Building Healthier Communities
Access to Healthcare Momentum Team
Minutes, February 8, 2010

The meeting was called to order at 4:08 p.m. by co-chair Shukri Adam.

I. Attendees introduced themselves and their affiliations.

Present:

Shukri Adam (resident & agency)
Hamd Ahmed (resident)
Alberto Aldrete
Ryan Altman
Gerald Awichu
Barbara Fisher
Irasema Garcia (facilitator & resident)
Rhiannon Good
Halima Jama (resident)
Saima Khasana
Susan Lovelace
Lynnae Milo
Sheila Mitra-Sarkar
Ronnie Morales (resident)
Jeanette Neeley (resident & agency)
Paige Newman
Stephen O'Kane
Sahra Salaol (resident)
Sara Vaz

Mr. Aldrete moved that the minutes from the prior meeting be approved. 2nd: Ms. Fisher. Approved by consensus.

II. Who is represented in the room? A list was compiled from the input at the last meeting and a chart created representing constituents and organizations. It was reviewed to ensure that all organizations, categories and focuses present are represented.
Discussion: Should we be concerned that we do not have certain ethnic groups of residents represented in this group? It is up to the people in this room to take responsibility for this – either bringing them here, or bringing their voices here.

III. What does "resident-driven" mean?
Following discussion, it was decided by consensus to use the analogy of a car, with the resident as driver and the organizations as navigators, going on a long road trip. Dialogue is important – the navigator reads the map and provides expert input to the driver, but the driver is the one looking at the road, controlling the car and ultimately deciding where to turn. There is responsibility and trust involved – the driver is responsible for the direction and the lives of those in the car, but must trust the navigator for accurate information; the navigator is responsible for providing accurate information, and must trust the driver to appropriately and safely use it. There must be active listening on both sides for it to work. As on a long road trip, sometimes the role of driver and navigator may change, but ultimately the destination and route are chosen by the resident. There is a learning curve, as the residents learn and take over. There are checks and balances, back and forth, as choices and options are provided.
One resident noted, "As a group, we must listen to each other, but each resident on their own must make their own decisions."

IV. Data Report
Dr. Sarkar reported about how the data were collected, compiled, analyzed and presented. She noted that the crucial key to the success of this project is that the information came from the residents. We must respect it and move forward with it.
The data reports include three types of data –
Survey 1 (N=400) which involved big picture questions, quality of life issues
Survey 2 (N=640) which involved more focused questions, social demographics and issues the momentum teams need

Focus groups/house groups (N=1550; 25 leaders, 105 groups in multiple languages), allowed us to get past other barriers and offer meaningful engagement
The focus group data is qualitative data. It is more important than the other data because it is more in depth – the voice of 1550 residents across languages and ethnicities. The focus groups also picked up issues not identified in the surveys.
Data reported as a percentage listing an answer is from surveys, clustered answers (similar answers using different words included together) to open-ended questions.

City Heights is the only community of 14 in the project in California that has collected comprehensive first-hand data. There has been no community-specific baseline data available; data was never collected on so many issues for individual people.
(Dr. Sarkar's Power Point presentation will be provided, so very little of it is summarized in these minutes.)
To read the data –

- look for what the residents immediately want
- Look for what the residents feel is impacting their effective use of health care
- Look for secondary data and literature review to understand the issues

V. The Momentum Team should use the data to prioritize the outcomes, asking if our vision aligns with the data. We should identify which outcome has the most information and low-hanging fruit that can yield tangible results.
List immediate action items – policy, service, other
Then intermediate action items
Use the resident litmus test – accountability, transparency, money stays in community, clear evidence of community engagement and communication.
It was decided that the Team should go back and review the data more closely before prioritizing outcomes. **Everyone is asked to print out the data from Outcomes 1-3 and bring it to next meeting.**

VI. Other Business
Next meeting is Feb. 22nd
Question: When we went to individual residents, all said they wanted programs, but CA Endowment is talking policy change. What are we supposed to do? How does that fit with the desire for tangible results?
Answer: Policy change may lead to programs. Programs often are blocked by policies. New programs may not be needed. Policies may be needed to ensure that the existing programs are available, in appropriate languages and cultures, funded and sustainable.
Another Momentum Team is planning a "Resident University" to make sure residents are aware of what is happening and why.

Presentations about policy change and anti-racism will be made at the next meeting.

VII. The meeting was adjourned by acclamation at 5:56 p.m.