

Building Healthier Communities
Access to Care Momentum Team
Minutes from January 25, 2010

The meeting was called to order by Shukri Adams at 4:02 p.m.

Present:

Ryan Altman	Amanda Jaeger
Alberto Andrete	Susan Lovelace
Saima Bahramzi	Sean Riordan
Bonnie Copland	Shreya Sasaki
Barbara Fisher	Dega Sayid
Irasema Garcia (facilitator)	Erika Tapia
Rhiannon Good	Sahra Vaz
Hamda Haji (Resident)	

I. Introductions – Self-introductions were provided

II. Minutes from the meeting January 11, 2010, were distributed. Ms. Fisher requested an amendment, moving her name from “resident” to “provider.” Ms. Copland moved that the minutes be approved as amended. 2nd: Mr. Altman. Motion approved.

III. Constituent Conversation – Ms. Good requested that, as per prior discussions, all present indicate on a scrap of paper what constituent groups they represent, such as organization(s), age, gender, race, ethnicity, income, insurance status, etc. She and Ms. Adams will match the previously compiled list of who should be here with the list of what groups are represented at this meeting and the last meeting to see who is missing. They will then take steps to ensure that they are represented at upcoming meetings.

IV. Vision – Through a collaborative process of discussion, the following vision was reached and agreed upon with full consensus:

“The City Heights Community is empowered through education and resources on a path to wellness and a comprehensive health home with accessible services delivered in an environment that reflects the culturally and linguistically diverse needs of the community.”

V. Data – Split into four groups, attendees examined the data presented related to the outcomes assigned to this Momentum Team, Outcomes 1-3, then presenting summaries to the group as a whole.

A. Outcome 1 – Summary – General data: 50% of all children eligible for Medical are not enrolled. It is necessary to create policy changes to make it easier to enroll. Coalitions of children should be formed to advocate and create policy change. We will know that we have succeeded when all children to age 18 have health coverage; when funding is efficiently and effectively used; when coverage is comprehensive; when technology is improved to reduce enrollment costs; when it is easier to enroll and stay enrolled.

Data from house meetings: the following issues were rated as “Very Important – Immediate Needs” on the surveys conducted at House Meetings, in answer to the question, “What should be different?”:

- Health screening (physical and mental) to be implemented
- Better service in clinics
- Cheaper access to medicine
- Provide healthcare to all children

B. Outcome 2 – Summary – General Data – Improved access to a health home; increased school attendance; transportation services; food and healthy nutrition; and healthy eating lifestyles were at the top of list. More than 51% surveyed no health insurance; in the Hispanic Community, that rose to 70%. Among home owners, more than 70% don’t have health insurance. 50% were not satisfied with their current medical services. 70% do not receive regular treatment for conditions they have.

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- Health screening (physical and mental) to be implemented
- Better service in clinics
- Cheaper access to medicine
- Provide healthcare for adults
- Ability to see a doctor or a nurse

C. Outcome 3 – Summary – General Data – There needs to be a health and family-focused human services shift to prevention; currently, the system is set up for individuals fail, not to prevent them from failing/becoming sick. Changes can be made by supporting development of coordinated services that are comprehensive and identifying best practices; and mobilizing providers. We will know we have succeeded when the system is set up to reimburse prevention activities/services. We need to work with employers to address the health issues of employees

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- Better service in clinics
- Cheaper access to medicine
- Health screening (physical and mental) to be implemented
- Ability to see a doctor or a nurse
- Need for Domestic Violence Counseling
- Need for Sex Education

The following issues received high importance scores at the House Meetings:

- Creating reliable youth programs with an emphasis on delinquency programs with the assistance from youth (scored 10 of 10)
- Healthy eating lifestyle (10)
- Need for recreation center (10)
- Need for safe and clean homes (9.6)

The group found the way the data was scored confusing and was uncertain how to interpret or report any remaining data. Ms. Good, Ms. Adams and facilitator Ms. Garcia will seek answers to specific questions raised.

D. Group 4 – Reviewed all three outcomes to see where everything overlaps, and concluded that they all do. The “Big Result” of providing a health home for all children is in all three.

VI. General Discussion

- Some residents may be faced with the dilemma of, “Do I pay for healthcare or the mortgage?” which could be why more homeowners are uninsured.
- How do we get people to eat better & be more active?
- When addressing the obesity epidemic, education tends to focus on illness, not wellness.

VII. Homework – Look at the methodology, data and outcomes provided via e-mail prior to the meeting, and by the end of Fri, send an e-mail to Ms. Good listing what you think this group’s priorities should be.

VIII. Next step – Formulate strategies, objectives.

Meeting was adjourned at 5:53 p.m.