



Together To Build A Healthy Community

**AAHI 2012 Steering Committee Retreat
October 20, 2012**

SESSION NOTES

Attendance

Anis Ahmed, Uma Ahluwalia, Perry Chan, Jammie Cheung, Mae Chew, Nerita Estampador, Wilbur Friedman, Wana Jin, Betty Lam, Meng K. Lee, Sunmin Lee, Michael Lin, Sam Mukherjee, Cathy Ng, Sanjana Quasem, Wendy Shiau, Kusuma Udagedera, Peter Uran, Jasmine Vinh, Tammy Wan, Gwen Crider (facilitator)

Welcome and Introductions

Sam Mukherjee and Perry Chan welcomed the Steering Committee members and Health Promoters to the annual retreat. Gwen Crider, of La Trenza Global was introduced as the facilitator for the day's activities.

Gwen explained that her role as facilitator was to help guide the Committee's discussions so that clear outcomes and a commitment to action could be achieved. She also underscored that the retreat was only a beginning and they would have hard work to do following the session in order to implement any decisions they reach. The objectives of the retreat were stated to be:

- To provide an opportunity to reflect on the mission, vision, goals and objectives for the AAHI.
- To agree upon the future direction of AAHI, including new areas of involvement.
- To determine how to best support and advance the goals of the AAHI, both individually and collectively.

Opening Activities

The participants agreed to abide by the following ground rules in working together at the retreat:

- Active participation
- Respect for others
- Active listening
- Asking questions to increase understanding
- Taking risks

- Placing electronic devices on silent and out of sight
- Having fun

Participants then introduced themselves and shared their reasons for being involved in the AAHI.

Review of Accomplishment of FY '12

Perry provided an opportunity to acknowledge and celebrate the work of AAHI by reviewing what had been accomplished in the last year. Participants were provided with a copy of the Annual Report which highlights the many accomplishments presented by Perry. He stressed that the accomplishments were made possible by the AAHI family, not simply the program staff.

Chairman's Remarks

Sam provided context for the day with a report on the past, present and potential for profound changes that will affect how AAHI works with communities in the future. His presentation, a copy of which is attached, included the following highlights:

- A review of the origins and early history of AAHI, including the role and responsibilities of the Steering Committee – Advocating for funding and support for AAHI , Advising the AAHI program, and Assisting with outreach to the communities and identifying community needs.
- An overview of the current state and responsibilities of the Steering Committee, indicating that the basic expectations of the members have not changed but the strength in numbers has dropped, the number of communities represented on the Committee has dropped, and collectively participation in AAHI programs and events have dropped.
- A comprehensive summary of the MHI/P process currently underway which was initiated to determine how DHHS can best provide equitable, efficient, cost-effective and improved service to minority communities. It has been a very intense process with representatives from each of the 3 initiatives and representatives from DHHS. A report will be submitted to the County Executive by the end of this year and, if all goes well, implementation will begin next year.
- A synopsis of what the AAHI Steering Committee needs to do in the immediate future, including determining what changes should be made and how to adapt to the new necessities, identifying time frames for completion of recommendations and formation of a core group within the Steering Committee to oversee development and implementation of recommendations and changes.

Greetings from DHHS

To further inform the work to be accomplished at the retreat, Uma Ahluwalia and Betty Lam provided context from a department perspective.

- Uma spoke of the MHI/P process which was born out of the reality of budget challenges that led to questions of how to keep the work (of serving minority communities) going given shrinking budgets and whether the current 3 initiatives could continue to serve as umbrella organizations to meet the needs of all minority communities, including small emerging communities that don't necessarily identify with the existing program designations.

A break-through was achieved in the MHI/P process with the realization that the work of the Initiatives should impact the entire department and how the department approaches disparity reduction and equity promotion. This is a powerful new approach that builds on top of the MHI/P's existing work while enabling collaboration across the initiatives in order to impact the way the department provides service. The approach recognizes the importance of continuing to preserve the community trust and value in the services offered by the MHI/Ps and seeks to create opportunities and ideas for collaboration across the initiatives in order to provide care from a strengths-based approach in all programs and services offered by the department.

- Betty spoke of the importance of expanding the work of the MHI/Ps to include social determinants of health and well-being since other factors such as housing, transportation, education, etc. can contribute to health disparities. The department, because it integrates both health and human services, is in a unique position to address these social determinants. By undertaking an expanded view of health and well-being, the MHI/Ps can also facilitate better services and service delivery to minority populations.

Determining the Future

Upon conclusion of Betty's remarks, the goal of the MHI/P process was shared with participants in preparation for the next phase of the retreat.

“enhancing practice, policy and infrastructure to best serve racially, linguistically and ethnically diverse communities, including emerging populations and the roles of MHI/P as integral to the department.”

In addition to the goal, participants were provided with a summary of the key points, made by Uma and Betty, which would be important to the future of the AAHI.

- The work of AAHI should impact across DHHS – taking an integrated department-wide approach
- AAHI would have a collaborative and consultative role
- There will likely be a new approach to service delivery and expanded populations
- Recognize stereotypes for better access and delivery of equitable services
- Social determinants of health will be an important focus in the future

With this information as background, participants worked in small groups to discuss and respond to the following question:

What are the top 5 things the department should do or could do to achieve its goal?

The group discussions identified several things the department could be doing to improve service to minorities. The results of the groups’ discussions can be broadly grouped into the three (3) major categories described below.

- ***Collaboration and Integration***
 - Establish a department-wide data base to facilitate the sharing of information, best practices and resources (including consultants/experts/advisors) so the entire department benefits.
 - Strengthen data collection, analysis and usage – both federal and local data – to monitor trends and needs, and quality of service delivery.
 - Create opportunities for the MHIs/P to share their areas of expertise with each other (e.g. the AAHI’s expertise in Hep. B could benefit the other initiatives as could the AAHP’s expertise in HIV/Aids).
 - Ensure that direct service providers (like the Health Promoters) receive relevant information to stay up to date with changes and other information necessary to strengthen program/service delivery in communities.
 - Examine areas of overlap and duplication, and opportunities for consolidation, in the department structure so as to clearly distinguish what they do and draw connections between services and programs.
 - Consider a consolidated budget for overlapping programs/services of the MHIs/P and Department (e.g. translation services) while preserving funding for unique

programs and service targeting specific populations or that represent unique areas of expertise.

- Integrate services to include focus on the fact that health issues have impact beyond the individual; families and communities are also impacted.

- ***Outreach and Awareness***

- Take an inclusive approach to incorporate smaller, emerging communities; determine the best to reach these communities and make them aware of what services are available.
- Create a simple, clear messaging that can be widely distributed in communities.
- Recruit and improve/expand current outreach efforts.
- Develop clear, culturally competent materials, including forms and applications.
- Offer training to empower communities to serve as a bridge to the department and become more self-sufficient and to sustain programs if budgets continue to shrink.
- Continue to build on the trust from the community

- ***Service Delivery***

- Use equity principles for access and delivery of services, meaning that everyone in need of services has the full right and opportunity to access services.
- Offer a certification program for health promoters perhaps incorporating a Training-of-Trainers model to train more community representatives and leaders. [Note: Perry shared that AAHI is currently working with several organizations to create a certification program].
- Create a protocol for serving racially, linguistically and ethnically diverse communities to ensure that everyone in need is served, regardless of language and/or cultural barriers.
- Ensure that all HHS staff has basic training in cultural and linguistic competency.
- Remove barriers created by stereotypes and commit to serving and improving access for all communities.
- Survey available training in the department, determine and fill gaps in order to improve service delivery across the department.
- Incorporate program evaluation in department activities to ensure that the community is being well served.
- Increase awareness and understanding of the 2-way impact of social determinants of health – SES effect on illness and the consequences of illness on SES
- Build a diverse workforce

- Make sure information provided is easily digestible and delivered in culturally competent way.
- Create a committee to review intake forms, service forms, culturally competent materials.

Several other points presented during the report-out process did not fit into the 3 broad categories and address department-wide focus.

- DHHS needs to have and demonstrate a strong commitment to serving diverse communities.
- A monetary commitment needs to be made by the department.
- The process to determine the future direction of DHHS needs to be transparent.
- It is critical to address all 3 aspect of departmental operations included in the MHI/P goal – practice, policy and infrastructure.
- Make what already exists more efficient, user-friendly and culturally competent to communities.

Review of AAHI Mission / Moving Forward

Having identified actions the department could take to improve services to diverse communities, participants continued to work in small groups to focus on the future of AAHI and the things they might need to do differently in order to be successful in the new DHHS environment. The focus of this phase of the retreat was on implications of departmental changes for the future of AAHI The following questions were provided to guide the groups' discussions:

How might the AAHI mission need to change?

What are the most critical changes likely to impact the work of AAHI?

What issues/topics should AAHI focus on that are not currently being addressed?

How would you rewrite the mission statement?

Should AAHI expand its focus beyond health and, if so, is the Steering Committee equipped with the expertise needed to successfully take on an expanded focus?

Prior to each of the groups reporting out, there was a general discussion of the future of AAHI which included the following key points.

- While it is clear that decisions regarding the future direction of the department will be made by DHHS, AAHI has an opportunity to help define the future. The MHI/P process is moving into a decision-making phase and the AAHI's representatives will have to make votes representing the Steering Committee's views.
- There was a consensus that AAHI should expand its focus to include wellness, thereby incorporating social determinants of health. While there was agreement that the focus should be wider, there was not a consensus on changing the name, given the value and recognition it has in the community. Changing the name is not a simple matter; it needs to be a title that clearly communicates the organization's purpose and mission.
- AAHI has been without a Program Manager on the DHHS staff for a very long time; the African American Health Program was in the same position but the department will now be filling this merit position so the Program Manager position for AAHI should also be filled.

The report-outs on the discussions regarding the future direction of AAHI included the following critical issues that are likely to impact its work.

- Integration of the MHIs/P will have a big programmatic impact requiring AAHI to rethink how resources are used and programs are run; focus on what should be preserved. It will also require a more comprehensive definition of health and potential restructuring and name change.
- Inclusion of social determinants of health will require AAHI to refocus its lenses in order to also look at the impact of social issues on health; more information will be needed on other areas of wellness. This also has implications for the AAHI Steering Committee which may need to expand the areas of expertise represented as well as more commitment and participation by individual members.
- Will need to work to ensure that all people in need have a route to access services provided by DHHS; commit to serving unique communities not necessarily defined race.
- AAHI mission should reflect different ages/generations; as youth become more Americanized, the importance they place on traditional cultural values may change.
- Will need a firm budget and dedicated resources (including staff) to implement new direction and changes; need a demonstrated commitment from the top and authority to back-up the goals of departmental integration.

The small group discussions also identified specific topics/issues that AAHI should address. These included:

- Mental Health issues

- Social Determinants of Health and other areas of wellness (e.g. domestic violence, drug abuse, suicide, nutrition)
- LGBT issues that can impact health (e.g. isolation can lead to mental illness such as depression and suicide)
- Technical assistance around cultural competency
- Cultural perspectives about the value of health interventions (e.g. value of marriage counseling, hospice care, etc.)
- Youth/young adult issues (e.g. bullying, depression, peer pressure, identity, drug abuse, parental care, etc.)
- Affordable Care Act and its effects; particularly important for Seniors and others who may not have the time or skills to access and understand information on how the Act will affect them.
- Sustainability of AAHI's quality of programs
- Advertising and messaging to increase community awareness.

Next Steps

To help determine the most important areas for focus and action as a result of the work done at the retreat, participants were asked to vote on the issues and topics they felt were priorities. Based on the votes received, the following issues were identified as most important.

- Staffing (merit vs. contractor) – 10 votes
- Extension of focus to include social determinants of health – 9 votes
- Increasing number, expertise and commitment of Steering Committee members – 8 votes
- Integration of MHIs/P within DHHS (including restructuring and potential name change) – 8 votes
- Raising awareness about the value of health interventions – 6 votes
- Preserving programs that are working well while accepting changes – 5 votes

The Steering Committee agreed upon two (2) specific next steps for immediate action:

- 1. A formal letter should be sent to DHHS regarding the merit Program Manager position for AAHI.**
- 2. Constitute a core group of the Steering Committee to coordinate and make recommendation for the MHI/P process.**

Reflections and Declarations

In closing the retreat, participants were asked to record on index cards what they are personally prepared to do to help AAHI implement and accomplish the agreed upon. These were the commitment made:

Sam	Willing to lead or be part of a group to move forward in a way that the overall goals of both DHHS and the individual responsibilities are fulfilled.
Kusuma	I would like to support with AAHI mission and continue to support where needed.
Sunmin	I would like to help with data collection and program evaluation to improve existing programs, to raise awareness and dissemination. Also, identify needs of community.
M.K.	Work on the new mission of AAHI.
Anis	I will make more awareness of the Asian American's health needs that impact on other/or total population of the county.
Tammy	I will be willing to educate other young Asian American adults about health and wellness services and encourage them to tell their parents, friends, family about them too, and spread the function of AAHI.
Wilbur	Represent AAHI at MHI/P meetings; Work on name change committee; Work on non-health areas of interest to the Asian American community; Learn more about ACA.
Perry	I will continue to dedicate my time, energy, and effort to work with DHHS and the Steering Committee to better serve our community.
Sovan	I will attend more meetings. I will help disseminate AAHI to government officials and community.
Nerita	Volunteer to join core group to discuss with other MHI/P how to move forward with the reorganization planned by DHHS. Continue with working on the Hepatitis B program.
Mae	I am open to be more involved in disseminating health program to small businesses, also senior healthcare issues (including hospice).
Wana	I will continue to help provide AAHI's programs and think critically about how the MHI/P process can enhance my work.
Sanjana	I'm willing to be part of any committee looking at redesign possibilities as a staff liaison. I am willing to work with other areas of HHS to increase cultural competence among staff. I'm willing to do anything I can to help this process.
Wendy	I am willing to accept assignment from AAHI study group to be a liaison to community partners and report back to AAHI Steering Committee. I am willing to help mediate AAHI Steering Committee bi-monthly meeting to improve productivity of the Committee. Continue MHI/P process role and responsibility.
Peter	I will commit whatever Steering Committee decides for the future.
Jasmine	I will continue to support AAHI's mission and goals as an intern and help AAHI grow and reach out to the Asian American community, small business, outreach events.