I. Announcements
This will be Sarah’s last meeting. Tracy also introduced Delbert Walker as the new Supervising Program Specialist. Delbert will start his new position on July 6, 2015.

II. Consent Calendar
There were a couple suggested edits to the Meeting Minutes, including the request to make sure to describe the motion, i.e., “accept the minutes.” Carol made a correction to section 5: Don’t narrow “too” vs. “two” early

Motion to accept Minutes
(M) Wendy Peterson (as amended)
(S) Carol Sugimura
Carried

III. Public Comment for Items not on Agenda: No comments

IV. Consumer Survey
Tracy thanked the consumer survey workgroup for completing the survey. They went through multiple iterations and had many conversations and it was the result of much collaboration across the committee members. Tracy today received translated versions of the older adult survey (Cambodian, Vietnamese, Tagalog, Mandarin, Farsi and Spanish). Tracy noted that she will create PDF versions for each of the languages and will also translate in Survey Monkey.

Tracy introduced John Garvey (Management Analyst, PERU at Social Services Agency) and asked him to provide the committee with a description of his work. John reported that he performs cross program evaluation and research, qualitative and quantitative, to assess the efficacy of our programs. He has been supporting data analysis for the survey. Throughout the summer (through October) he will be pulling information and data out of the survey (“summary packets”) in order to inform findings and conversations around survey planning. His thought process includes: “What are we seeing in the survey, -- does it match up with reality?”
“Who is responding to our survey?” “Are we getting enough responses to get a good picture of Alameda County?”

With a very limited soft launch of the survey, we have approximately 90 responses, all electronic. The early returns are from younger seniors (80% under the age of 65, whose primary concerns include income and housing. We have a good response (12%) from people that identify as other than heterosexual and a high response from people reporting that they have a family member that is a veteran. After the surveys are distributed through partners, and in different languages, we will begin to have very useful information.

Tracy opened up the conversation around distribution. She established that we will mail out a survey to all of our 55+ IHSS recipients and will make the survey available to IHSS providers. These populations have never been surveyed before as part of a planning effort.

Wendy shared that the Tri-City area is raring to go and has made commitments to reach out to their communities. A map of their personal connections have been made, and many are connected through different forms. They requested “public service announcements” for distribution in different forms (Twitter, Email, etc.).

Maricela said that we need more clarity of purpose, or at what level. Healthy Homes is working with a lot of departments and could share contacts. We have to have a reason and understand the outcome. We need to make a stronger connection that this survey will benefit them – what will these people get out of the survey? “What is this going to do for us?”

Tracy will follow up with a refinement to the purpose statement of the survey to send out to committee members as they distribute and administer the survey.

The following were suggestions offered in the discussion of how to distribute the survey to older adults:
- Paratransit: having surveys on the vehicles
- working with private providers such as CVS or Walgreens.
- Home Health Agencies
- Deliver the surveys with the meals: Lara - Spectrum
- Senior centers
- Wendy Peterson will send out the English version to SSC today. If we have a generic blurb, this can get translated and sent out as well.
- Residential care facilities: Tracy/Ombudsman Program
- St. Mary’s
- Faith-based: City Serve (in multiple cities in Bay Area)
  - AAA doesn’t maintain a list of churches per se, we have some contacts through the fair
  - Public Health has a faith-based outreach group
- Ethnic Services Coordinator: Gigi Crowder (Lillian to take the lead)
- Doctors & hospitals – for seniors not necessarily connected to our network
- Alameda County Contra Costa Medical Association (divided into specialties) – Healthy Homes
- Public Health Clearinghouse – Public Health
- Internal Health Care workgroup meeting – has been meeting and discussing: Angela/Lillian to take the lead
- Include a blurb with best practices for those unpracticed in administering surveys
  - The survey work we’re doing doesn’t require clinical expertise or statistical perfection.
- Chambers of commerce: Lara to take the lead
- Congressional members town hall meetings
- Community health centers and/or clinics: Wendy
  - FQHC’s (behavioral health)
- Chambers of commerce: Lara to take the lead
- Congressional members town hall meetings
- Community health centers and/or clinics: Wendy
  - Cities & Senior Centers (Scott Means)
- Livermore Lab
- Alameda County SSA Workforce
- Adult Schools (Karen Munro) – many are dropping focus on older adult education
- Give copies of surveys to each committee member to distribute at will – available on social services website in pdf

Regarding the interaction of focus groups with survey, Tracy clarified that the survey will inform focus groups and that we may have focus groups on specific topics. As an example, we may have CBO provider focus groups related to administration of contract. Delbert Walker managed the focus group aspect of our last needs assessments. He noted that at some focus groups, they have surveys available for consumers to complete.

Can create customized links for the electronic survey in order to understand the source of the surveys, but not for the paper surveys. Currently, Marlene’s sites are bringing iPads to different sites and inputting results directly.

V. Data
Tracy conducted a preliminary discussion around what people mean when we say “we should look at data”.

Some key areas of interest among committee members included:

- Looking at basic demographic data
- Looking at where high utilizer Medi-Cal/Medi-Care consumers reside and target to recognize trends
- Look at fall rates
- Look at eligible vs enrolled rates and compare to other counties
- Look at SCAN’s scorecard of States

John (SSA – PERU) clarified that data means (at a basic level) collected information. It is a decision making tool. There is a distinction between data that
helps you make decisions about what you’re doing at a given moment vs. summary data that quantifies what are magnitudes and impacts and informs decision making.

Tracy suggested convening the Data workgroup before the next Planning Committee meeting.

VI. **Guest Speaker – Dental Health & Seniors (Baharak Amanzadeh, DDS, MPH)**

Dental health in seniors is important because it is related to social isolation, self-esteem, loss of nutrition, and chronic health issues. Please see attached PowerPoint presentation.

Barriers to good dental care include access: Denti-Cal resumed as of last year, but there are few providers who actually accept it. In Alameda County, 146 dentists accept Denti-Cal, but very few accept new patients (50 only), few accept children & elderly, even fewer accept disabled. Barriers to individuals who are in institutes: immobility and regularity of care.

VII. **Next Steps**

Next Meeting: July 15th, 2015 from 1:30 – 4 pm

Suggestions for other speakers
- Lifelong Medical Care
- Elsie Kusel from EMS
- Crisis Support Services
- Veteran’s Health (VA Health Systems)

Next Steps:
- Call a meeting with Data subgroup
- John will report for Consumer Survey
- Geri Tablit will serve as contact for Kaiser, Wendy will get back to her.

Motion to adjourn: Dana Bailey
Second: Maricela
All Approved