



1. Orientation Review: CAB members convened in December 2019 for orientation to FLOURISH, home visiting collaborative and their role within the collaborative

- FLOURISH North Star: Zero racial disparities in infant mortality by 2033.
- Home Visitation Collaborative Goals:
 - Build trust and relationships among providers and consumers.
 - Create ways to make data sharing easier.
 - Coordinate referrals and intake.
 - Standardize training and professional development.
 - Develop family-centered engagement and retention practices.
- Generate Health's Initiatives:
 - FLOURISH St. Louis- The infant mortality reduction initiative. Includes: Community Leaders Cabinet (governing body), infant health action team (safe sleep), transportation action team, FLOURISH MORE (housing)
 - Fetal Infant Mortality Review (FIMR)
 - Perinatal Behavioral Health Initiative (PBHI)
 - Social Determinants of Health tour
- Home Visitation Community Advisory's Board's Role:
 - Provide information and experiences about home visitation services
 - Work with providers and partners
 - Increase awareness about home visitation and share what worked and what did not.

2. Racial Equity Overview: During December 2019 orientation, Rebecca provided racial equity presentation similar to what was presented to providers in their December convening.

- **Diversity:** the demographic mix of a specific collection of people, taking into account elements of human difference including: age, differing abilities, education, ethnicity, gender identity and expression, geographic location, marital and family status, national origin + immigration status, race, religion, sexual orientation, socio-economic status.
- **Inclusion:** the degree to which individuals from a wide range of backgrounds are able to participate fully in the decision-making processes within an organization or group.
- **Equality:** a state of affairs in which all people within a specific society or group have the same status and treatment in possibly all respects of community life.
- **Equity:** an effort to promote justice, impartiality, and fairness within the procedures, processes and distribution of resources by institutions or systems. Tackling equity issues requires an understanding of the underlying or root causes of outcome disparities within our society (how and where power and resources live).
- **Racial Equity:** a state in which a person's life outcomes cannot be predicted by race. When our regional systems (education, housing, healthcare, jobs, transportation and more) work well for all people so that disparities are closed and all residents, regardless of their race and zip code, have justice and the opportunity to thrive.
- **Systematic Racism:** Entrenched institutional policies, practices and behaviors that systematically disadvantage people of color and systematically benefit white people.
- **Oppression:** any attitudes, actions or institutional structures that subordinate a person or people because of their membership in a targeted group or set of targeted groups.

3. Large Group Discussion: Racial Equity Café. CAB members responded to the questions listed below.

- ***What are your first reactions to the racial equity presentation?***
 - I feel sad that in 2020, we are still dealing with racism and discrimination as Black community members.
 - I feel good knowing there are agencies, who are doing their parts to change the world consecutively.
 - I feel relieved to know that we are moving forward with solutions and not excuses.
 - I feel this is redundant because most Blacks do not care about racial equity.
 - I feel racial equity will cause some agencies to dissolve because many of them are founded on methods of discrimination and oppression.
 - It is good but wishing there were much more racial equity now than 1960.
 - It makes sense when the presenter explained the differences between racial equity and equality.
 - I am annoyed that injustice has plagued our communities for decades and my ancestors aren't alive to see this presentation!
 - I am not optimistic, nor I believe agencies care about my civil rights.
 - I feel strongly about this concept that it could transform the impurities of our community.
 - I felt like I do matter.
 - I feel like it is time that I am treated based on my character and not my complexion.
- ***What does racial equity mean to you?***
 - It will solicit respect and support from agencies based on my needs, not my ethnicity.
 - It is a mean of unbiased resources for black families.
 - It means that everyone will be accommodated and included.
 - It means that I do not have to wave the Affirmative Action card to get equitable access to what I am entitled to, which is basic human necessities.
 - It means that Black people and even White people, who are economically excluded will finally have their "day in court".
 - It means that it is specific to one's needs and not common denominator of each ethnic group.
 - It means that Doctor Martin Luther King's dream is finally coming to fruition. He believes that little Black girls and White girls will walk hand in hand as equitably equal.
- ***What question would you like to ask providers on the February 10th convening?***
 - Do you treat your clients, who lives in impoverished communities differently than your clients, who lives in affluent communities?
 - Why are you nosy?
 - Do you know the difference between judgement and safety concerns, in regard to Children's Protective Services?
 - Why is it hard for Black families to find help?
 - Why are you more concerned about the welfare of my children than you are me (mom)?
 - What are your true intents of being a provider/agency or am I just your source of income?
 - How can I ensure that I can trust you with obscene information even though you are a mandated reporter?
 - Why do you have mostly White providers, when serving Black families?
 - How can you apply racial equity in your agencies?
 - Why are many of your services does not include fathers?
 - Why aren't your agency transparent?
 - Why do we always have to meet at my home?



- How can I establish a bonding relationship with my provider?
- How can you include compassion and humility within your practices?
- Are you actually concerned or are you just doing your job? Why are you here?
- Who is our info being shared with?
- How can I know what I'm telling you is safe? Are you using what I tell you to discriminate against me and my family?
- Does everyone get treated the same? If I can't pay for it, is my quality the same? Are you treated differently than those with insurance?
- If services are free are we getting lesser care? Are you limiting the resources/services because of where I live?
- Treatment different in the city vs. county. We should have access no matter where I live.

6. Small Group Discussion: Visioning for Home Visitation Services. CAB members had small group discussion on their hopes and aspirations for home visiting. They reflected on their own experiences and what was positive and what could be improved to make home visitation better for their family and families like theirs.

<p>RECRUITING What do you wish agencies would invest in or be more specific on regarding recruitment?</p>	<ul style="list-style-type: none"> ● Get in the community ● Better advertising ● Testimonies from people who have worked with agencies ● Home visitors are qualified/trained to meet people's needs ● Have experience with having children in order to ask "what have you done in this situation?" ● Recruit grandmas to be home visitors ● Consider outside specialists to cater to clients' needs ● Communication across agencies about what services they do and don't have ● Clients don't want to talk to everyone in the agency just to get signed up. The person who picks up the phone should know what is going on.
<p>EVALUATION How can evaluation and follow up be effective and efficient?</p>	<ul style="list-style-type: none"> ● Consistency if you make an appointment; punctuality ● Accountability ● Reframe the questions ● Know your clients ● COMMUNICATION ● Consistency in people coming to the house; it's hard to build trust when people are changing. ● Program to meet up after program like at 6 months or 1 year—see where they (the home visitor) have gotten you; life still goes on ● Relationship evolves when the client is ready not when criteria are met; move up a level/change what the program looks like after criteria are met ● Have a warm hand off into the new program ● Trained in working with people in a variety of circumstances ● Empathy, sensitivity and behavioral health
<p>PLACEMENT What were your experiences (positive/negative) regarding placement in current or past agencies?</p>	<ul style="list-style-type: none"> ● Good because she was helpful, caring and resourceful ● Good because she was relatable. She could understand me. ● Good because hands on and actually involved instead of just handing forms. ● Bad because talked down to her (mom). Not helpful.

	<ul style="list-style-type: none"> • Bad because no patience with children • Bad because not enough time/rushing through the appointment • Ability to meet outside of the home—they may be staying with someone that doesn't want someone in their home, etc. • Flexibility all around to each individuals' needs • Safe place to meet; private place to meet because personal information is shared • Why send people who are leaving/retiring; just send someone who can do it long term
<p>VISITING How can providers and agencies incorporate racial equity in their home visiting programs and services?</p>	<ul style="list-style-type: none"> • Be understanding of people's situations • Personalize each visit • More time for visits • Eliminate bias by having a listening ear and being non-judgmental; wait until the end of the visit for assessment • Don't just read notes and make assumptions (have a clear mind); ask how they are doing in that moment. • Basic notes are good but life changes quickly and intake notes may need to be updated • Standard trainings—racial equity • Ask the client about their preference for their home visitor--Personal options for preference at intake: race, gender, religion • Recognize every family is different • Ability to ask for a new home visitor; make it easy and comfortable for the client—retention (instead of family just not answering the phone)
<p>RETENTION What are some of the strategies you can suggest agencies can do to maintain retention?</p>	<ul style="list-style-type: none"> • Don't make people feel uncomfortable • Be honest • Be resourceful. If you can't help, please find someone that can/research • Listen. Don't make people keep explaining their situations • Know your families and their needs • Punctuality • Checking back with goals • Follow up with resource connections; cares about did you make that appointment? How did it go? • Caring and attentive; checking in and listening and care about you with your best interest in mind • Follow up between visits; not just making quotas • Checking in on other things; offering other resources • Going above and beyond • Incentives, workshops about self-care, etc. • Program to meet up after program like at 6 months or 1 year—see where they have gotten you; life still goes on • Relationship evolves when the client is ready not when criteria are met; move up a level/change what the program looks like after criteria are met • Have a warm hand off into the new program • More than taking notes; a relationship is built • COMMUNICATION



<p>INTAKE How can providers improve intake processing and accessibility?</p>	<ul style="list-style-type: none">• Income guidelines• Less paperwork• More help/guidance through the process• Providers need to understand the mission• Help us understand what the services are• Considerate timing• Clear communications/check ins• Respect!• Good: The way she takes notes; she writes things down and brings resources – shows caring; attention to detail; prepared; makes appointments; care• Shows up on time; scheduled better/flexible scheduling• Be a good listener• Recruitment—word of mouth, family referrals, opinions to determine what would benefit me best.• Service provider referral at doctor appointments• Receptive, continues to care even outside of appointment is good
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