

**Minutes**  
**Community Advisory Board Meeting**  
**Tucson, AZ – May 9, 2003**

**Attendees:** See attached list.

Vickie Steinfelt, from the University of Arizona Cooperative Extension in Yuma, AZ, gave welcome comments. She also had all the attendees introduce themselves (Name & Organization) and in one word describe themselves this morning.

Updates:

**CDC Chronic Disease Prevention Conference in St. Louis, Missouri** - Vickie stated that we had not been well represented at previous conferences. However this year, we were very well represented. We had a great presence at the conference. Some of our colleagues participated in round table discussions and many gave presentations. Emma Torres stated that she thought the conference was interesting and well organized. The best thing, for her, was being part of the National Community Advisory Board (CAB) and the ability to see how important the group really is as well as how we fit into the bigger picture. Lisa Staten was impressed at how well received every thing was. People were excited to hear about the School Health Index (SHI) and they were very receptive. Susan Hanson met the Director of the PRC program and stated that he was very open. Jenny added that the conference and presentations were well attended. She received a lot of good feedback. Her highlight came at the end of Frank Vinicor's presentation at which point he put up a logic model that had Chinese characters in the boxes.

**Diabetes Translation Division of CDC Conference in Boston, Massachusetts** - Jill Guernsey de Zapien stated that there were at least seven presentations given by Border Health Strategic Initiative (BHSI) colleagues. They received a lot of good feedback on the BHSI project. She stated that they were really involved across the board. She felt that it was a very productive forum.

On a final note, Vickie stated that it was important for the Center to continue to have a presence at these conferences.

Mike Lebowitz stated that he was impressed at how much partnering the Center has with our community partners. The Center has established active partnerships with our community partners.

**Representation on the National Community Advisory Committee** - Vickie commented on the National Community Advisory Committee (CAC), which has been working on establishing itself for the last three years. This year, they came up with a mission statement and they have a leadership model with Co-Chairs and regions with one representative from each region. The Executive Committee will meet yearly at the CDC Chronic Disease Prevention Conference. She stated that it is necessary to have some kind of continuity. As it stands now, we send the Chair and the Co-Chair, but we may need to change this approach since the Chair and Co-Chair change. It is important for the Center to be involved at that level. Vickie then asked for any

possible solutions to this dilemma. She proposed to elect a representative who would serve a three-year term and perhaps that person does not have to be the Chair or Co-Chair. Amanda Aguirre emphasized the importance of having continuity.

Jill asked if it was just that one meeting that the representative would have to attend? Amanda asked if there was anyone from the community that would like to attend? She also asked whether a scholarship would be available to attend the conference? Mike explained the purpose of the National CAC and stated that whoever attends needs to know what the PRC does as well as the CAB. Mike added that the Center could fund up to three people to attend. It is important to learn about all of the National stuff and be willing to make a commitment for three-years. He stated that anyone can be a member of the CAB, thus anyone who is willing to serve on the CAB is eligible to attend the National CAC.

Emma stated that at the National meeting, results of a survey that CAB members had taken were presented. That gave her a chance to look at the bigger picture. Whoever goes will be able to see how everything fits together. She ended by emphasizing that continuity is important.

Mike stated the regional representatives have conference calls with the Co-Chairs of the committee. This results in constant feedback. Therefore, it's more than just attending the one conference.

Vickie stated that the Western Region is comprised of four PRCs in Arizona, California, and Washington. A woman from California was elected as the Regional Director and they have more work. Our representative would have about two conference calls per year with the Regional Director.

Lisa stated that we should continue to send the Chair and the Co-Chair as well as an elected representative. Or, have the Co-Chair go and be the representative. A motion was made to have three people attend and rotate. The motion passed.

It was stated that Vickie would be the Chair of the CAB until September. We now moved on to business.

Business:

- a. Communications (newsletter, brochures, website)

**Brochure** - CAB members were asked for their feedback on the draft of the brochure that was created by Rosie Stewart. More specifically, CAB members were asked to pay close attention to the CAB section. It was brought to Rosie's attention that Tuly Medina and Veronica Pena from WAHEC needed to be added to the CAB section of the brochure as well as Kris Olson-Garol from the Pascua Yaqui Diabetes Program. It was also stated that the Pascua Yaqui NARCH was missing from the Participatory Research Projects section. It was mentioned that a letter should be sent to CAB members not present at the meeting and who are listed in the CAB section of the brochure asking if they are still interested in maintaining membership in the group. Homework

was assigned to those CAB members present, which was to look over the brochure and provide feedback and any other comments and/or suggestions to Rosie.

At this point, the group decided to move on to discussing the RFA and come back to the business section after discussion of the RFA was completed.

RFA Discussion:

**Overview of RFA** - Mike gave a brief overview stating that the CDC will be funding 18 PRCs this round. Those centers that fail or do not get funded this round can compete next year in an open competition.

Jill asked whether all PRCs would be competing this round? Mike answered no and stated that 2 PRCs just recently got funded and will, therefore, not be in the pool.

Vickie stressed to the group the importance of the RFA and getting funded for the next five years.

Lisa mentioned that the application is due in mid-June and that the Center will know by September if they will be funded for the next five years. Mike stated that the Center does have an extra year of funding and that will be reflected in the renewal application. Jill mentioned that the Center is competing for five years of funding to start after this coming sixth year, which is the extra funding mentioned by Mike.

**Discussion of/Directions for the RFA** - Lisa went over a 1-page handout that was given to the group and stated that we are not starting everything from scratch, but are continuing certain things. The focus for the next five years will be on Cardiovascular Disease, Diabetes, Mental Health (Depression), and Childhood Obesity. Amanda stated that these were good choices. She also mentioned that depression is seen very often in diabetic patients. It was also mentioned that more representation from the behavioral health discipline was needed in this group. The nursing program at The University of Arizona was mentioned as a possible source to tap into in regards to behavioral health representation for this group. We may want to invite individuals from the nursing program, who are behavioral health experts, to participate in the CAB.

The group then moved on to a discussion about the homework that was given for the September 26, 2002 CAB meeting held in Rio Rico, AZ. The group made sure that all the categories that rated high were covered in the focus areas chosen for the renewal. It was pointed out that Mental Health did not rate very high and that Environmental Health actually rated higher on the list. It was mentioned that the reason Mental Health was chosen over Environmental Health was because the promotoras had brought up mental health issues at the meeting in September. They stated it was important and highly overlooked as well as stigmatized. It is a weak area that needs work.

Depression and Cardiovascular Disease go hand-in-hand and are extremely important. The PRC staff felt it was necessary to include Depression, since it is extremely common among people who suffer from chronic diseases. Unfortunately, there is no Mental Health representation at this

time in the CAB. It was mentioned that it might be difficult finding a person to represent this issue in the CAB. Amanda stated that she is working with promotoras to address mental health by creating a curriculum. Emma stated that the Campesinos promotoras are doing the same thing, but at a grass roots level and from their personal experiences. It was mentioned that it was very important for us to train promotoras and not rely on a mental health organization and/or representation that may end up not being consistent within the group. Jill added that clinical depression is considered a chronic disease. JoJean mentioned 2 curriculums that have been finalized at Platicamos Salud and that she finds very interesting:

1. Legacy Foundation
2. Promoting Positive Health Behaviors—Developed in Spanish, the English translation is not available yet, but they are working on translating it into English

The different curriculums and information on mental health, especially depression, will be shared amongst each of the communities.

Jill mentioned the possibility of funding a working group to develop a broader curriculum and intervention on depression as well as share information amongst all the communities. This is a way that the Center can help to continue to move the process forward. Vickie mentioned if there was a way for a working group to be formed to bring all these players together? Lisa stated that it could be written into the renewal application.

Mike stated that the PRC staff wants to get the group's ideas on what to include in the renewal and what's important to the group. Vickie asked the group if everyone was in consensus with the 4 focus areas and everyone agreed. We need to be sure to have the top categories that emerged from the homework given for the September CAB meeting covered under the umbrella of these 4 focus areas.

Lisa then moved on to explaining the Comprehensive Chronic Disease Intervention Core Project and mentioned that it would focus on 2 primary areas:

1. Policy, which included the SAGs and Schools
2. Community Health Workers, which included the Community, Patient Education, Screening, and Family

It was mentioned that these two areas are overlapping. Lisa explained that the initials on the handout indicated the PRC staff person who would be writing up that piece of the renewal application.

JoJean mentioned that capacity building needed to be targeted as well as cultural competency targeting providers. It was mentioned that BHSI had much success in having promotoras bring citizens to public community meetings and that they are key and very useful in educating policy makers. The Community Health Workers were mentioned to be social marketers.

We do have organization representation in this CAB, but we need to include and/or focus on promotora representation since they are key players. It was mentioned that all 3 counties are very different coalitions. We need to go to the next step, which is community mobilization. Someone asked whether there were any training sessions for promotoras? The answer given was the Arizona Community Health Worker Association (AZCHOW).

Jill discussed the creation of Advocacy Training for not only promotoras, but also health practitioners. Emma mentioned the “Real Clout” curriculum, which she stated was good. It may also be willing to sponsor/fund advocacy trainings. The “Diabetes Today” curriculum was also mentioned, however, a downside mentioned was its follow-up. But, it is a good foundation and worth looking into.

It was mentioned that most border communities are ready to move to the next step of community mobilization. It was also mentioned that the RFA is based on a National Logic Model. The Center is looking at focusing on leadership, trust, and partnership within community coalitions for the next five years. It is felt that these three focus areas are critical components to making a coalition successful or not successful. Specifically, we want to find out how are some coalitions successful in doing one thing and others at doing something different.

The group then moved on to discussing Community Development and the PRCs role. Basically, we want to know what is it that’s right in the communities we are working with and what seems to be working and why do we have the partnerships that we do? Three things that might have contributed to the Center having the partnerships that it does are: Collaborative leadership, Trust, and a common sense of purpose. We need to document in a much stronger way not only do these 3 things exist, but how are they different between communities. Four tools that will be utilized in studying leadership, trust, and partnership are: Network analysis, SAG meeting minutes coding and analysis, key informant interviews, and the Wilder Collaboration Survey. We hope that with these tools we will be able to document leadership, trust, and partnership. We need to know the problems that are encountered by coalitions as well as what is right within them. Border Vision was mentioned, which utilized interviews asking about relationships with organizations within a coalition. Jill explained the Wilder Survey and it’s benefits.

The point was made that within these coalitions the Center does not see itself as an outsider, but as a member. We, PRC staff, are participants and we need to document what makes coalitions successful and why not.

The next level would be to educate individuals within communities, neighborhoods, etc. It would be looking at community individuals rather than just SAGs, or coalitions.

There was more discussion surrounding Community Development and the 3 focus areas of leadership, trust, and partnership. Some explanation was needed and provided to the group.

The group then moved on to discussing what the critical elements are that make a successful partnership at the community level. There was also discussion on what else needs to be included in the renewal application. Vickie brought up the issue of overburdening SAG members with many surveys. She emphasized the need to avoid over analyzing the coalitions. As a group, we should lean towards one instrument and use that to get to our target areas rather than use 4 different tools. More discussion ensued regarding the network analysis and its usefulness as well as the Wilder Survey. A brief description of each was given. It was mentioned that the Wilder Survey only looks at the SAG, itself, while the network analysis is much broader and does not only look at the SAG. Amanda gave examples of how the network analysis results were useful to the Yuma SAG and how it was translated to the Yuma community. It was mentioned that to

get results like the ones Yuma had takes several years, but that it is well worth it. It is, however, very time consuming. The information is useful and the stipulation was made that the results need to be taken back to the community in a way that they can understand.

The question was asked as to how do we go about doing all these surveys/tools without it being too painful or too much of a burden on the SAG members? Discussion ensued.

Discussion then moved on to the need to go beyond and find out what's going on in the community. It was mention that at this level it is much more difficult to measure as well as more time consuming. We need to look at whether more people are active. Do more people care about issues regarding what makes physical activity and nutrition possible/impossible? Grocery store measurements, the SHI, and the Growing Smarter program were mentioned.

Some community indicators that the group came up with are:

- Grocery stores
- Growing Smarter (Parks and Recreation)
- Legislation
- Schools
- Budget per city being spent on health related issues
- Providers, regarding knowledge of clients
- Impact fees
- Physical activity (number, type, success)

We may want to target outcomes/results to physical activity and nutrition, such as is anyone using walking trails? With the programs that everyone is doing, we need to pull together all the different pieces. We need to synthesize the information we have thus far and state where we are. Are we doing the right things? We also need to find out how coalitions deal with set backs (i.e. person, who are imperative the group, leaving. There is still a lot of stuff to look at in regards to coalitions.

Some clarifications that were mentioned were regarding the Community Development discussion and the 3 focus areas. The 3 focus areas will be documented and monitored. The group would also like to see more effort put into the community level and not just focus on the SAGs.

Cochise County came up in the discussion in regards to the PTSO presentations that were done there. Lourdes Fernandez started by thanking Evelyn Markee and Rhea Morales for all their work. She also stated that they had a wonderful outcome and that they stepped in with the right foot. Parents wanted to know more and are willing to help. Evelyn discussed the presentation she gave. She included facts and statistics on obesity and diabetes in her presentation. She stated that she got a good response from the parents. The parents were interested in healthy things to do with their children, such as walking. The parents did have a lot of questions. Blanca Robles, a promotora knowledgeable about diabetes prevention, helped Evelyn by answering questions the parents had. Evelyn felt that the parents were very welcoming and that they had good comments. Rhea then discussed the presentation she gave to the PTSO at Sara Marley School. She stated that about 80 people attended the presentation. The presentation was given in Spanish and had 28 PowerPoint slides and transparencies. She stated that the Med Club would

be doing presentations at the high school in the fall. She handed out surveys at the end of the presentation in order to get feedback from the parents. The feedback was very positive.

Jill explained how the PTSO presentations came to be from discussions that occurred within the Douglas SAG. It was mentioned that the presentations were not preachy, but that they were just supplying information. The information provided was very basic and the parents have asked for more information. Evelyn stated that she is working on creating a brochure that will provide information on where there are walking trails with good lighting. She did state that more paths and better lighting are needed.

Emma mentioned a Campesinos grant focusing on patient/provider education. It is a growth from BHSI that they are trying to sustain.

Discussion then went back to the RFA. Dissemination Research and Strategies, which includes social marketing, was discussed. Social marketing was described as advertising strategies to promote healthy behaviors. It's a way for us to sell our "products" to the political arena. It was mentioned that we should utilize people who are experts and know about advertisement. This section also includes the transfer of projects from community to community. We want to learn what promotes dissemination. We want to study this transfer process. Karen mentioned that Midwestern University in Phoenix is using the SHI and going into Ajo with it. We want to keep track of where programs are going and our role in that. Some other things mentioned during this discussion were the creation of a marketing toolkit, advocacy packet, marketing packet (press releases), and media literacy. JoJean mentioned that technical assistance is needed to create these packets and toolkit. Linda Bergsma also came up in the discussion as a possible source of expertise on the subject of media literacy. Media Sharp and Tattoo were also mentioned.

The group then moved on to discussing Training. It was mentioned that there are some interesting opportunities for training in the community as well as university. Work force development, especially focusing on Tribes and Health Departments was mentioned. Public Health 101, which is an abbreviated, 3-hour long seminar, was mentioned. It is an orientation to the field of Public Health. The seminar discusses the basic sciences of public health, focusing mostly on epidemiology; program evaluation; and advocacy.

Joel mentioned AZCHOW. He stated that they have set By-Laws and have set-up an Executive Board. They have empowered themselves. Now, they have conference calls all over the state. Membership fees have been paid for the first time. They do have very few members and are still having problems recruiting more people. This organization has really developed in the last year. Karen Halverson from SEAHEC is the fiscal agent for the organization. A membership application has also been created.

Discussion then moved on to Advocacy/Leadership. A curriculum for the College of Public Health is going to be created to train health professionals, specifically Masters of Public Health students as well as health departments. This is an arena where people feel very unskilled and unprepared.

Some community development areas were discussed and included:

- Passing on evaluation skills and advocacy/leadership skills
- Data management capacity
- Teaching Epi Info
- Teaching how to find data/statistics to prepare proposals
- Grant Writing

Joel then discussed the Community Health Worker Toolkit. It is a CHW evaluation toolkit. It is about 2 and half years old. They have sold about 500,000 hard copies. They are now selling it on CD. It is also on-line, but it is not downloadable yet. It gives a lot of evaluation tools. It also discusses the creation of logic models and cost-benefit analysis. On-line, interactive technical assistance is also available. They also offer on-site training on using the toolkit for program planning and evaluation. The toolkit has not been translated into Spanish; however, there are plans to do so.

Emma mentioned some trainings that she thinks are needed:

- Promotora training in evaluation, including qualitative and quantitative evaluation
- Translating grant writing

JoJean added promotora training in:

- Stages of change and other Public health models and theories
- How to approach interventions and to know where people are
- Media literacy/Marketing Adult Education
- Group facilitation skills
- Consensus building skills
- Group process skills

Vickie mentioned the Community Action Training that is being created in Yuma through The University of Arizona Cooperative Extension.

**Action Items:**

**If anyone in the group has programs that fit within what is being included in the renewal application, they need to send the information (a couple of paragraphs) to Mary Contreras.**

**If anyone in the group feels that our primary focus should be looking at community indicators, please send the information to Mary.**

**We need letters of support from CAB members to submit with the renewal application—Send them as soon as you can to Mary.**

The CAB members requested a template for the letter of support and a list of what needs to be included. It was mention that they need to include attention to who and in regards to what. CAB members should talk historically. Include how long you have been involved with the PRC, how useful it has been, etc.

**Timeline for the RFA:**

The PRC staff will discuss the minutes from this meeting at the PRC staff meeting on Monday, May 12, 2003.

The PRC staff already has writing assignments.

The renewal application will be submitted to the CDC by June 16, 2003.

If CAB members have more ideas on what should be included in the renewal application, please email the appropriate person the information.

**Business (cont.):**

The group returned to discussing PRC business.

- b. Manuscript review group - The manuscript review group within the Center is trying to put manuscripts together for publication. As manuscripts come up, the group will circulate topics around to the CAB members and if you are interested in reviewing a manuscript you can. The importance of presenting our programs at national conferences and in publications/journals was mentioned. It was mentioned that technical Assistance is needed in this area and that we also need to be partnering better in this area. More discussion on publications ensued.
- c. External Scientific Advisory Committee - Mike stated that we need people who are familiar with participatory research to be a part of this committee. He mentioned Nan Carle, who now works for a state agency, Tony Estrada, and Eva Moya as possible members of this committee. The role of the committee will be to give science advice on research components. This is not required for CDC or to be a PRC, but both the CAB and the External Scientific Advisory Committee are important groups for the Center to have.
- a. Communications (newsletter, brochures, website)

**Newsletter** - The newsletter will talk about the Center's projects. A column from the Chair or Co-Chairs of the CAB will be included in the newsletter. Short articles from CAB members with pictures will also be included. It will be an E-newsletter due to budgetary constraints. Articles and pictures will be emailed to the person in charge of putting the newsletter together, Rosie, and it will be sent out by email. Once a Center website is created, we will put it on there and the link will be emailed to people so they can download it from the website. It will be a bi-annual newsletter and will coincide with the CAB meetings. The possible audience for the newsletter includes: CAB members, SAG members, providers, policy makers, Information for Action members, everyone's different partners, and other PRCs. A template of the first PRC newsletter will be available at the next CAB meeting in November.

*Southwest Center for Community Health Promotion*

**Website** - Rosie stated that it is currently in the works. Once it is more formalized, she will email a skeleton of the website to PRC staff and CAB members for their feedback and any additions. Links to each of the Center's partnering organizations will be included on the website.

Upcoming Conferences:

**Information for Action** - April 29 and 30, 2004 in Rio Rico, AZ

**American Public Health Association (APHA)** - November 13-20, 2003 in San Francisco, CA

Next CAB meeting:

November 6 and 7, 2003

One day will be spent on the PRC and the other on BHSI and TTC2

Meeting adjourned at 3:15 pm