

**Building Healthier Communities Access to Healthcare Momentum Team
May 10, 2010**

I. Present:

Shukri Adam (resident & agency)	Rosa Olascoaga
Susan Lovelace	Saima Bahramzi
Barbara Fisher	Bonnie Copland
Sahra Abdi	Irasema Garcia (facilitator & resident)
Alberto Aldrete	Yasmin Mohammed
Ronnie Morales	Chuol Tut
Kamal Mulilenburg	

II. Meeting called to order at 4:15 p.m. by co-chair Shukri Adam, as well as facilitator Irasema Garcia. Welcome and Introductions – self-introductions around the room

III. Minutes Review – approved by acclamation

IV. Announcements and Updates

- a. Last meeting with Irasema as facilitator, but it is not known what will happen with the Momentum Team. It is up to us, as a team, what we want to do. Mid-City CAN wants to take a summer hiatus, so we should honor that desire.
- b. Rhiannon has gone to Alaska for her job for several months.
- c. What out group can be doing if we continue to meet:
 - i. There will be a Community Congress June 5, 1-4 p.m. – presentation to the community of the plan – we can be a part of that. It also will be a celebration.
 - ii. There will be an opportunity to present the process by which the report has been put together, and the people who have participated.
 - iii. After the overall plan is developed, then we will see what our role can be with it – each Momentum Team will have a piece of it.
 - iv. The community, teams, etc., aren't all on the same page, so the capacity is not there.
 - v. Bringing everyone together also is a purpose of the Community Congress.
 - vi. The facilitators are putting together a big map – it doesn't say how to get where, just shows possible routes.
- d. We are one of 14 communities state-wide. Where is The California Endowment in this process? 3-4 of the other communities have completed their logic models.
- e. We are the only one that engaged residents in the entire process. But we have to figure out what the residents need to become a fully engaged part of this process – it is a lofty, complex process that can be difficult to comprehend.

V. Logic Model Continued

- a. Review Systems Change – change wording of some headings – “Advocate” to “Advocating”
Change “Unified & Linked-in City Heights” to “Unifying & Empowering City Heights to Achieve Wellness”
Add “Creating” to “Community-based Healthcare Jobs”
- b. Develop Strategies
 1. Resources – what do we need?
 - i. Money
 - ii. Clear messaging and direction re community engagement – steps to take
 - iii. Expertise (medical, legal, cultural), IT help, leaders to coordinate meetings/community; commitment from individuals & organizations; people to coordinate resources
 - iv. Technology, computers, access to internet and accurate medical information.

- v. Access to higher education; education on “know your rights”; training; high quality of education; skills training; training centers for community members to get involved; ethical/moral training for healthcare workers.
- vi. Certified healthcare interpreters and translators; translators; free translators; interpreters.
- vii. Quality and access to healthcare.
- viii. Mosque (prayer places for Muslims).
- ix. Place & support for meetings; space
 - x. Voice of the consumer; customer involvement; active voters
 - xi. Awareness that a need exists, and there is help
 - xii. Responsive legislators
 - xiii. Police station
- xiv. Cultural brokers; mortuary, culturally allowing people to bury ...; cultural competency

2. What do we have?

- i. Have medical, legal, cultural expertise, just need to access it, expand it, improve it
- ii. Have a police station, could be better
- iii. Have certified healthcare interpreters and translators; translators; free translators; interpreters, but doesn't work well
- iv. Have leaders to coordinate meetings/community; commitment from individuals & organizations; people to coordinate resources
 - v. Have place & support for meetings; space – need more, better coordinated
 - vi. Have cultural brokers; cultural competency – need more, better
 - vii. Responsive legislators – some, if you keep knocking on their doors
 - viii. Active voters – there are some, need more – most of community

3. What can we do now with the resources that we have?

- i. Resource center that shows what everyone is doing so we can improve collaboration and keep there from being overlaps/repeats.
- ii. Know where people are, when they are meeting for what so that organizations can make connections to deliver wanted/needed messages.
- iii. Skills – how to communicate a message so that it will be heard and acted upon.

VI. Next steps –

A. Make what we have better. Work with what we have.

B. Operational:

- i. It would be helpful to get a more organized, comprehensive listing of what resources are available in the community – who currently does what? What organizations are there doing what in this community? What kind of information do we need to jump into the next step?
- ii. Why not shoot for the sky? What if we could have a Wellness Center twice this size that had more services – teen center, classes, babysitting, etc.; minimize liquor stores – corner stores without liquor that you can take kids to for basic groceries without exposing to negative influences?

VII. Group wants to continue meeting to vision. Begin meeting monthly, 2nd Monday starting with July.

VIII. Would be useful to have people present about different topics what is going on resources, new clinics, HIE, healthcare reform, etc.

- IX. Congress will include breakout sessions for the different Momentum Teams to present what they have been working on, ending with vote as to what will be done/be submitted to TCE.
- X. Other Business
- XI. Next meeting May 24 – to prepare for June 5 and to elect interterm co-chair
- XII. Closing & Adjournment – 6:02