Long Term Solution for Health and Human Services
Work Group Meeting Agenda
November 29, 2016

Mission: We work in partnership to improve the future of our healthcare through programs and services that educate the community on health issues and ensure accessibility and efficiency of the healthcare system.

Attendance: Brene Belew-LaDue, Amanda Rens-Moon, Molly M. Tompkins, Sue Johnson, Sally Ryman, Harry Canon, Lisa Jonas, Sharon Arb, Mary Housley, Deb Plemmons, Diana Dahl, Robert Flake, Deb Dobersen, Jen Fanning

Consultants: Gini Bradley (facilitator), Abbie Baker (MPH intern and consultant), Jane Mather (evaluation consultant)

Agenda Item	Discussion	Action Required
Welcome and Introductions	Introductions Brene with PH mentioned they will be doing community health assessment in 2017 as mandated after reviewing this data. She believes this data, because of the focus on the underserved, is a part of that assessment.	
Review of agenda, context meeting norms and outcomes	Gini introduced this meeting as the closing of one phase and the opening of the next phase. Goal for today is to decide on 3-5 areas for system change. Not a single program, looking to propose doing business differently. We need to revisit why we are doing this: 1) to get people to services; 2) administrative efficiency. Lots of data points. Review of mission and purpose statement.	
Presentation on draft focus areas and rationale	Health is not just healthcare. Equity: being fair and impartial vs. Equality: state of being equal. Systems change is a shift in the way a community makes decisions in the way it delivers services to its citizens. Survey discussion: Online Survey Monkey: 170 respondents 22 interviewers to reach out to their sphere of influence to ask questions: 299 interviews Healthy Living Components-health care, support services, community services. The bulk of the data was either in the lifestyle or healthcare. Barriers include location, cost quality and time. Also knowledge: awareness, cultural literacy Strategies: Funding, centralization, communication, serving all, grow it. 24% of surveys were from people below 100% of poverty level.	Jen/Sally send Colorado Self-Sufficiency Report to email list

| | 65 interviews from Hispanic community and 48 of the respondents spoke Spanish as primary language.

Recommended Strategies (based on data and meeting themes):
Fund it
Centralize It
Communicate it
Serve all
Grow it

Fund It:
Whatever we do has to be funded
Sales tax (marijuana, cigarette, alcohol, sugary drinks)
Mill Levy
Impact fund
Donor advised fund
Capital Campaign
Federal, state, local grants
Marijuana tax had the strongest support, Cigarette, alcohol, marijuana tax was second, lodging tax is second most popular

Centralize It:
Co-located building
Centralized admin
Change income limits for assistance
(Colorado Self-Sufficiency report to show GC is at 250% federal poverty level)
Transportation
Specialists
Health insurance: 66 people said it is too costly
Kremmling population
Mention of Mental Health Navigators is in Kremmling 2 days a week. Also could provide some brief intervention.

Communicate It:
Increase consumer health literacy
-reading/understanding prescriptions
-knowledge of existing services
-explanation of cost/transparency
-tech
Increase provider knowledge
-cultural competency-income, culture, language, mental health, disability: 86 people concerns
-Customer service and privacy: 37 mentioned challenges due to limited hours
-Patient navigators, care coordinators, mental health navigators | |

	No wrong door approach -Website Community trust and transparency Serve All: Comprehensive Services for underserved, uninsured Dental Optical Barriers to Medical Services: Too Far/Out of County and Too Costly Grow It: Health fresh food Housing Employment/Wages Cultural center for Hispanic Population Rec Centers in Granby/Kremmling ESOL Community Courses If we continue on our path, where will we be in 5 years? How do we create a different outcome?	
Discussion on each focus area and endorsement	Fund it: Moving forward it may be a committee, looking at funding sources. Question about data heavily looking at Hispanic and low income. Comment: data needs to be skewed to be representative of the entire population. Discussion held on the value of focusing on the low-income and Hispanic population to elevate the voice of the voiceless. Discussion held on need for data representative of population. Jane explained how the data lined up across the income levels. Jane can also adjust data to make it proportionate to the population. Comments: Putting together a package that is spreading the cost would be ideal. Funding needs to be put last in presentation, as it needs to be the last piece identified once we know what else we are doing. Consensus reached to continue to research funding, no opposition to this proposal. Centralize it: (change verbiage to "Coordinate it" instead). The purpose is to improve access. Comments: This is a potential solution but there needs to be meat on the bones on this idea. Concern expressed about transportation issues with centralized location. If we do centralize services, we make people come to us, and are thus not meeting them where they are at. Concern expressed that for those without access or knowledge, website/internet is not a solution. Administrative efficiency. Funding is a challenge for non-profits. Community members also expressed they felt they were	

	tapped out on donating. Better collaboration/referral process. Agencies get to know others' agendas. Resident access improvement needed. Agencies want coordination. Research needs to be conducted to identify: how are nonprofits working together across agencies to improve access? Endorsed Communicate It: What needs to be communicated and how do we communicate? Internal education for providers is important. Pamphlet with all agencies listed would be helpful. (Menu guide idea) Non-profits communicating better with other agencies -Needs to be consistent -Look at mobile devices -Timely Provider knowledge, concern about acceptance -educate physicians, providers Endorsed Serve All: Comments: Does this need to be solved by this group? We can't force providers to come to take Medicaid. Health insurance is not something that can be handled in county. Comprehensive services for under/uninsured or health insurance need to be addressed based on changing political climate. Education is a huge component of this. Not endorsed Grow it(Advocate It suggested): Share data with other groups. Not endorsed at this time, but possibly part of the solution.	
How work and planning continues	Brene at PH feels this is a good guide to take the next step to the Community Needs Assessment. Electronically will look for committee involvement Need a mechanism built in so that action can happen	
Next Meeting	Committee meetings will be scheduled next.	