faith-Based?
Kim mentioned that other Faith-Based organizations in Mercer County were able to secure a grant to help with health education/health literacy and to get the word out within their communities. Kim noted we need to have the conversation and create the partnerships. The two pillars to life, success or happiness is Faith and Health because people trust their Faith-Based organization.

How is the awareness being implemented in the church?
Kim explained the Mercer County Faith-Based organizations offered nutritional courses and an evidence based model of a community garden managed by the congregation.

Pastor Carolyn noted maybe the Faith-Based/churches serve as a resource where people could come in and talk about the initiatives. As Faith-Based organizations become aware of services available, this can be passed on to the church body and this does not require money.
Kim noted there is a big conversation about health literacy and making sure people know and raising awareness in health education is essential. Pastor Carolyn noted the problem is accessibility. If we make the information accessible people will take advantage of it. Kim noted the challenge or the frustration is understanding who will be the organization that will take the lead and navigate the system.

Is transportation involved? This is a major concern to be able to get from one side of town to the other. Kim noted the HCPC is currently working on transportation. David noted St. Joseph is the most accessible health care provider in the City and people will go there instead of the primary doctor where they have to wait a period of time before being treated. We have been trying to figure out how we can work with dedicated transport so we are currently working on how to address this issue.

Cristina suggested possibly partnering with uber, lift or a taxi company. Kim mentioned that some agencies have their own transportation such as the Sisters Network, led by Cheryl Walters and FQFC. The challenge is also learning what exist and looking into a platform to disseminate that information to partners.

Brain Storm-Next Steps Faith Based Committee
Pastor Carolyn noted our minutes the committee where we left off with the question of what is next.
The conference was successful but now we must talk about where do we go from there? Do we continue to work with the connections and partners that our 16-24 youth can benefit from because this is a vulnerable population?

Pastor Carolyn noted a conversation with someone that led to a gentleman who has taken on the 16-24 population in Newark, NJ. The program is called Youth Advocacy Network. A count of the population in Newark alone identified 8,000 youth who have fallen off the radar with no engagement with society. Carolyn noted we could possibly bring something together between Newark and Paterson.
Quay noted the 16-24 youth population is the most difficult and the most under-served population. Andrea noted if we as a committee do not follow-up then we are doing exactly what the youth stated during the focus groups and asked the committee not to forget the youth after the conference. Quay noted based on the research by Project Cope these are the same issues the youth are dealing with which continues into their adulthood.

Carolyn reiterated some of the information which was shared by the vendors at the conference where one gentleman stated he had at least 5 of the youth from the conference who reached out to him and it brought him to tears; stating the youth are desperate.

Antoinette suggested the committee partner with the Youth Committee and share the information. Pastor Odom noted the Faith-Based will still be part of this with this population and we need to get in contact with the gentleman from Newark to come and present to the Faith-Based Committee. Pastor Carolyn will contact the gentleman to come but we may want to visit his agency to see what he is doing as well. Pastor Carolyn noted the gentleman has formalized his program in the form of a school which is not a traditional school required to meet the same guidelines as the board of education. If he was to do that the school would fail working with the 16-24 population.

Pastor Carolyn noted the committee needs to chart the path of where we are going with regard to the focus for 16-24, but at the same time continue capacity building. If we decide to have capacity building, how does this correlate with the 16-24 youth population?

Committee Recommendations:
- Committee make the 16-24 youth population a part of what we are doing.
- Re-engage the Faith-Based partners to the committee because we have not had a good turnout in the prior meetings.
- Develop survey to determine what is needed. Take time to come up with a model which is comfortable and fits our committee so we can be
productive without overwhelming ourselves with work.

- Committee has to be careful when working between the two topics to continue to leverage the members to maintain what we do.
- Committee move the conference back to June.
- Committee should place our mission statement on everything including on the agenda.
- Committee needs some form of governance and think about what that looks like. We need samples of governance procedures utilized by other WDB committees.
- Pastor Carolyn noted that we need to answer questions like: What's in it for members? What is the vision moving forward? How does the average member fit in to the vision? What is the expectation? The committee needs to look for ways to access funding in order to do capacity building to reach people at another level. Maybe the committee needs to look at some of the successes we've had.
- Antoinette noted the committee highlighted the successes when we've had with the overcomers conference. When the committee presented the youth conference, we strayed away from that focus and lost the momentum. However, once we regain our focus the momentum will return and we may be able to secure funding. Pastor Carolyn noted the overcomers' conference was a celebration of everything the committee had already done and the conference came about because we ended a chapter. With the youth conference there were many changes including the change of the conference date. However, the committee is changing and will not be the same moving forward.

Next Steps

- Pastor Carolyn noted the focus will be to have the conference in June bringing the calendar back into alignment.
- Committee come prepared for the next month meeting, invite the gentleman from Newark to come and we can talk about how we can do
something on a major scale for the vision that we may have for June.

- Antoinette mention by having the gentleman come in to talk to the committee maybe it will open the eyes of our committee members to see where they may fit in.

Wrap-up

Meeting concluded at 2:42pm
The schedule for the next meeting: TBD