



MISSION STATEMENT:

The Congolese Integration Network (CIN) is organized exclusively to facilitate the integration of Congolese immigrants and Congolese refugees into the American society by offering housing, employment, education, training, legal, and immigration assistance in the Seattle, WA metropolitan area.

CIN HEALTH BOARD MEETING

DATE: May 12, 2018 – 1:00PM – 3:00PM
LOCATION: GLOBAL 2 LOCAL

PARTICIPANTS :

- Mohammed Ali (Somali Health Board)
- Mohammed Farah(Somali Health Board)
- Floribert Mubalama (CIN)
- Bigi Ruhigita (CIN)
- Sola Miatudila (CIN)
- Rose Idey (CIN)
- Marie Rose Mbage (CIN)
- Zenab (West African Council)
- Seydina Muhammed Sarr (West African Council)
- Wessen Asfaw (Eritrea)
- Frank Bamage (CIN)
- Gode Malimingi(CIN)

ABSENTS:

- Francoise Milinganyo
- Zola Bankayor
- Issa Ndiaye
- Opportune Nvuama

PREPARED BY: Rose Idey

These Meeting Minutes, copies of which have been furnished to all interested parties as shown, sets forth an understanding of all comments and decisions made during this meeting

<u>ITEM #</u>	<u>ACTION</u>	<u>DESCRIPTION</u>	<u>ACTION</u>	<u>STATUS</u>
1.01	ALL	⇒ INTRODUCTION	<p>⇒The Somali Health Board team facilitated 3 Sessions on Health Board formation where participated the Congolese, West African and other african Health Professionals. This was a result of a partnership between Global to Local, Congolese Integration Network and Somali Health Board</p> <p>⇒ During Sessions, The SHB shared their experience and journey.</p> <p>⇒ The 3rd Session was a discussion based session. This was a wrap up on the capacity Building: Empowering CIN, the West African Community Council and other African Communities to form a functional Health Board in their respective Communities; To Partner and promote collaboration with Health organizations.</p> <p>What we learned from our First 2 previous Sessions- What we have done as a community -- immigrants and refugees Goals and focus: ⇒The first sessions was focused on the definition of Health from the traditional understanding to the Holistic approach. We developed what meant to be healthy.</p>	CLOSED

Minutes Key

- GREEN** – Item is tracking on schedule/budget
- YELLOW** – Caution, identified threat
- RED** – Requires immediate action

			<p>⇒The 2nd Session focused on the Social determinants of Health from the WHO point of view to our own. We also looked at other different determinants of health and how they can really affect it (Education, Transportation, Economy, slavery history, wealth, political, racism, ...)</p> <p>By giving some observations Health was the absence of diseases, pain,...</p> <p>⇒ A video about culture change was recommended to watch Health in general has many determinants and social contexts (see the list from previous meetings).</p> <p>⇒ Health is sometimes defines from birth, according to your race the health can be judged or based on social status.</p> <p>⇒ How doctors are handling patients? How even doctors from Africa have also their opinion or own perception the way they administer health care from different races.</p> <p>⇒ Examples from some local doctors and patients given by some participations in the meeting: - Frank from refugee and immigration healthcare, or screening process explains how a Kenyan doctor handled the patients.</p> <p>⇒ Example from Sola with his father who was doctor in Congo who couldn't practice his career here because of the economical reason. The US is not willing to sacrifice the health care/medical market of citizens because of the refugees/ immigrants.</p> <p>⇒ Another reason for health professionals from other countries have hard time getting into the system is the barrier to get certified, or obtain other licenses. Especially health professionals from Africa are more disqualified due to the process. The US protect markets for their citizens by creating these barriers against other graduates coming from other countries.</p>	
1.02	ALL	⇒ Discussion health amongst refugee population	<p>⇒ We also talked about refugees and the syndromes at arrival in the US What were the factors that bring us to unhealthy conditions.</p> <p>⇒ The screening that we get or go through</p> <p>⇒ Question from Sola: what's the rate of healthy or unhealthy refugees that are accepted or refused because of the medical conditions? It was also said how the treatment is done. The process of prescription is done by three stages of signatures: Local certified doctors by CDC By IOM By CDC</p>	CLOSED
1.03	ALL	⇒ Discussion about need for CIN Health board	<p>⇒ Somali Health Board (SHB) started to formed or organized in their community after identifying specific need with their community. Now the SHB have assembled 8 more community groups of immigrants/refugees which are organization under its umbrella.</p> <p>⇒ Congolese Health board will be supported by SHB to assess, sensitize, form independent HB and appoint one to two delegations to the coalition of HB helped by SHB.</p> <p>⇒ Education is a big part of health,</p> <p>⇒ Housing also is the basics for health in the community</p> <p>⇒ In conclusion, we need a health board and send the representation.</p>	CLOSED

The next scheduled Meeting is **TO BE DETERMINED**

END OF MEETING MINUTES

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