

Building Healthier Communities
Access to Care Momentum Team
Notes from Nov. 4, 2009

Diana Ross provided an **update on the rest of the process**, noting that we all are holding different puzzle pieces after the community fair and now need to integrate them.

- 104 house meetings completed (goal 100)
- 1467 people completed surveys at house meetings
- A professional data service organization has been contracted to process the surveys
- The process from now on will be very structured with the logic modeling. There will be five steps, each completed in a separate meeting with the help of a professional facilitator.
 - Sequencing=prioritizing – result is access to health care, within it are outcomes – prioritize those (determine priority from house meeting survey data). Outcomes are provided by California Endowment (10 outcomes provided, all Momentum Teams are working with the same 10 outcomes. The final Logic Model integrated from all the Momentum Teams will have only 5 outcomes)
 - Targeting – ID systems for change (hospital, governmental agency, chain of entities, etc.); ID changes that need to be made
 - Strategies – how will you effect change (education, advocacy, etc.)
 - Resources – what do you need to do this
 - Capacities – do we have the resources ID'd, or do they need to be developed? What needs to happen for them to be sustainable, remain when the program ends
- At All-Team meetings, pieces of the Logic Model will be brought together and integrated into one large community logic model for submission to California Endowment in March 2010.
- Each Momentum Team will focus on only one Outcome.
- The December Community Congress has been cancelled, but there will be one in Feb. It is designed to be a ratifying mechanism for the plan.
- The role of the facilitator is to guide the Team using packets, a series of worksheets & tools from Cal Endow to develop the Logic Model.
- Scheduling may be tricky – evaluators, trainers & coaches will be from out of town, which could make it a problem. Also, no Team Meetings will overlap. Facilitators must be from within S.D. County
- Momentum Teams are asked not to meet unless there are compelling reasons until contacted when facilitators are available. We will not be able to schedule our next meetings until then.
- It was suggested that referring to meetings by what will be done at them, instead of calling them Logic Modeling, might be a better way to attract residents.
- California Endowment will be offering a series of trainings and webinars about the specific outcomes; more information to come.

Diana presented the concept of **consensus voting** by show of hands.
5 fingers=love it, yes; 4=ok, yes; 3=need more info, but yes; 2=not so much, but ok; 1=block

Who is needed to conduct the appropriate steps for this Momentum Team?

Residents, youth, HHS/county reps, business people (Chamber of Commerce?, business improvement district?), community clinics, RCHSD – mid-city clinic, City Heights Wellness Center, advocates, insurance cos., dental, mental health, city, activists, Planned Parenthood, health service providers, schools, First 5, PTAs, Price Charities, Refugee orgs., CCS, S.D. Organizing Project, CHIP

Missing:

For businesses – survey instead of invite, or use Chamber – **Ryan & Charissa will contact**

Parents/PTA – **Rhiannon will contact**

Molina/ins companies – **Paige will contact**

Mental health (need for strategies session) – **Tri & Jeanette will contact**

SDOP – **Morgan will contact**

CCS – **Ryan will contact**

Discuss co-chair status

The need for additional options, including having a resident as a co-chair, were discussed. Shukri volunteered to serve as a co-chair, with Bonnie serving as a mentor. Rhiannon volunteered to be co-chair with Shukri. Unanimous consent.

Shukri presented Community Fair survey results from the resident engagement interviews. Her (fantastic!) Power Point is attached with these notes. One major point to emerge is that access/accessibility to healthcare is a major concern of residents, yet this area has a strong network of reduced fee community clinics and other healthcare options. Hopefully the house meeting surveys will provide a better picture of what the residents mean by accessibility.

Bonnie presented information about **insurance coverage** in the Central Region of the County, including:

73% of adults not eligible for MediCal or Healthy Families

79.2% of adults have visited Dr. within last yr

10.1% of adults have difficulty understanding written info from Dr. office

78.2% of adults were currently insured at the time of this survey

69.4% were insured at some time w/in the past yr

91% of 65+ insured by Medicaid

She also had morbidity and mortality information.