

**Building Healthier Communities  
Access to Healthcare Momentum Team  
Minutes, March 22, 2010**

The meeting was called to order at 4:17 p.m. by co-chairs Shukri Adam and Rhiannon Good; and facilitated by Irasema Garcia.

- I. Self-introductions
- |                                 |                                    |                            |
|---------------------------------|------------------------------------|----------------------------|
| Present:                        | Saima Bahramzi (resident & agency) | Jennette Lawrence          |
| Sahra Abdi (resident & agency)  | Bonnie Copland                     | Susan Lovelace             |
| Shukri Adam (resident & agency) | Zeynab Dahir (student)             | Stephen O’Kane             |
| Muna Afbali (student)           | Barbara Fisher                     | Marcus Olascoaga (student) |
| Alberto Aldrete                 | Rhiannon Good                      | Rosa Olascoaga (student)   |
|                                 | Valentina Hernandez (resident)     | Sara Vaz                   |
- II. Minutes – Reviewed and approved by acclamation
- III. Announcements and updates
- A. Anti-racism Workshop – scheduled for March 26, 9-11 a.m., Location TBA
    - 1. Suggest other dates if the above won’t work
  - B. Extra Meeting Date if needed – April 5 or 19
- IV. Discussions
- A. Why Place Matters – There was some discussion regarding personal experiences and how we look at this. One example is that someone may think that in Africa, they may think that there are better services than here because Grandma or other family is there to take care of children, they know the area, how services work and where they are, have a job, etc.
  - B. The Question of Change – There was discussion at tables and then the group as a whole. Ms. Adam gave an example of the levels of the continuum using diabetes: an individual needs to understand and make personal changes; an organization needs to understand how someone from a different culture perceives the disease and what they need to make the necessary changes, and make changes within the organization to accommodate and address those needs; policy is then created to ensure that the appropriate communication and actions are provided for the appropriate patients; as the policy is adopted throughout the system, this is system change; as it is incorporated throughout all levels of the organization and hardwired into daily action, it becomes the paradigm.
- V. Logic Model Continued
- A. The matrix developed at the prior meeting was reviewed. A list of potential blocks/barriers to realizing the group’s vision was developed, falling under the following categories:
    - Laws that Limit Access
    - Personal & Organizational Commitment
    - Organizational Capacity
    - Knowledge and Appropriate Communication
    - Coverage Policies that Block Access
    - Economic Barriers to Families & Organizations
    - Mutual Cultural Understanding & Respect
    - Mass Media Messages
    - Physical Environment
    - Language Barriers
- VI. Other Business
- A. Next Meetings
    - 1. April 12 – Develop Strategies
    - 2. April 26 – Identify Necessary Resources & Determine Critical Capacities
- VII. The meeting was adjourned at 6:18 p.m.

What is Blocking Us From Realizing Our Vision Now?										
	Laws That limit Access	Personal & Organizational Commitment	Organizational Capacity	Knowledge & Appropriate Communication	Coverage Policies at Block Access	Economic Barriers to Families & Organizations	Mutual Cultural Understanding & Respect	Mass Media Messages	Physical Environment	Language Barriers
1	Lack of compliance with current laws	Preference	Space to provide services (organizational)	Sensitive topic-insecurity regarding own understanding (sex education)	Policies that reward NOT seen patients	Funding	Cultural barriers	Advertising & Media	Lack of transportation & childcare to attend medical appointment (Individual)	Language
2	Immigration reform (Systems Change)	Choice	Limited health center hours (Organizational Change)	Lack of education (can't read English, can't read in their language, feel inferior)	Health Coverage, no public option (Policy & system change)	High cost of drugs (Systems change)	Cultural	Social Marketing	Distance	Language access (barriers) (Policy change)
3	Immigration status, feeling insecure	Commitment	Technology	Lack of information (parents don't sign permission to get enamel on child's teeth)		Funding-lack, too expensive to get services, access to services	Lack of cultural competency of providers (organization change)		Physical Environment	Language barriers
4	Discrimination policies	Lack of incentives	Lack of internet access & knowledge	Types of communication		Money, costs	Defining the term domestic violence		Safety	
5		Parental involvement	Lack of coordination of staff (organizational & policy change)	Lack of knowledge of benefits available (Individual & organizational change)		Cant do what there is not reimbursement/money for-classes	Religions beliefs			
6			Coordination of services (Organizational change)	Knowledge		High mobility (move around a lot because they can't afford housing)	Fear and distrust			
7						Lack of jobs	Lack of trust			
8							Break the barriers so what is considered acceptable			

Systems being targeted for change?					
Education (7)	Social Services (9)	Health Care (10)	Community Environment (14)	Others:	<ul style="list-style-type: none"> <li>• Immigration Judicial/ Legislative</li> <li>• Law Enforcement</li> </ul>