# Minutes of California Health Corps Meeting January 4, 2014

Location: 1010 Emerson St, Palo Alto, CA 94301

Attendees (all are founding members except as indicated)

1. Bill Daul
2. Jacqueline Chan
3. Brian Donohue (nominee)
4. Heidi Dulay (nominee)
5. Mei Lin Fung
6. Denet Lewis
7. Cindy Mason
8. Jack Park
9. Kennan Salinero
10. Ilene Serlin (nominee)
11. Laleh Shahidi
12. Brien Shamp
13. Valeri Landau

Observers

1. Dr. Ahmed Calvo
2. Dr. Kathy Calvo
3. Beth Rainsford
4. Sandy Calvo
5. Marjorie Calvo
6. Linda Neuhauser – Berkeley School of Public Health

1 pm**. Welcome** to special guests Ahmed and Kathy Calvo

1:10 pm **Who's in the room?** Intros - elected members, nominees, observers

1:35 pm Review, discussion and Approval of **December 12 Minutes**

1:40 pm Events Calendar, Linkedin vs email: **CHC-IT** to propose solution

1:45 pm CHC Committee reports - 1:1 discussion for focused feedback

1:50 pm **Committee Goals & Objectives** - Reboot, FIT, MRC, Finance

2:15 pm **Break** – Garden Stretch at 2:25 pm

2:30 pm - **Committee Goals & Objectives -** Partnership, Mind, Learning

2:50 pm **New member nomination**-

3:00 pm **Election** of new members

3:50 pm Any other business?

3:55 pm Next month meeting time 5 pm, location IBM Milpitas for 2/6 or 2/13

4:00 pm Close

Minutes

## Minutes from December 12 2013

Denet proposed we accept the minutes, seconded by Kennan. Approved.

## Nominations for Founding Members of CHC

Heidi Dulay nominated by Cindy Mason

 Ilene Serlin and Brian Donohue nominated by Mei Lin

 Denet Lewis called for a vote: Unanimous approval of the 3 nominees.

## CHC-IT committee requested to make a recommendation on setting up a place where CHC-members can

1. List (recommend) tools helping achieve results and gain satisfaction among users
2. List, filter, prune and disseminate high quality information via white papers
3. Provide links to resources that exist, as these abound
4. Confirm/validate/vote up or down/question/dispute
5. Strengthen and build personal networks – share personal networks in nuanced ways

Proposed by Cindy, Laleh Kennan, seconded by Mei Lin.

## Introductions

Kathy – half of my job is taking care of patients, diagnostics and clinical care – the other half is research – mainly diseases of blood and bone marrow – speaking earlier about the genetic basis of disease – Jack has fantastic ideas about connecting people to talk about family history and phenotypes – thinking of a research perspective – understanding different diseases, there are many benefits for devising research and integrating

Cindy – co-chair of philosophy and tech in UC Berkeley – been also at Stanford – my own health was hit as a research scientist – what helped was mind-body methods – as I got well, I began to study and worked for 3 years with patients who left 21 days ahead of schedule – and put it online – taught classes in the community

Laleh – 1993 medical informatics initiated USF med – continued at UCSF - collaborative system – highlight meeting Doug and Bill – used methodology for consulting with healthcare organizations – putting users in control of what they are doing by minimizing barriers to improve productivity and efficiency – they must have a good sense of well being – if people are aware and get tools and provide coaching, they take responsibility for their health

Jack – cancer survivor – approach to surviving organizing health gardens- people working together to find solutions to personal problems

Brien = biomechanics – exercise is not as important as I thought it was – nutrition was the key – boot camp for kids – goal is to get people to trust and know me and then educate them on nutrition side – its harder than changing exercise. Incorporate holistic things, reiki, massage, and acupressure -0 what it takes to improve

Denet – fitness TV show – bringing in experts on sleep and food – work in technology, mechanical engineering

Kennan – background cell biology and genomics, protein chemistry – interest is Yamana – non profit created by scientists – younger people in science are looking for a way to impact outcomes in society – at the same time that the structure of basic research is undergoing stress – like other sectors of society –

Valerie – director of assessment of education effectiveness at SMU -= multi allied health – nursing is core. Developing data cartography, mapping goals and objectives at institutional level and learning outcomes and mapping them in a unique way to evidence of student learning and set it to music – so people listen to their data – co-taught class and co-wrote book with Doug Engelbart – used tool to transform education –

Bill – connector of socially connected

Jacqueline – epidemiology, sustainable development CA state health and county investigator for infectious disease, and rural sustainable and advocacy

Tammy – info technology as consultant and work with UCSF and Charles Schwab to help implement IT systems – collect data and business requirements and improve work processes – interested in health and environment – come up with new ideas to make change

## Conversation with Dr. Ahmed Calvo–honorary advisor to the California Health Corps

Ahmed: It is good to be in the room to see the California Health Corps in the process of “becoming”. You are one of the pockets of excellence that exist all over the country. But many do not know about them – we want to take things that are known to work and spread it through local communities with local community leaders – to go nationwide – and maybe even worldwide.

We are at an unusual juncture where technology is now available to individuals, family and the entire planet. We want to take Doug Engelbart’s concepts of human and intelligence augmentation – now we want to apply the technology to augment our human capability.

How can communities of solutions actually put in action, these new solutions enabled through technology? It is not technology that is the hindrance: it’s our will power, and our inability to collaborate in networks . We gain weight and lose weight in networks – now, how we can apply these insights to really change population outcomes? Looking at things at the population level, we can affect population outcomes, strategic differences can be achieved that cannot be done if we only work at the individual level.

How do we connect social networks? And make use of these little gadgets (like smart phones), so we can connect people to communities of action. We can begin to coordinate across many activities – it’s no longer just Geographic Information System (GIS) mapping of a local neighborhood of friendships and families – there are much richer possibilities, things like Patients like Me = we need to shift to person centered dialog – not as “patients,” but as people – people need to self-actuate. Today’s Electronic health records are billing centered rather than people or community centered. Even so, there are solutions that people have worked out that are available at the local level, we want to scale up at the national level. For developing the technology for this kind of dissemination – we need to do it – working together.

I work at HRSA – its a very quiet agency actually – mainly because it used to be also focused on emergency preparedness and bioterrorism. With some staff shifted to Dept of Homeland Security now, HRSA’s profile has risen – maternal and child funding – HIV/AIDS funding - Federally Qualified Health Centers are some 9000 sites around the nation providing delivery of care and a safety net on all fronts.

When we think of how all the agencies at the federal, state, local levels connect up with the private and not for profits to increase health and provide care. In all we do in the monitoring of data and analytics we have to put it in action at the community level. Now we have enough insight that we are testing it out by taking lessons learned. For example in working with the Dept. of Defense, the obesity is the single largest reason people are not accepted into the military, so we worked together to fund ways to decrease obesity.

We know now that even if you do excellent healthcare, only 20% of outcomes are affected. The remaining 80% of the factors driving health have to do with social determinants– education, transportation – housing.

Linda – we know a lot about studying disease and know little about studying health and happiness. Metrics for wellness are coming

Laleh – resilience and mental strength committee- Chair help people build physical resilience and mental strength

Jacqueline – add “community health initiatives” not just community health centers to the 4th goal

Cindy =- much of what we are talking about – holistic natural medicine

Kennan – are you laying the groundwork for grants?

To this end, we are taking money and pivoting it for health and really change the dialog in the communities so that the pre-existing authorized funding can be used in this way to affect the social determinants as well for healthcare – we can create activity if we focus our existing efforts – that is a massive change happening right now in the federal government – I have seen dramatic change in intra govt dialog amongst agencies who were not talking before- and at the state, local levels – but it’s not enough – it will take a private public partnership – taking business and local community perspective – there are other resources that can be leveraged. So if we really want to address creation of health, and we do, our attention must be broader, we must work with local leaders.

We can bring to bear a lot of apparatus – we can use what is already here HOSA – the Health Occupation Students Association, 150,000 around the country, units like this one, working with the Public Health Service, like the California Health Corps. It can be done by linking academia (like my relationship to Stanford University). And, it can be done by linking private foundations and other think-tanks and private funding from businesses. All of this can be done if approached to help communities.

## The Committees presented their goals and objectives (see Appendix)

Kennan – Partnership

Idea is to identify different players – people already stepping up – positive deviance – positive exemplars

Strategic partnership is find people all along the pipeline – e.g. UCSF – basic research communities – park bench – local exercise groups, food coops

Jacqueline – one of goals is to create an information repository of what networks we have for our members here – strong networks

Kennan - We will be the extension of the bill Daul glue

Cindy – there is a lot of trust that is built up with networks – you have to connect to the people who are connecting

Jacqueline = there is a social aspect

Kennan – it is all about relationships and trust

Cindy – there are positive places e.g. association of holistic nurses – we have to be bold – but these nurses have been under siege

Brian – I represent the untapped resources of public universities – they are underutilized and untapped to be applied to solving these kinds of issues – as Linda spoke about – what she does in China as a public university – as you look for partnerships – I’ll be willing to help with conversations with public institutions – where there are existing relationships

Kennan – I’m picturing it – its due diligence – going out and finding out who is doing what so we can listen and find out what is out there – part of critical mass for change and direction for change – its important to even know about who is doing what

Tammy – it would be really helpful to dedicate some of our time to research what has already been done – and how we can implement – Tammy will be a point person for getting this information – Action Item

Brian – let’s get a new paradigm, if you are the first one to go

Mei Lin – Break trail – at the rate of walking. Different tools

Laleh – start with what you can, and impossible will be possible. Hosa and UC Berkeley – volunteers –

Jacqueline – I imagine the volunteer component – an internal and external part of partnerships – we have strong understanding of who the players are within our industry and expertise – for internal learning and collaboration – its better to work off what we have and what we know – I am hoping to foster the vision and hopes of the committees and overall CHC – there are key players in the health sector doing amazing things – we can do research and see who is doing what.

Tammy – I’m hoping I can get my program launched – Mentorship association – to connect job seekers to internships and volunteer positions to get – Mentorship committee

Valerie – SMU just entered into partnership with African American Church – Wellness building – we are designing the whole health system as a community health church based – resource and referral – SMU students will be staffing

Denet – re- rolodex – something big and exciting and different you can call people and get pretty far – it was really easy as a high school kid to call big corporations – people were extremely collaborative supportive –

Mind –

Cindy – the goal is to be a catalyst – we are trying to increase awareness related to recent discoveries and practical things related to the mind – includes basic things like happiness, physical health – SMART –

Web resources – online education, the way we distribute this information

This echoes what was done for the Re-boot

MRC wants to see how we measure things and whether it’s easy to do or not.

Cindy: Self awareness – relates to behavioral change There are an incredible number of new discoveries, plasticity – not just the brain, the genes turn out to be plastic – this is one of the core groups

Laleh – Collecting material -- customize & package information tailored to the risk factors of each community.

Nurses holistic – methods are mind-body, have materials already generated

When people use these things, they get our – this is the thrust – connect tools already available

Action for CHC-IT for making existing tools available

Jacqueline – many of the points are individual and behavioral – we should consider environmental access and infrastructure – access to quality resources – mental health services fall very short of the real need of the population –

Cindy – we have a tsunami in psychology and mental health – they are buzzing – I read a dozen journals – people are so excited they are doing – a huge amount – this is happening

Laleh – prevention of disorders is important– some people have the predisposition = and the environment makes it worse – e.g. narcissism ADHD – it can be prevented

Cindy – Neuro plasticity

Kennan – there are 2 domains that stand out – white papers – pruning and getting out high quality information

The other is providing links to resources that exist – they abound

Trying to create a portal for that is an overwhelming task – can we push the organization out to the edges – e.g. what if search to find pre-vetted candidates – e.g. Google

Resource aspect is so huge; it requires forethought about how to do it in a smart way

Cindy – I’m talking about general goal of putting tools on the net

Brian – we should partner with DC – what we are talking about is huge

Valerie – goal is a learning framework – to facilitate all the committees – we can help people find or create tools that facilitate both internal org learning as individuals and as collective, and also disseminating learning information – we are facilitators, not content developers

Laleh – right now, its only this group – if we are to have more MRC’s with similar missions around the nation – it becomes more important to connect, communicate, collaborate, share our experiences……leverage the lessons learned , find out what works and what doesn’t etc…..

Valerie – facilitate learning by providing tools, processes and methodologies and resources (learning) I am donating the tool we are using at Samuel Merrit which we could adapt so that we can have health outcomes, and resources- maps many to many – each committee overlaps – health is holistic and is not a silo’d thing – we can use this tool where you can see mindfulness has to have with sleep, nutrition, fitness, and have a visual presentation – start to capture our work – I will need help in defining the categories about how to set it up

Mei Lin – we are working to see if we can use it for FQHC’s as well as us

Valerie – my daughter is using the same tool for looking at nutritional value of food – right now the tool can be added to be anyone in the community – and you can have your own individualized version. Later, professors and students will have their own portfolio

Mei Lin – WASC

Valerie – this is being adopted by Nursing association = and partnerships to roll it out

Cindy – what about the underserved and poor?

Valerie – we are brand-new and have used it for our own SNU accreditation – I am offering this tool

Cindy – the Holistic nurses have something that they give to the community - its free of charge – I was trained in self help – they are teaching at the community level

Valerie – I co-developed this with the faculty so it changed the practice of teaching in SMU – in 2 years we changed our policy of rank and promotion, and scholarship and research now includes reflective practice on teaching and learning – all faculty are evaluated on their teaching portfolio including their plan for improvement in how well students achieve learning outcomes – this was unanimously approved – it was not top down, it was bottom up – by having a tool that made it simple -

Was obvious that teaching should be part of evaluation of faculty – they finally agreed

We gave $500 to faculty to improve student engagement and learning and a 2 page report on success and barriers – had 25% faculty participate – next year, we will publish externally – we got our IRB to facilitate that whole process – this is a big change in a 100 year old allied health institution – not known for innovation – its been a tremendous transformation – it came because it was easy – we are now making our institutional portfolio public – entire curriculum, evidence of student learning will all be public – completely transparent thru to student work

Laleh – what would be applications in health?

Kennan – big aha moment – in those rubrics – in creating the assessment variable – I saw value in creating a manifesto for the group – this says, “these are things we value” it bakes in a manifesto – and makes transparent strengths and weaknesses.

Valerie – I thought teachers would hate it – people who were weak and the star performers embraced it – the poorest and most disengaged faculty – for the first time they say how in effective they were – most of those in the grant were over 65 years

Brian – any tool when its great – we have to share it – to provide access to a tool – its not about giving it away – the key to great systems is to find a financial basis

Mei Lin – franchise for humanity

Laleh – tools are just tools – each community needs to have processes – people – the human factors part of it – this is 60% of the equation – training is 20% - there is so much potential for the CMI tool

Valerie – yes, and – we co-evolve the process – we engaged faculty in the process – that’s why it was effective

Mei Lin -- Laleh and Cindy prepare to appear on TV Jan 22nd

##  Next Steps –

1. 12/5: Create FAQ for new participants – Tammy & Mei Lin (OPEN)
2. 12/12: We will finalize our submission as an MRC by 1/31/14.
3. 1/4/14: Founding members may nominate others to join the Members Council. *Nominators provide to members 1 page backgrounder on candidates prior to the vote.*

# CHC-RBT - Reboot

**Goal:**

*To transition from a nation of unhealthy people to a nation of health explorers.* The goal of rebooting health is to create new programs and processes that support the mission of the California Health Corps - to catalyze the unlocking of human potential and the re-imagination of health using existing resources. As with most reboots, this includes the monitoring and removal of zombie processes and the recovery of existing resources.   We call this version*Health Explorer.*
 **Objectives:**

The realization of the vision and mission of the California Health Corps through the subcommittees of the CHC. Including the
Distribution and Creation of tools, information and media for practitioners, organizations and the public to catalyze the social, environmental, psychological and physical benefits of health centered discoveries from local, national and global sources.

The **SMART** approach:

**S**pecific (concrete, detailed, well defined): The creation of a credible collaborative source of information, education and resources for individuals,
practitioners and organizations through the collaborations of the subcommittees of the California Health Corps.  This includes the creation and distribution of a web site collective for the CHC including web resources on the activities of the various subcommittees, media, on-line education,
blogs, surveys, reports, reviews, etc. as well as public lectures, brochures, power point presentations and other media
distributed throughout the internet and presented at various clinics, public venues, conferences.

**M**easurable (quantifiable): Each committee will be monitoring progress of this goal through web counters, number of public appearances, number of
web resources created, etc. and communicated through regular meetings and email.

**A**chievable (reasonable): Most of the members of the CHC are accomplished individuals who bring existing resources and affiliations to
the table that can be immediately applied or are already in place.

**R**ealistic (given available resources): Most resources involved are in place (internet, email, and computers), websites and domain names can
be readily obtained, meeting locations have been organized, and there will be a simple design in order to facilitate accessibility in
low-bandwidth situations.

**T**ime framed: We expect to revisit our goals at monthly intervals.

# CHC-FIT – Wellness Nutrition and Fitness in Schools

The Goal of FIT is to

1. Encourage kids and adults to accumulate at least 30 minutes of generalized movement per day (similar to that of the American College of Sports Medicine, Surgeon General, etc)

a. Create movement based programs kids will tolerate/enjoy with the most benefit (high intensity, short duration total body movements found in CrossFit, Boot Camps and Obstacle Course Racing)

b. Ensure kids get daily movement again (bring back PE into schools, outsourced PE (i.e. Rhythm and Moves in Burlingame)

2. Achieve 2-3 strength training sessions per week (total body exercises (i.e. squats, lunges, step-ups, rows, etc), daily self-massage (self-massage tools), daily cardio-respiratory exercise (walking, cycling, walk up the stairs at work, running, basketball, etc.) and daily mobility/flexibility movements.

3. Drink 64 oz. of “clean: water each day

4. Encourage 7-9 hours of “quality” sleep each night

5. Educate population about food production and quality, digestion, glycemic index, preparation, individual fuel source, common food sensitivities, reactivities and food allergens.

6. Educate corporations and public about the benefits of attaining good posture, standing, stand/sit desks and ergonomic assessments.

7. Reduce obesity, type II diabetes, blood pressure, stress and related health issues by 20% by the year 2016?

8. Improve daily participation in movement based activities by 20% by 2016?

9. Promote home cooking and community health, educate people on how to cook and prepare meals ahead of time.

10. Evaluate and support technologies that can help people to reach their Health and Fitness Goals.

# CHC-ZZZ - Sleep

**Goals**

The goal of the Sleep Committee is to educate and inform the public about sleep as it relates to health, and ultimately create broad-based awareness about sleep as an integral part of overall well-being.

**Objectives**

1. Provide sleep self-assessments to 10,000 members of the community per year.

2. Recruit 4 “Sleep Ambassadors” per year to serve as a resource in the community in strategically-important areas.

1. Work with sleep industry to compile, publish, and disseminate sleep educational materials with at least 1 educational campaign per year. Materials may be written, audio, or video, and must be available to all who seek the information.

# CHC-MRC – Medical Reserve Corps Unit

**Vision** “Serve as a catalyst to unlock human potential and re-imagine health”

**Mission** We intend to be part of a social movement to improve the health and safety of communities across the country by using communities as a learning system for keeping the healthy people healthy and assisting others become healthy

**Goal**

* Create a culture of wellness and a supportive health environment
* Create broad-based awareness about all dimensions of health
* Minimize cultural and behavioral barrier for enabling individuals become an active and responsible partner in their own health and care pathway
* Provide support to community health centers

**Approach**

Holistic view based on different dimensions of health • Eastern / western philosophy • use combination of academic & network approach for educating & engaging people in wellness activities • Networked model • Crowd sourced • Large participation of community members in research • Iterative learning and improvement • Information backed up by research in applied science • Volunteers • Generating media, brochures, web pages, lectures, training programs, self-help tools, media, ad campaigns • Customized for communities – not a one size fits all • Use methodology & technology to keep people engaged • Work with corporations and healthcare organizations • Be a broker for excellent providers

**Committees**

* Reboot Health – Co-Chair: Cindy & Jack C.; Members: Sina, Bill, Laleh
* Wellness, Fitness, Nutrition in Schools - Co-Chair: Denet & Brien
* Sleep – Chair: Sina; Member: Cindy
* MRC – Chair: Laleh; Member: Mei Lin
* Finance – Chair: Majid; Member: Mei Lin
* Partnerships – Co-Chair: Kennan, Jacqueline; Member: Mei Lin Fung
* Mind & Mental health – Chair: Cindy; Member: Laleh
* The Mob – outreach & flash mobs – Chair: Bill; Member:Denet, Brien, Cindy, Sina
* Clinics – Co-chair: Dan & Mei Lin; Member: Jacqueline, Jack P, Jack C, Kennan
* Evaluation and learning - Co-Chair: Jacqueline & Valerie; Member: Rob
* Technology – Co-Chair: Jack P & Dan E. ; Member: Dan D, Jack C.

# CHC-FIN – Finance

**Goal:** Sustain CHC overall goals and objectives with a viable and transparent financial strategic plan

**Objectives for H1 2014 (by June 30 2014):**

*Structure:* Propose appropriate legal and financial entity for CHC - and have it approved by founding members.

*Logistics:*

* Set up bank account, create quarterly cash flow statements approved by CHC-FIN committee - in support of financial strategy as set out in financial plan
* Distribute financial sources among committees for projects approved by founding members
* Help committees with identifying possible financial opportunities and formulating the cash flow of each project, set objectives and track progress
* Work with committees to draft presentations for the purpose of attracting potential investors

*Planning:* Produce financial plan for review for 2014

*Revenue Model:* Define revenue sources to include grants, contracts and membership fees, set objectives and track progress

*Financial Allocation and Management Model:* Devise strategy for allocating money and resources amongst competing projects that is fair and transparent as determined by founding members to support CHC overall vision and mission. Set objectives and report progress against financial, quantitative and qualitative indicators.

*Reviewing the Progress and Setting Adjusted Objectives* Consider what our Balanced Scorecard might look like as a way to track our progress - draft first revision

# CHC-WE - Partnership

**Goal:** Foster collaboration and connections between CHC and strategic partners.

**Objectives:**

1. Identify key players and potential partners in the health sector. Categories of some key players: basic research, thought leaders, nonprofits, community-based organizations, and technology-based organizations. The intention is to include all areas along the pipeline that are directed toward the ultimate goal of healthy lives -- from the lab bench to the park bench.
2. Create an information repository about partner organizations and key players in the health sector. Draw from the expertise of the CHC members.
3. Engage potential partners who would benefit from a synergistic relationship with CHC.
4. Foster external collaboration and networking between CHC and partner organizations.
5. Foster internal collaboration between CHC committees.
6. Facilitate meetings and field trips that promote networking, partnerships, and collaborative learning.
7. Seek ways to engage students who are in the health-care system training pipeline, including those headed for careers in health-care (HOSA students are a prime example) and those headed for careers in basic research (graduate students and post-doctoral scholars, such as those in the UC system).

# CHC-MND – Mind and Mental Health

**Goal:**Increase awareness and practice of the latest in brain and mind discoveries to improve welfare of all people and the planet we inhabit.
 **Objectives:** Distribution and Creation of tools and media for practitioners and the public to catalyze the social, environmental, psychological
and physical benefits of mind and brain centered discoveries.

**The SMART approach:**

**S**pecific (concrete, detailed, well defined): Creation and distribution of web resources, including media, on-line education,
intakes, surveys, reports, reviews, etc. as well as public lectures, brochures, power point presentations and other media
distributed throughout the internet and presented at various conferences and clinics.

**M**easurable (quantifiable): Distribution may be measured by web counters, number of public appearances, number of
web resources created, etc.

**A**chievable (reasonable): Most of the resources exist, it is creating awareness and distribution that requires legwork.
These activities will be conducted under the auspices of the California Health Corps.

**R**ealistic (given available resources): Tools for distribution are in place, distribution will be facilitated through collaborations
with other agencies, non-profits, etc. and are on-going, e.g. one website, [www.21stcenturymed.org](http://www.21stcenturymed.org/), has 6,000-10,000 new
visitors each month and has just created a collaboration with a non-profit, another website on sleep, will have a survey
to increase and screen for sleep issues that will be made available through the CHC.

**T**ime framed: We expect to revisit our goals at 3 month intervals.

# CHC-CLN - Clinic

**Vision:** Empower Clinics as the “Community Commons of Health”

**Mission:** Transform the clinical experience to focus on Wellness and Overall Health

**Goals:** Improve health, engage/educate, and reduce healthcare costs at the Community level

* Near term (45-60 days): Define and deliver a Roadmap for Transformation
* Short term (6 months): Deploy a real-world Proof of Concept that incorporates one or more CHC-Committees and develop two-year strategic plan
* Long term (1 year): Demonstrate viability, evaluate effectiveness, measure operational sustainability and course correct Roadmap

**Objectives:**

1. Engage operational community clinics and FQHCs to deploy baseline “Community Commons of Health”
2. Focus on the two hours of “patient touch” to start the engage/educate process
3. Ascertain “low hanging” fruit that can demonstrate effectiveness, impact care, and lower/mitigate costs
4. Fuse the Community Commons concept to align with and leverage Federal initiatives including the ARRA / HITECH (IT) and PPACA
5. Work with CHC-FIN to develop a fiscal model for the Short Term Proof-of-Concept and with CHC-WE to obtain support
6. Work with research leaders already pivoting to community and individual responsibility for health
7. Connect four leading health education and research universities to propose joint research to re-imagine health: UC (San Diego), Northwestern, MIT, Duke
8. Collaborate and coordinate with end-of-life ARRA / HITECH work artifacts that can clarify and accelerate the Pivot process
9. Deploy the necessary infrastructure to ensure continuity and the means to engage/educate the “next generation”
10. Lead California Health Corps to engage with the national network of Federally Qualified Health Centers (FQHCs)
11. Coordinate currently-stove piped efforts with Community Clinics and FQHCs throughout the Bay Area and Northern California
12. Propose ways and means to accelerate work with specific FQHCs that address the spectrum of needs (including Dental and Vision)
13. Initiate at least one pilot project that engages with one or more CHC-committees
14. Investigate and document ways that CHC-committees may learn from the pioneering funding initiatives of CHC-CNC
15. Establish a funding template and pathway with CHC-FIN
16. Define a partnership strategy for research and funding with CHC-WE (the partnership committee)
17. Develop a communications vehicle for public private partnership initiatives that tracks relevant progress and provides timely updates to stakeholders with CHC-IT

# CHC-LRN – Learning and Evaluation

**Goal:** Create a learning framework for organizational and individual learning.

**Objective:**

Facilitate learning by providing tools, processes, methodologies, and resources.

**Strategies:**

1. Support health advocates and champions to inform public/clients and constituents of health goals and objects.
2. Apply CMI assessment framework to measure progress and identify gaps between desired learning outcomes and evidence of having achieved them.
3. An example of this could be the creation of customizable learning maps to attain health outcomes.
4. Help committees define indicators for our group to measure internal progress, development, and impact. This would encompass quantitative and qualitative measurements.
5. Help committee members demonstrate achievement of goals and objectives to learning objects by uploading supporting evidence.
6. Identify or create rich learning communities that include peer-to-peer learning and knowledge exchange.
7. Explore opportunities to connect CHC with information and learning resources. This may include training opportunities for CHC members in the future (e.g. new members, internships).