# Minutes of California Health Corps - December 5 2013

Location: The Shinn House and Arboretum, Peralta Blvd, Fremont California

Setting: Picnic tables under the oak tree

Attendees:

1. Tammy Chan (joined midway)
2. Dan Esbensen
3. Mei Lin Fung
4. Denet Lewis
5. Jack Park
6. Majid Salehizadeh
7. Kennan Salinero
8. Laleh Shahidi
9. Brien Shamp
10. Robert Stephenson

## Agenda

1. Introductions - 'Why I'm here"
2. Communication Protocol
3. Vision and Mission
4. Next Steps

Minutes

1. We propose to put to a vote at the December 12 meeting

**“The vision of the California Health Corps is to engage in the transformation from healthcare to health”**

Proposed to be put for a vote by Denet Lewis

Seconded by Mei Lin Fung

Vote: The following voted yes. Vote was unanimous.

Dan E. Mei Lin F., Denet L., Jack P,.Majid S.,Kennan S.,Laleh S.,Robert S.

**“The mission of the California Health Corps is a grass roots community approach to health”**

Proposed to be put for a vote by Denet Lewis

Seconded by Mei Lin Fung

Vote: 5 in favor of the version above, 4 were in favor of an alternative which included the words “and thriving” at the end of the above mission statement.

2. Next steps agreed upon were an initial set of working protocols to be in place until called for review within a California Health Corps meeting

## Our group communication will be conducted

#### Publicly – on the California Health Corps Facebook page

#### Privately – on the California Health Corps Linked In group

## Team roles & responsibilities

#### Laleh & Denet will propose & maintain the membership list with a “to be determined” nominating & membership ratification process at the December 12 meeting for each of:

##### Official Founding Members of the Corps

##### Future members to be inducted into the Corps

#### Tammy - handle meeting scheduling

#### Mei Lin – handle Minutes & take notes of discussion

#### Laleh - shift our email-mode conversations to enable teaming

#### Bill Daul and Denet - Linked In Group mechanics

#### (Mister Dan and) Jennifer - organize potlucks for meetings

#### Valerie and Kennan – global youth involvement e.g. Hult Prize, HOSA, International Society of future physicians, 4H etc.

#### Mister Dan – keep Corps on track and able to scale our efforts

#### Jack P. – Topic Map discussion for virtual & future participants

#### Rob – Challenges & Judging fine-tune processes and methods

#### Majid – implementation, planning & financial fine-tuning

#### Denet - framework of California Health Corps by-laws

## Next Steps - Actions

#### Create FAQ for new participants – Tammy & Mei Lin

#### Connect Mei Lin to Hult Prize Regional Judging – Majid

#### Virtual Participation in meetings – Jack Chinkonsung

#### California Health Corps Flyer – Mei Lin

#### Meeting Locations - ?

#### Review MIT Healthcare conference program – Mister Dan

Appendix – *Raw notes taken during meeting by Mei Lin – not everything was noted*

Vision and Mission Discussion Dec 5 Shinn Arboretum

There were no notes taken during first part of discussion where each person spoke about why they were present and shared some of their background.

**Majid** is the regional director for the Hult Prize which is an annual $1M contest for teams from global business schools. Last year 50 teams of on average 5 members took place in each of 6 regions in these locations: SF, Shanghai, Dubai, London, X, Y

The regional winners are selected in March. These winners go into a 3 month summer camp before entering the NYC global competition which takes place at the Clinton Global Initiative annual conference (this is Bill Clinton’s conference). Hult is a Swedish billionaire (#65 on Forbes list) who set up the Hult Universities. Jeff Saperstein long time Next Now member is a professor at Hult.

California Health Corps members could potentially be judges and mentors for the teams entering the SF regional competition. Any global team can enter the competition, so long as they are prepared to compete in person at SF in March.

**Rob Stephenson** was the online curator at the San Jose Tech Museum of Innovation where he ran many different kinds of Challenges for exhibits. He has a PhD in Neuroscience from MIT and is a recovering academic. He is known for the Harvey Project, one of the first interactive online learning artifacts where human anatomy could be explored in modules created by faculty and students designed to enhance learning.

Jack – we are blessed in being in one of the richest technology areas globally – can we bring that together with health – I use the term federation in 2 senses

1. The tribe
2. The process of federating other tribes

This is the way we could create an infrastructure to facilitate the federation of other tribes

We are not bringing tech A B or C to the Asian Health Service – but that could be one of many possible outcomes that could emerge

Laleh – Vision 80/20 –

Community as a learning system for health and wellness

Kennan – that is a key differentiator – that has an acuity

Rob – did health exhibit at Tech museum – got a grant – its difficult to promote good health among healthy people without sending like their mom – one way to avoid that is to focus on developing a metric – for getting healthier of less healthy – may need inspiration from QS or something like that

Jack – Aristotle’s final cause for the CHC – in the spirit of federation – this a tone, not a statement – an appropriate tone for the vision statement – is to be a participant in a broader global effort to do X

Majid – healthier is relative to me – I can build on other people’s ideas well – I can be a good sounding board

Denet – we need to be very broad – we are looking for solution-based ways to address current healthcare challenges

Pushing or expanding it so we are shifting to health – not just the final end zone but the whole line of defense going into preventative – expand to look at who has best solutions to solve this

A think tank looking for optimal solutions for tremendously complex problems

Laleh – one of the activates and goals would be to come up with the best approaches for different risk factors that the communities are dealing with

Jack – a think tank is a silo – we want to be as participatory as we possibly can be –

Denet – we want to be catalysts

Kennan – its about accelerating the knowledge flow, creating high value – in this group in particular, leverage knowledge – there are a ton of organizations doing health initiatives

Jack – the late Susan Lee Star – spent 2-3 years with the worm people – hematobes

She was an ethnographer and discovered they co-created little objects which they would trade “boundary objects”

E.g. chalk board – allows us to conduct lectures and do things

With Jack L created boundary objects – a boundary infrastructure – this could be a metaphor

Participatory = school kids, doctors and parents engage

We could be the purveyor of boundary objects and boundary infrastructure

Laleh – we would be rewarded with information and knowledge – if we are the coordinator of all these activities and approaches that different groups are taking and we are successful – at one point there will be too much information – there is more than one person can find to take care of their own health – we don’t want to be another repository for all this information = we want to find out what are the best models for dealing with e.g. ADHD…best sources for information, best practitioners in each community

Brien mentioned he’s trying to find out models for ADHD – can share that with communities

Dan – FETCH.com

One community at a time

“To participate in improving health wellness fitness and vitality for current and future generations”

“To participate in the transformation from healthcare to health”

Mission

“One community at a time”

Kennan – participate is a follower statement

Is not about finding the solutions – its about participating in the process”

Its more active – generative, mentoring aspect

Rob “contribute to?”

Vision: “to engage in the transformation from healthcare to health”

Minutes – this was a pass – unanimous vote

Mission:

Laleh - Keep the 80% healthy and the 20% become healthy – proactive

Denet – to drive

Rob to increase the healthy and useful lifespan of people – quality of life?

Laleh - a choice for healthy lifestyle?

Rob – that’s part of it – let’s not limit what health needs – how long do we want people to be healthy

Dan – don’t state percentages

Kennan - Co generate – there is something new to be generated

Thriving

Health eco system

Jack – like thrive, co-create, learning communities

Laleh – one community at a time – shows the focus on community and all community –

Rob – lets drop ‘at a time”

Laleh – if you are going to be unit of the MRC – there are units in different communities – they are volunteers who are going to act on the mission statement

It’s dealing with the issues of one community at a time

Dan – global sharing should be in there

Kennan – on the surfboard – what is the process?

Rob – growing the group, influencing other group

Laleh – volunteers

Denet – influential drivers – change catalysts

Laleh – at Cisco collaborative learning environment – the way it works is that at one level, you can have a repository of information that is created by individual contributors – access to knowledge is 1. Then take it one level further 2. Put people who are interested in specific topics working together in communities – communities of interest where people can exchange information in their area of interest – then 3. Put experts in the communities of interest – mentors, this is all virtual – we need to have moving from data to information to knowledge to wisdom – in this context, we provide access to valid knowledge, support groups – providers interested in providing services, and 3. Access to experts

Can look to see if that environment can be used….

Virtual is one way

CHC – tech is a big part, especially with mobile gadgets and QS – then the other part is patient centered clinics. MOOCs – one role we can play is to empower clinics like Asian Health Services with what they are doing

Denet - Empowering the global community

Mei Lin – engaging?

Kennan – the trading post – I am not interested in just being a conduit for current knowledge – there are so many websites about best practices – it is already being done and its producing

I would love to capture the trading post concept

The Asian Health Services – there is something that would make a difference for them – from the trading post…. There is something they need

Dan - Provisioning?

Jack – they were really concerned about aggregating data

Vision: “To engage in the transformation from healthcare to health”

Voted yes by Kennan Jack Denet Laleh Rob Majid Dan Mei Lin

Our Mission is a

“Grass roots community approach to health and thriving”

4 votes

“Grass roots community approach to health”

5 votes

Jack – empower is too strong – its hubristic

**Action**

Denet & Bill – Linked Group

Laleh – Shift conversation to Linked

Scheduling – Tammy using Doodle

Potluck – Dan & Jennifer

Bylaws voting - Denet