Mayor's Committee on Health Reform Implementation
Subcommittee on Communication
Minutes, Meeting of May 2, 2012

- The meeting was called to order 2:09 p.m. by Dorinda White, the Chair of the Subcommittee.

- Dorinda opened the meeting with introductions. The following individuals were in attendance:
    - Dorinda White – DHCF
    - Susan Walker – DC Coalition for Long Term Care
    - Reverend Dr. Fred Smith – Wesley Theological Seminary (Guest Speaker)
    - Lauren Turner – Public Affairs student at George Washington University
    - John Nace – DC Trial Lawyers Association
    - Ron Swanda – Volunteer advocate for AARP DC
    - Rekha Ayalur – DHCF
    - Michelle Phipps-Evans – DISB
    - Tanya Bryant – DISB
    - Lucy Drafton-Lowery – DISB
    - Joanne Williams – The Crider Group

- Dorinda provided a few updates to the group:
- The Communications Implementation Workgroup, which was meeting bi-weekly to implement the Strategic Communications Plan, was cancelled due to the time constraints of the group's members.
- The first edition of the "For Your Benefit" newsletter, designed to showcase Health Reform related activities, was created. The newsletter was distributed via email on May 2, 2012. Dorinda asked those in attendance to send email addresses of individuals who would like to receive the emails to Dorinda (Dorinda.white@dc.gov) or Rekha (Rekha.ayalur@dc.gov). The current newsletter subscriber list contains nearly 900 emails.
- The upcoming Communications Subcommittee meetings will bring in experts to discuss areas for improvement in our efforts to educate stakeholders and District residents on health reform.
- The guest speaker for this meeting was the Reverend Dr. Fred Smith, Associate Professor of Urban Ministry and Associate Director of the Practice of Ministry and Mission at Wesley Theological Seminary in Washington, DC. Dorinda introduced Dr. Smith and prefaced his presentation by stating that he would focus upon how to reach the "chronically unreachable" population.

The next portion of the meeting was dedicated to the guest speaker Reverend Dr. Fred Smith who discussed how faith has an impact upon the health of a community.

Reverend Dr. Smith's presentation, summarized below, began with an historic overview of an approach to reaching, serving and improving health outcomes in urban communities.

Asset-Based Approach – What Is It?

- Approach involves reaching the poor in an effort to improve the overall health status of the community by engaging the resources of the faith-based community to make this happen.
- The Asset-Based Approach looks at what "Assets" already exist within ~~a~~ community and aligns these Assets with other available health-focused Assets including those provided by government sources.
    - Assets, as examples, can be defined as a useable park, hair salon, etc., that can play a role in improving the health of the community and that the community also feels or believes is an Asset.
    - The point above is important because what someone on the outside may view as an Asset in the community may not be viewed the same way by community residents.

The Memphis Model – An Example

- Engages faith communities in collaborative partnerships with local hospitals and community centers to identify health assets within the community.
- Using the Asset-Based Model, now, nearly 450 congregations participate in an integrated community health system and have trained congregants (church members) serving as liaisons to provide outreach to the community.
- Owing to the success of The Memphis Model, similar and community-specific models are getting underway in Camden, NJ, as well as a fledgling regional effort under discussion in the Washington, DC area.

The Memphis Model – The Components

Rev. Dr. Smith explained that there were three key components in the Memphis Model.

- Research:
    - How to involve the community to want to be involved with itself and find out about itself.
    - Conduct research by identifying what the community feels are its Assets.
- Collaboration:
    - Build partnerships within the community.
    - Invite members of the community to participate in local events in an effort to build a sense of community.
        - An example described by Rev. Dr. Smith was The Beloved Community Project which brought together members of the Asbury Village retirement community in Gaithersburg, MD, with members of the

outside community. Hosting community events such as pool parties and picnics so that community members learned more about each other, retirees are now visiting incarcerated individuals.

- Education:
    - Focus on praxis education (engaging, applying, exercising ideas) versus textbook education. Praxis education involves learning from the action.
    - Examples cited by the speaker include:
        - Utilizing feeding programs at the church to educate members of the community on health care and health reform
        - Attending health fairs and working with health care providers to disseminate information
        - Training lay ministry members to reach out to the community by going door-to-door spread a message

Rev. Dr. Smith stressed:

- The importance of getting early involvement by an interdisciplinary team of public health students, medical and nursing students, among others.
- The importance of "building social capital" and how to express faith in a positive manner.

Following his presentation, Subcommittee members posed questions to Rev. Dr. Smith and briefly discussed ways this model could be useful in informing and educating Washington, DC residents about health care and health reform.

The meeting adjourned at 3:06 P.M.