

**CAB Meeting  
April 25, 2008**

**Present: Ila Tittelbaugh (Chair), Evelyn Whitmer (Chair), Rosy Alvidrez, Martha Barrera, Jennie F. Becenti, Gail Bradford, Jill Bullock, Jill de Zapien, Darcy Dixon, Rebecca Drummond, Lourdes Fernandez, Robert Guerrero, Carol Huddleston, Maia Ingram, Susan Kunz, Hilda Lopez, Penny Marshall, Patty Molina, Rich Polheber, Flor Redondo, Kerstin Reinschmidt, Cecilia Rosales, Blanca Robles, Ginger Ryan, Sam Sabo, Ken Schachter, Lisa Staten, Rosie Stewart, Virginia Warren**

Agenda Items	Discussion	Action
<b>Welcome &amp; Introductions (Ila Tittelbaugh)</b>	Reviewed minutes from last meeting	Minutes were approved
<b>Presentations Paloma Beamer</b>	<p>With the increasing rise of childhood diseases associated with exposure to environmental contaminants, there is a great need to understand the risk of these exposures. However, risk assessments are complicated because we are exposed to many chemicals via many different pathways, simultaneously. In the past, Dr. Beamer’s work focused on understanding the contribution of different exposure pathways to farmworker children’s pesticide exposure. Dr. Beamer is currently interested in community-based participatory research projects aimed at understanding the risk communities face from exposure to environmental toxins. In particular she is interested in understanding the risks posed by environmental problems along the U.S.-Mexico Border. She would like to research the health risks posed by TCE in the water, vehicles idling at the border and flame retardants in landfills. However, she would be interested in collaborating with communities on a variety of other topics as well</p> <p>Dr. Beamer is looking to partner with Border communities in research on environmental health and is interested in the major concerns of CAB members.</p>	<p><b>*Paloma Beamer, PhD</b> Assistant Professor email: <a href="mailto:pbeamer@email.arizona.edu">pbeamer@email.arizona.edu</a> phone: 520-626-0006 1295 North Mountain Avenue, Room A223 PO Box 245210 Tucson, Arizona 85724</p>
<b>Duke Duncan</b>	<p><b>“UCEDD Border Conference for a Bi-national “Targeted” Audience” A work process in Nogales Sonora”</b></p> <ul style="list-style-type: none"> <li>• A Border Conference on Disability will be held in Nogales Sonora on October 17-18, 2008. The goal of the conference is to launch three community based sustainable projects. This is a abinational effort, and very grassroots.</li> <li>• 1. Adaptation Station (Classroom chair adaptation; Help with scissoring: Eating independently. These include many ways to improve the environment for disabled such as durable medical equipment &amp; repair; hearing aids at low cost with solar-powered battery charger</li> <li>• Any comments or ideas and suggestions and help are welcome</li> </ul>	<p><b>*Duke Duncan, PhD</b> email: <a href="mailto:bduncan@peds.arizona.edu">bduncan@peds.arizona.edu</a> 1295 North Mountain Avenue PO Box 245209 Tucson, Arizona 85724</p>

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<p><b>Sam Sabo</b></p>	<p><b>“Do community Health Workers communicate with lawmakers about making changes in their community”</b></p> <ul style="list-style-type: none"> <li>• The presentation explored how Arizona CHWs involvement in advocacy beyond the individual patient level and into the realm of advocating for community level change as a mechanism to reduce the structural underpinnings of disparities in health outcomes. Arizona CHWs were found to advocate at local, state and federal political levels as well as within health and social service agencies and business. CHW work environment characteristics significantly associated with advocacy include employment in a not for profit organization, previous leadership training, flexibility in work hours as well as the flexibility and autonomy to start new projects at work. Intrinsic characteristics of CHWs associated with advocacy include CHW’s knowledge of who to talk to in their community, the belief that they can influence community decisions and that they themselves are a leader.</li> </ul>	<p><b>*Samantha Sabo</b>  Program Director,  Transborders Initiatives  1295 N. Martin A206U  Campus POB: 245163  Tucson, AZ 85724  phone: (520) 626-5204  email:  <a href="mailto:sabo@coph.arizona.edu">sabo@coph.arizona.edu</a></p>
<p><b>Community Action Board Guiding Principles (Ila and Evelyn)</b></p>	<ul style="list-style-type: none"> <li>• Roles and responsibilities: <ul style="list-style-type: none"> <li>○ Include more information about funding <ul style="list-style-type: none"> <li>▪ PRC will cover mileage, travel, etc.</li> <li>▪ Line item on the grant</li> <li>▪ Suggestion: The center is committed to finding resources to help with funding</li> </ul> </li> </ul> </li> <li>• Membership and Leadership: <ul style="list-style-type: none"> <li>○ All members of the CAB are now eligible to be NCC members <ul style="list-style-type: none"> <li>▪ A term of 3 consecutive years</li> <li>▪ Volunteer</li> <li>▪ 2 people will attend NCC</li> </ul> </li> </ul> </li> <li>• Meeting Logistics: <ul style="list-style-type: none"> <li>○ Meeting location <ul style="list-style-type: none"> <li>▪ Take out specific location for Border Health Info for Action, since meeting location will move around</li> </ul> </li> </ul> </li> <li>• Communications <ul style="list-style-type: none"> <li>○ Reword section about newsletter <ul style="list-style-type: none"> <li>▪ Periodic newsletter</li> <li>▪ Suggested: “The center publishes a regional newsletter periodically.”</li> <li>▪ Dissemination</li> <li>▪ Electronic as well as hard copy</li> <li>▪ To be further addressed in sub-committee</li> </ul> </li> </ul> </li> </ul>	<p><b>**Jill de Zapien made the motion to approve guidelines, Seconded by Cecelia Rosales, Motion approved</b></p> <p>Add to guidelines for CAB members that PRC will provide or cover mileage, travel, etc. for members coming from out of town</p> <p>More detailed outline for CAB members to understand how they can get help with funding issues</p>

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<b>NCC Update</b>	<ul style="list-style-type: none"> <li>• NCC would like CABs to be called Community Advisory Board; then add our own name</li> <li>• Different PRCs can host the NCC meetings <ul style="list-style-type: none"> <li>○ Next meeting will be in West Virginia</li> <li>○ Do we want to put in a proposal</li> </ul> </li> <li>• Susan Kunz, Ila Tittelbaugh, Gwen Gallegos and Maia Ingram attended the meeting <ul style="list-style-type: none"> <li>○ Susan took notes – see handouts <ul style="list-style-type: none"> <li>▪ National Community Committee has a publication about their history– copies available from PRC office</li> <li>▪ Conference program – handout</li> <li>▪ Can use to get contacts for other PRC oriented organizations</li> <li>▪ HOPE organization <ul style="list-style-type: none"> <li>• Created all of the conference bags</li> <li>• Organization to help women with their weight as well as with economic challenges</li> </ul> </li> </ul> </li> </ul> </li> </ul>	
<b>Board Co-Chair Elections</b>	<ul style="list-style-type: none"> <li>• Nominated Flor Redondo and Susan Kunz</li> <li>• Unanimously elected Co-chairs</li> </ul>	
<b>Defining Research (Lisa, Maia, Ila and Evelyn)</b>	<ul style="list-style-type: none"> <li>• Research Proposal (Maia and Lisa) <ul style="list-style-type: none"> <li>○ We are in the 4<sup>th</sup> year of a 5 year funding cycle <ul style="list-style-type: none"> <li>▪ Gave brief history of PRC</li> <li>▪ Now under the umbrella of Canyon Ranch Center for Prevention and Health Promotion</li> </ul> </li> <li>○ Scope <ul style="list-style-type: none"> <li>▪ Funding has been \$730,000 per year for the last 5 years <ul style="list-style-type: none"> <li>• UA takes 26% off that amount to support infrastructure</li> </ul> </li> <li>▪ In proposal we are required to address multiple components <ul style="list-style-type: none"> <li>• Research</li> <li>• Partnership building</li> <li>• Training and evaluation</li> <li>• Infrastructure development</li> <li>• Information dissemination</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>Current Research project – Comprehensive Diabetes Core Intervention Patient Education Family Intervention Community</p>	

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	<p style="text-align: center;">Intervention – Pasos Adelante Policy Component - Douglas SAG</p> <ul style="list-style-type: none"> <li>○ Handout: Results of CAB Core Research Brainstorm from January, 18, 2008 <ul style="list-style-type: none"> <li>▪ Very diverse set of ideas</li> <li>▪ We know from our research and evaluation that interventions work on the individual level to address prevention and diabetes control.</li> <li>▪ However, despite individual success, there isn't change in health disparities.</li> <li>▪ Proposed research: <ul style="list-style-type: none"> <li>• Each community will work in existing service areas (i.e. prenatal health, men's health, diabetes)</li> <li>• Provide funding for a CHW to do community level advocacy as well as their existing program.</li> <li>• CHWs would receive extensive training from PRC</li> <li>• Research what policy takes place in each community as a result of CHW community advocacy:</li> <li>• Policy is defined very broadly, i.e. changing clinic hours to be available after work or for same day appointments or putting a sign up clarifying who is eligible for ACCCHs in clinic window</li> <li>• Comparison group could come from another survey with CHWs across state investigating community advocacy activities.</li> </ul> </li> <li>▪ Questions from the CAB on the roles of a promotora <ul style="list-style-type: none"> <li>• Are the promotoras being supported to conduct advocacy by their agency? <ul style="list-style-type: none"> <li>○ Promotoras are already advocating, though more on an individual level</li> <li>○ Supervisors would need to be included in advocacy training</li> </ul> </li> <li>• The difference between individual advocacy and community level advocacy needs to be understood.</li> <li>• We need to be aware of political implications for community level changes</li> </ul> </li> <li>▪ This research would tackle social determinants of health</li> <li>▪ Example from Yuma of success of this model: <ul style="list-style-type: none"> <li>• CHW approaching city council and with community member</li> </ul> </li> </ul> </li> </ul>	

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	<p style="text-align: center;">support was able to get a block grant for a park</p> <ul style="list-style-type: none"> <li>• Guided Discussion (Ila and Evelyn) <ul style="list-style-type: none"> <li>○ Impact at the agency level <ul style="list-style-type: none"> <li>▪ Build capacity</li> <li>▪ Honing advocacy</li> </ul> </li> <li>○ What is advocacy <ul style="list-style-type: none"> <li>▪ Will it work in all agencies?</li> </ul> </li> <li>○ Stressors in community still persist → need to address larger issues</li> <li>○ Community mobilization needed to bring about social change</li> <li>○ Restriction on resources – advocacy is a lot of work <ul style="list-style-type: none"> <li>▪ Need to do something where everyone has a role</li> <li>▪ Funded partner in each general area to work with other community partners?</li> </ul> </li> <li>○ From the state view <ul style="list-style-type: none"> <li>▪ CDC pushing policy advocacy and policy so this would be in line</li> <li>▪ Brought in legislative liaison at ADHS <ul style="list-style-type: none"> <li>• Train to advocate safely</li> <li>• Take what you know are resources in the community</li> <li>• Help mobilize others to take action</li> </ul> </li> </ul> </li> <li>○ Re-introduce policy as a focus <ul style="list-style-type: none"> <li>▪ As a college, it is part of our job (SOPHE) <ul style="list-style-type: none"> <li>• Going to the capitol</li> <li>• Grassroots organizations as well</li> </ul> </li> <li>▪ Need to voice opinion → Need to speak up!</li> <li>▪ Understand ability of agency <ul style="list-style-type: none"> <li>• Lobbying vs. advocating <ul style="list-style-type: none"> <li>○ Advocating: educating about consequences of policy change</li> </ul> </li> <li>• Learn and understand contacts to talk to about certain topics</li> </ul> </li> <li>▪ Border Health Institute trained both the supervisor and promotora in order to ensure that they had support in their attempts to address advocacy.</li> </ul> </li> <li>○ In Nogales, the School Health Advisory Committee is organizing advocacy training – could be a model to build on <ul style="list-style-type: none"> <li>▪ Invite interested families for training</li> </ul> </li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Help facilitate family training groups/teams               <ul style="list-style-type: none"> <li>• Connect back to agency</li> <li>• Built-in sustainability</li> <li>• Train ourselves and then extending that to the families                   <ul style="list-style-type: none"> <li>○ Personal advocacy within each family</li> <li>○ Grassroots advocacy for each family</li> </ul> </li> <li>• Family groups will conduct advocacy</li> </ul> </li> <li>○ From a promotora perspective               <ul style="list-style-type: none"> <li>• It will work</li> </ul> </li> </ul>	
<p><b>Brainstorm Positive points and challenge (Evelyn and Ila)</b></p> <p><b>Negative consequences:</b></p>	<p><u>Positive:</u></p> <ul style="list-style-type: none"> <li>○ Mobilize the community</li> <li>○ Promotoras can see the impact they are making</li> <li>○ Reflecting on effective approaches</li> <li>○ Impact norms, such as the view on obesity               <ul style="list-style-type: none"> <li>▪ Shift in media changes and policy</li> </ul> </li> <li>○ Ex: Douglas SAG               <ul style="list-style-type: none"> <li>▪ Involved in the schools and clinics</li> <li>▪ Good relationship with local doctors</li> <li>▪ Advocating to clients but to higher level community members as well</li> <li>▪ Seen as experts in the community for discussions on community health and well-being</li> </ul> </li> <li>○ Access to health coverage               <ul style="list-style-type: none"> <li>▪ Education</li> <li>▪ Advocacy</li> </ul> </li> <li>○ Will address specific needs of the community               <ul style="list-style-type: none"> <li>▪ Within sphere of reach</li> <li>▪ More easily sustainable, since the interest local</li> </ul> </li> <li>○ Creating change at the community level but also within the agency the promotoras work within               <ul style="list-style-type: none"> <li>▪ Creating change in policy of agency of agency → community</li> </ul> </li> </ul> <p>Health outcomes are the given with the intervention</p> <p><u>Negative:</u></p> <ul style="list-style-type: none"> <li>○ Risky</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Making trouble</li> <li>○ Resistance from the community <ul style="list-style-type: none"> <li>▪ Issues with funding</li> <li>▪ Ex: Coca Cola funding the football fields in Texas</li> <li>▪ Money generated from “unhealthy: snack and soda sales funds many needed functions, such as the DECA student group that the school</li> </ul> </li> <li>○ Requires a lot of time and financial investment <ul style="list-style-type: none"> <li>▪ Real issue with promotora salaries and safety</li> </ul> </li> <li>○ Health disparities <ul style="list-style-type: none"> <li>▪ Need to try to focus on specific needs of community members and not just lump all together; Could be difficult to define</li> </ul> </li> <li>○ Funding sources that limit <ul style="list-style-type: none"> <li>▪ What type of agency would be supportive?</li> <li>▪ Relation between agencies and center</li> </ul> </li> </ul>	
<b>Identifying Sub-Committees (Ila and Evelyn)</b>	<p>*Membership (not currently active)  <b>Ila Tittlebaugh; Carol Huddleston; Rich Polheber; Maia Ingram</b></p> <p>*Guiding Principles (work completed)  <b>Susan Kunz, Lisa Staten, Virginia Warren</b></p> <p>*Dissemination/communication  <b>Rosie Stewart, Patty Molina</b></p> <p>*Description of partnerships  University should take the lead, lit review, research, etc –  though CAB experts on Community collaborations  Susan Kunz &amp; Virginia Warren will review</p> <p>*Research/Design: <b>Darcy Dixon, Rich Polheber, Susan Kunz, CRCPHP Staff Robert Guerrero</b>...in a moment of weakness</p>	<p><b>Next Research Subcommittee Meeting  May 22, 2008 @ 9:00-12:00</b></p>
<b>Next Meeting</b>	<p>- <b>July 25, 2008 (Friday)</b>  9:30 – 3:30  BIO5 Conference Room 103</p>	
<b>Possible Agenda for next meeting</b>	<ul style="list-style-type: none"> <li>- Follow-up on policy for unacceptable border deaths</li> <li>- Report from Research Committee</li> <li>- Presentation on Ventanias – Alma Castillo is the head of Ventanias at El Rio</li> <li>- What’s the latest that Holy Cross has done</li> <li>- What is the Border Health Commission Office doing</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Presentations from Agencies</li> <li>- Carmen Ferlan might be able to present</li> <li>- Updates on Sub-Committees</li> </ul>	
<b>Announcements</b>	<ul style="list-style-type: none"> <li>- Asthma Awareness Fair May 15, 2008 6:30-8:30 in Sierra Vista, AZ</li> </ul>	
<b>“Additional Notes” Sam Sabo</b>	<ul style="list-style-type: none"> <li>• Received 86 surveys <ul style="list-style-type: none"> <li>○ Finished data collection last June</li> <li>○ 87% women, 45% Hispanic</li> <li>○ 27% making \$10,000 to \$25,000 per year (household)</li> <li>○ 58% Public/other/no insurance</li> <li>○ 84% working full time</li> <li>○ 25% with high school degree or less and 75% college</li> <li>○ 33% with 10+ years as a CHW</li> <li>○ 37% in clinic hospital and 31% in health department and 25% non-profit, 4% tribal program, 2% other <ul style="list-style-type: none"> <li>▪ Non-profit clinic considered a clinic</li> </ul> </li> <li>○ Advocacy for community change <ul style="list-style-type: none"> <li>▪ 63% total advocacy for all levels</li> <li>▪ Businesses 40%</li> <li>▪ Law enforcement 20%</li> <li>▪ Social service agencies 41%</li> <li>▪ Clinic/hospital 43%</li> <li>▪ State elected official 24%</li> <li>▪ Locally elected official 43%</li> </ul> </li> </ul> </li> </ul> <p>A survey was conducted in collaboration with AZCHOW to assess if community health workers communicate about making changes in their community Talking about social change Issues in Arizona</p> <ul style="list-style-type: none"> <li>○ Community level advocacy has been identified as a core CHW function No difference in advocacy by ethnicity, education or income.</li> <li>○ Non-profit CHWs are much more likely to advocate than those at the health department, clinics <ul style="list-style-type: none"> <li>▪ Why is this? → Next research question...</li> </ul> </li> <li>○ Training and work environment factors associated with advocacy</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Attended leadership training – 80%</li> <li>▪ Flexible work hours – 71%</li> <li>▪ Autonomy – 77% and flexibility to start new projects – 80%</li> <li>▪ Works with other CHWs on projects – 67%</li> <li>▪ Leadership qualities: <ul style="list-style-type: none"> <li>• Considers self a leader</li> <li>• Knows who to talk to in the community</li> <li>• Believes they influence community decision</li> <li>• Experience working in the community</li> </ul> </li> <li>○ Community level advocacy has been identified as a core CHW function</li> <li>○ Utilizing CHW model should be encouraged</li> <li>○ Responses to presentation <ul style="list-style-type: none"> <li>▪ Change policies around employment to better support promotoras and all of their capabilities <ul style="list-style-type: none"> <li>• Need support in conferences and trainings</li> </ul> </li> <li>▪ Need support from supervisors</li> </ul> </li> </ul>	