

Minutes
Community Advisory Board Meeting
Rio Rico, Arizona -September 26, 2002

Attendees: See attached list.

Marie Swanson, Dean of the Mel and Enid Zuckerman Arizona College of Public Health, gave welcome comments and discussed the accreditation process that is happening at the College.

Updates:

Douglas SAG – Jill Guernsey de Zapien discussed how the Douglas Diabetes working group has become a Special Action Group. Previously the group had focused on diabetes prevention. Now the group will focus more directly on policy. Two areas of focus have been selected by the group: 1) mandatory PE in their schools, and 2) looking at the issue of vending machines in schools and throughout the community. Two subcommittees are working on these issues.

The Chronic Disease Screening Project - Jenny Hunter gave an overview of the Southwest Centers Demonstration project which screened uninsured women, 40 years of age and older for chronic disease. All women who were uninsured were invited to participate in a free comprehensive clinical exam as well. The comprehensive exam included blood sugar, cholesterol, mammogram, PAP, CBE and blood pressure tests. The objective of the project was to determine how we could encourage and help women come to the clinic for not just a one-time exam, but for routine screenings. The project involved promotora support. The goal of the project is to better understand what it would mean to implement this model, how do the clinicians work with promotoras, what other issues are involved such as transportation. When women came in to the exams, how did they feel, did they think it was beneficial. Evaluation has included participant and clinician interviews. In addition, questions are also included that ask the women how to get men involved. A current focus of the center is exploring how to get men to participate in chronic disease screening.

Tim Byers asked in general how the model worked with women? Jenny said almost 80% of the women went back for exams. Substantial effects took place.

Border Health SI! - Stuart Cohen gave an overview of the project. Based on input from this board, a comprehensive, community based diabetes prevention and control program was developed with a focus on sustainability. The program consists of diabetes care & self-management in which U of A personnel are working with providers making sure they are providing optimal care to the patient. There is a patient education piece done by promotoras. In the prevention area, there are components working with the schools to do an analysis of what they are promoting in terms of food and physical activity. The diabetic's family component focuses on prevention and social support. The primary prevention focuses on education and walking groups supported by promotoras. In the BHSI model, all these components are united as partners in SAGs.

Nicky Teufel-Shone stated that the project is in the process of transferring some of the project components to other communities, specifically the four border tribes.

AzCHOW – Joel Meister described the development of the statewide Community Health Outreach workers association. In November there was a summit to talk about how to sustain promotoras programs. Nancy Collyer from Arizona Health Education Center has been supporting this association. She has been helping with monthly conference calls with the steering committee. The committee initially started with 8 people from the project Jump Start, now there are two additional people. In the May meeting we revisited the project and we now have 28 people with four committees: planning, outreach, training and marketing. A part-time coordinator is being hired through a recently funded CDC to help establish the organization. The goal is to become a 501c organization. AHEC has agreed to be the supporting organization while AzCHOW becomes its own 501c organization. Joel and Nancy stated that all promotoras need to be involved in this organization. There will be an action-planning meeting during the conference to help promotoras with technical assistance in planning for their subcommittees.

Lourdes Fernandez, who is a member of the executive committee, mentioned that it is a big challenge. We are dealing with groups of promotoras who understand but do not speak English, they are shy and do not want to speak up. We are in the learning process.

Nogales SAG - Marilyn Johnson stated that the Nogales SAG has developed an action plan to increase the opportunity for exercise in the community. There is a definite need for more facilities, paths, places for activities for youth and adults in Nogales. A plan has been passed for the expansion of a park, things are increasing slowly but surely, other agencies are helping find grants to go towards walking trails.

Yuma SAG - Vickie Steinfeld and Nohemi Sanchez talked about the two action plans developed by the Yuma SAG: 1) the development of more parks and recreation areas, and 2) address schools and grocery stores about the foods that are offered. Grocery store promotions take place once a month. Joel Meister added to the Yuma report, for the first time ever Gadsden and La Mesa area have been awarded community block grants and that these can be tied directly to the involvement of the SAG. There is kind of evidence of the impact of the SAG across all counties.

CAB Homework

Joel Meister – Asked members to hand in the pre-meeting homework by the end of the meeting. Joel announced this would be his last meeting as co-director of Southwest Center for Community Health Promotion (SWCCHP). The new Co-Director is Lisa Staten. Lisa added that it is a pleasure to take on this new role and it will be a challenging experience. She also said that it is good to see such a good turn out today, which reinforces how committed people are to their communities.

Election of Chair-in-the-wings

Floor was opened to entire board for nominations. Carol Huddleston and Emma Torres were voted in as co-chairs.

Happy Birthday songs were sung for Lourdes Fernandez.

Evaluating the Southwest Center as a Partnership

One of the requests from the CDC PRC headquarters is that the CAB conducts an evaluation of the PRC. The group discussed the idea of doing an evaluation excluding the university partners versus working as a partnership to evaluate how well are we doing as a partnership and are we doing it efficiently?

Emma Torres stated that as an original CAB member, there is no question that we have done the right things. The proof is in the amount of people present at this meeting. I think it is important that we review our goals at this meeting, so that people get a brief overview of the original goals of the CAB. We have surpassed a lot of those goals.

Vickie Steinfeld reviewed the Goals for the Southwest Center CAB. The Board has decided to have a chair and chair elect and to be involved with the Center in the research. Vickie Steinfeld said that what we could do is just be really open and honest about what has been going on in the partnership. The consensus is that we all stay together during this evaluation process.

Jill facilitated a discussion session around the following items: What has the Southwest Center accomplished? Why did we do it? What have we learned – what can we do differently? Where are we going?

The following is a list of the responses to each of these questions.

WHAT HAVE WE ACCOMPLISHED?

- Initial members still members
- Representatives from all 3 border communities
- Broad community representation to address health issues
- Provided TA to communities
- Building partnership in non-threatening environment
- CAB provides collective guidance to the center
- Public health approach to communities
- Funding promotion/preventive efforts
- Support of promotora model by CAB and AzCOPH
- Giving each community ownership of sharing knowledge across communities
- The center did exactly what we asked it to do.
- We – community and university have now connected
- Integration of complementary programs
- First time we could be integrated into the “system” best in 5 years
- Path is clearer, info, classes you (UA) value us
- Turning point – Cochise still exists and still valuable.
- Douglas Diabetes Working Group helped with networking facilitated communication
- BHSI received money to address an issue that came from CAB
- Douglas – lots of new resources and programs, lots of partners

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- Diabetes education opened up to entire community - continuing support not excluded because of financial restrictions
- Community members value programs
- Community members now have more knowledge about diabetes prevention, physical activity, understanding family connection
- Parents coming asking about how to change school lunches (knowledge)
- Overlap between old programs and new reinforcing information
- Program gave the opportunity for health promotion department to work closer with clinic program. This shift to working together influences other programs.
- Allowed lots of programs to be tied/work together
- BHSI provides opportunity to be comprehensive
- Learned how important promotoras are in chronic disease screening
- Supported linkage between clinic and community
- Great success in walking and nutrition - but challenges for working people to find time for exercise and preparing healthy meals.
- Time for a guide to research and evaluation for dummies because we have been so successful
- Take successes and disseminate them and refine
- Creating a larger university group dedicated to diabetes/health promotion along the border
- SAG policy changes
- Promotora political advocacy
- Framework allows us to breakdown the artificial/administrative barrier
- COPH hook up with College of Agriculture and Life Sciences at the U of A

WHY DID WE DO IT

- Problem with diabetes (#1)
- Get healthy communities
- Overweight child/inactivity
- Frustrations/disenfranchised populations
- \$ to hospitals serve so few
- Way to increase \$ coming to community
- Social justice
- Link knowledge and access to information
- Unite forces comprehensively
- High risk populations – ignored/unknown – opportunity to inform people about the problems
- Teach people about their health responsibilities
- Target something better/ difference for kids

WHAT HAVE WE LEARNED – WHAT CAN WE DO DIFFERENTLY

- It can be done – we can do it

- Learning how to evaluate together – trust each other
- UA learning better how to communicate with community
- Need to do more/better? Native American communities
- More concise description of what has happened
- Learned to understand language of academia and vice versa
- Not we-you - but us
- Helps to have university facilitate in the community
- 2 colleges can work together
- Bring coalitions and promotoras together
- Building community capacity
- We could share process – exciting to share
- Promotora program one big family (center facilitated)
- Sustainability

WHERE ARE WE GOING

- Physical Activity
- Nutrition
- Access to care
- Responsible sexual behavior
- HIV, HPV, Herpes
- Obesity
- Substance abuse, prevention, holistic in multiple settings tobacco, alcohol
- Continue with current, successful programs
- New linkages with university community
- Use chronic disease perspective as umbrella for various / all projects
- Parental support for healthful behavior especially for girls
- Vision services – access and availability – children and adults – especially diabetes
- Assess use of new community services i.e walking paths
- Clinic/promotion links
- Promotora sustainability
- Advocacy
- Heart Disease and link with diabetes
- Depression and links with diabetes, etc.

Competitive Renewal for the Southwest Center

The Southwest Center is due to submit an application for a competitive renewal of 5 years early this summer. What do we want to do over the next five years? A question was asked if anyone opposed that we continue the programs that we are already doing – no one opposed to that.

Yuma – Prevention in Communities - Martha Esparza – If we do not continue prevention programs, - costs for healthcare will continue to increase. Dialysis treatment is very expensive. If we could use that money for prevention – it would be better. Campesinos come here to work and work, and they are not given the proper care. She stated that prevention programs should continue. In the classes she teaches, people ask why they have to end. They want to continue

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and start other programs. It is important to continue the preventive programs we have, if we don't we know what is going to happen.

Summary

Joel Meister clarified that one of the things we have heard throughout is that indeed we need to focus on the programs we already have and also move on to heart disease. The next CAB meeting will be scheduled for when the Southwest Center personnel can develop an outline and present to the group prior to submitting the application. A group of university and community people should get together to draft the plan, make it available to all members and then get together to discuss it. Look into some possible expansion areas such as depression and also other sources of funding.

Mike Lebowitz suggested that a draft can be done in March if it is due in April – The next CAB meeting will take place sometime between February and mid-March, to review draft.

Announcements

Jo Jean Elenes – A promotora training will take place in November. Martha Londono will be the trainer.

Emma Torres – Dia del Campesino takes place in December – event that serves 3000 to 5000 people, if you have any services you would like to provide. Glucose testing, and other screening takes place. About 150 volunteers that get involved.

Eva Moya – Director of the Border Commission, was introduced and welcomed.

Call for application for Border Models of Excellence initiatives. Application is out Oct. 1st. I encourage you to let the rest of the world know the work of promotoras. Those that excel will be awarded resources to share their expertise across the country. www.borderhealth.net application is available.

Southwest Center for Community Health Promotion

Community Advisory Board Meeting Attendees
9/26/02

Jenny Hunter
Ila Tittlebaugh
Gwen Gallegos
Sandra Romero
Marilyn Johnson
Evelyn Markee
Nancy Collyer
Diane Carper
Sofia Somerstein
Carol Huddleston
Rhea Morales
Emma Torres
Lourdes Fernandez
Susan Hanson
Marcel Bachelier
Susan Warne
G. Marie Swanson
Mary Helen Maley
Anne Vellon
Maria Retiz
Graciela Sandoval
Martha Esparza

Andrea Dunne
Rosie Piper
Carmen Ferlan
Jo Jean Elenes
Tim Byers
Noemi Sanchez
Nicki Teufel-Shone
Lisa Staten
Karen Halverson
Jill Guernsey de Zapien
Mark Veazie
Stuart Cohen
Linda Scheu
Gary Spivey
Rosie Stewart
Brenda Manuelito
Jean McClelland
Mike Lebowitz
Vicki Steinfeld
Joel Meister
Jacob Abarca

COMMUNITY ADVISORY BOARD
“HOMEWORK” Summary

Participants of the CAB meeting were asked to complete the following statement: “In the next five years, the most important prevention issues in my community are likely to be...”. A list of the Healthy Arizona 2010 objectives was provided as a starting point for ideas. Eighteen people responded to the questionnaire with a total of 56 responses. Obesity was combined with Nutrition and Physical Activity depending on respondents’ response. The table below summarizes the responses.

<i>Category</i>	<i>Responses</i> <i>N (%)</i>
Physical Activity	12 (21)
Nutrition	11 (19)
Access to care	8 (14)
Environmental health	6 (11)
Chronic Disease	4 (7)
Responsible Sexual behavior	4 (7)
Substance Abuse (inc. tobacco)	3 (5)
Mental Health/Stress	3 (5)
Change face of healthcare	1 (2)
Injury/Violence Prevention	1 (2)
Community Awareness	1 (2)
Culturally Competent Healthcare Providers	1 (2)

Suggestions related to

Physical Activity:

Walking groups, renovation/installation of parks, trails, encourage recreational activities, education – media campaigns, schools: PE, obesity, increase opportunities for exercise for adults and children, education – promotion of healthy lifestyle: food, exercise (related to obesity)

Nutrition:

Education, promotion in schools and workplace, media, wellness programs, promotoras interventions, promotion by medical community, education – promotion of healthy lifestyle: food, exercise and increase opportunities of exercise in community (related to obesity)

Access to Care:

Utilize promotoras to asses barriers-develop methods for preventive services/transportation for care, enhance ongoing programs, work with working poor, undocumented, little/no insurance, media involvement

Environmental health:

Education in schools, planning/ partnerships with fed, state, and mexican agencies, aging, air/h₂o contamination from mexico, policy approach, pollution: vehicle emissions, recycling, personal hygiene in public places

Chronic Disease:

Diabetes, heart disease, address community infrastucture, community education – families and youth, community empowerment – work together

Responsible Sexual Behavior:

Treatment program, prevention programs in schools and workplace communities, holistic programs – minimize barriers to treatment and successful maintenance/abstinence, addressing hiv/aids, addressing high teen pregnancy rates

Substance Abuse:

Use promotoras, create treatment programs for poor, look for grants/funding

Mental Health / Stress Reduction:

Workplace wellness intervention, stable funding

Change face of healthcare:

Community groups: police, fire

Injury & Violence Prevention:

Obtain funding, coordinate existing programs

Lack of culturally competent health care providers:

Role models: in schools, instill social conscience or being responsible, engage youths to focus