

**Community Action Board
Canyon Ranch Center for Prevention and Health Promotion
Bi-Annual Meeting Minutes**

Drachman Hall Room A118
July 12, 2007

Chairs: Ila Tittelbaugh, Evelyn Whitmer

Present: Lea Dodge, Lourdes Fernandez, Martha Barrera, Blanca Robles, Rosy Alvirdez, Robert Guerrero, Carol Huddleston, Jill de Zapien, Ken Schachter, Rosie Stewart, Anne Hill, Gail Bradford, Kerstin Reinschmidt, Evelyn Whitmer, Ila Tittelbaugh, Lisa Staten, Ginger Ryan, Gwen Gallegos, Mike Carter, Mary Contreras

Minutes were reviewed and approved by the group with no changes to minutes.

Lisa proposed the following Vision and mission statements for the Center based on the previous CAB meeting discussions.

Center Vision:

Optimal health and well-being in our diverse communities of the US/Mexico Border region

Possible Missions for the Center:

1. To partner with communities to improve the health and well-being of people living in the US/Mexico Border region
2. To improve the health and well-being of the diverse communities and people of the southwest
3. To partner with communities in participatory research that promotes the health of multi-ethnic communities of the Arizona-Sonora, Mexico border (Center's mission statement for 2004-2009)
4. To advocate for improving and maintaining optimal quality of health for all
5. To champion the health and well-being of our families and communities through advocacy and policy change

Based on group discussion the potential missions were revised to read:

- 1) To partner with communities to improve the health and well-being of people living in the US/Mexico Border region through research, advocacy and policy change
- 2) To improve the health and well-being of the diverse communities and people of the southwest through partnering with communities
- 4) To advocate for improving and maintaining optimal quality of health for all through partnering with communities, advocacy and research

The group voted for following mission #1 with the following changes: change “region” to “state” and to add “training.”

The Center mission now reads:

“To partner with communities to improve the health and well-being of people living in the US/Mexico Border states through research, training, advocacy and policy change.”

To continue the strategic planning process, the group reviewed current activities and proposed future activities that have been discussed at the past three meetings and by the ad hoc strategic planning committee.

Current/Recent Activities:

Research

- Core research '98-03': Cervical Cancer Screening Project
- Core research '05-09' Comprehensive Diabetes Prevention and Control (Pasos, Family, Patient Ed, SAG)
- Culture of Health Sub-study
- *Promotora* Evaluation Sub-study
- NIH submission '07 – The Community Wellbeing Project
- CDC SIP submission – Sugared Beverage Consumption
- CDC Translational Research Grant – Pasos Adelante in Mexico
- NIOSH – Challenges to Farm Worker Health on US Mexico Border
- Head Forward Program

Dissemination

- BHSÍ model to Douglas
- Technical assistance to various entities regarding core components
- Collaboration with UNM PRC on PATHWAYS dissemination
- Miscellaneous presentations
- Distributed curricula
- What is currently happening in Douglas; we provided technical assistance with Pasos Adalante

Advocacy/Policy

- Advocacy Training for Policy Change in the Community
- Technical assistance for SAGs
- Public Health Advocacy Course

Training/Capacity Building

- AzCHOW training assistance
- CHW Evaluation Toolkit (needs revision)
- MCHC – Border Women’s Health Institute
- *SONRISA* Curriculum

- MPH Courses – CBPR – Sociocultural and Behavioral Aspects of Public Health
- Graduate student training
- ADHS AZ-Mexico Commission Outreach Office Mini-grant Program
- look at the grid; toolkit needs revisions we need to decide if we want to do that; worked with Mariposa, SONRISA which Kerstin is working on; Maia; we have students working with us

Communication

Internal

- Listserve
- Newsletter

External

- Brochure
- Website
- Presentations (4)
- Publications (2)

Evaluation

- Steps to a Healthier Arizona
- Rio Grande Valley Ranch
- ADHS NUPA program
- ADHS Diabetes Program
- Cooperative Extension
Douglas SAG Evaluation
- *Campesinos* – Legacy Grant
- *Campesinos* – CVD Project
- MCHC – Head Start
- MCHC Salud Para Mi

Proposed Future Activities:

Research

- Social Determinants of Health (including Education, drop out rates, employment and literacy)
- Expand to diabetes primary prevention – policy, nutrition, physical activity, insulin resistance in kids
- Focus on underlying determinants in the development of diabetes
- Heart disease and mental health
- Binational
- Work with tribal communities and intensively with more communities
- Potential collaboration with ASU Health Database
- Provide technical assistance to communities and serve as a clearing house when issues arise
- Be a resource for surveillance to provide baseline information. Be a link between community and ADHS to make info useable for community
- Be able to do needs assessments upon community request

- Intervention to increase parental support and advocacy for policy change

Dissemination

- Develop and offer training for current products: CHW toolkit, Pasos Adelante, and Diabetes and the Family
- Presentation and publication of core research

Advocacy/Policy

- Follow-up with companies like Cigna to advocate for prevention and pursue reimbursement for CHW programs
- We should target companies without health benefits
- Explore ways to support the infrastructure around diabetes that is currently in place. Target large providers, private insurance companies, pharmaceutical companies, and residential developers. Not just to fund projects from companies but policy
- Program sustainability for current programs
- Which policies are most effective in chronic disease prevention
- Explore ways to move funding to prevention
- Lobby related to USDA high beef and low fruit and vegetable distribution
- Address local policy
- Have a policy arm
- Intervention to increase parental support and advocacy for policy change
- Create a community Wellness Report Card

Training/Capacity Building

- Include students to help do survey projects – Border Health Survey Service Learning Course (MPH course) in progress
- Border Health Service Learning Institute (1 week) – in progress
- Grant writing assistance from PRC
- Need training on the political process
- Educate parents to ask for wellness
- Intervention to increase parental support and advocacy for policy change

Communication

- Community Forums with the Border Health Office to determine key community issues that link to health (in progress)

Evaluation

- Evaluation Core with resources to be able to meet needs upon request

Lisa argued that we should not limit ourselves. The Center's future research goals, i.e. the ideas that came out of the last meeting, were notated in the grid. Joel had been the one pushing us to social determinants. We also needed to focus on chronic disease in the basic frame. To shift towards primary prevention, we would focus on:

- Diabetes

- Mental Health
- Tribal Health
- Work with Douglas Community
- ASU
- Technical Assistance
- Be a resource
- Be able to do need assessments
- Interventions

Some topics that have been suggested are already being addressed by Center staff such as developing a course to be offered in Fall 2008 where students would learn to how to do community surveys from designing the surveys to gathering and analyzing the data. Everything would be in partnership with a community. If this course works, communities could request that a survey be done in their community. The project is funded by Kellogg and the Border Health Commission.

A second training program is the Border Health Service Learning Institute that will be one week service learning opportunity for students to live and work in different border communities. This will be offered Summer 2008.

Nuestra Salud Nuestra Comunidad has been refunded. This grant will be a partnership with the commission and SEAHEC and the UA (is this accurate?)

The group then divided into the following groups:

Research:

Lisa, Ginger, Mike, Jill, Gail, Blanca

Advocacy/Policy:

Ken, Anne, Gwen, Rosie, Evelyn

Training:

Kerstin, Lea, Lourdes, Ila, Robert, Martha, Rosy

Each group focused on setting long and short term goals and identifying what role the CAB should play in the activities. Lisa also clarified that we would probably not get re-funded if we focused only on communication or adovocacy.

The following ideas were generated:

Research (Lisa, Ginger, Mike, Jill, Gail, Blanca)

- long term goals
 - changes in quality of life
 - multigenerational perspectives

- mobility
 - migration along the border between generations
 - dialysis center open in August
 - 25 or more patients going to Sierra Vista dialysis center
 - Possible change in the quality of their lives
- Short term goals
 - Exploratory research
 - Follow-up on Douglas survey
 - Historical and cultural ethnography
 - Vaccinations
 - Impact of flu vaccination on diabetes mortality
 - Factors that influence complications in diabetes
 - Developing historical perspective to identify root causes
 - Protective factors prior to when diabetes became more prevalent
 - Parents → adult children → children's children
 - What has happened to these communities
 - Social and environmental aspects of public health
 - Increase in diabetes prevalence
- Quality of air and water quality
- Bioterrorism
- Supporting role
 - Help foster in-roads to the appropriate people
 - Be supportive
 - Insights into research, etc.
 - Be supportive and available

Advocacy (Ken, Anne, Gwen, Rosie, Evelyn)

- Long term goals
 - Increase public awareness of what is happening in the communities and with their neighbors
 - Training
 - Leadership training for SAGs
 - Advocate for policy change
 - SAG
 - Coordinate information that has already been developed
 - Businesses and Insurance
 - Not really attacking insurance
 - Work with businesses to improve the health of their workers
 - Disease prevention
 - Show reduction in loss of work days indicating a healthier workforce
 - Finding programs for this type of assessment
 - School lunch menus
 - Research at center level PRC to look at a school doing it right versus a school doing it wrong
 - Press for change
 - Shows the real impact → potential for policy change

- SAG and CAB to be educated on state initiatives
 - State-wide committee already meeting
 - Legislative activity on nutritional information in high schools
- Community Wellness Report Card
 - Children under 9 years old are already at risk, higher weight categories than the rest of the nation
- Short term goals
 - Training for policy change
 - PH course here at MEZCOPH
 - Find situations where students can be mentored in the communities
 - CAB would support SAG
 - Policy change dependent on SAG
 - CAB provides data and expertise
 - We need data
 - PCA Data
 - Request data from ADHS for community-level data
 - We can put data into a format for the communities
 - Just ask ADHS for the raw data
 - Data warehouse
 - Lots of data available but SAG unaware
 - Center distribution of data and data sources
 - Border Region
 - Community Health Profile
 - To be dropped by State
 - We need to write a letter to try to keep this data collection ongoing
 - CAB advocate to keep Community health profile
 - Separate activities of SAG from CAB and from PRC
 - Training on advocacy
 - Difference between advocacy and lobbying
 - Agenda item for next CAB
 - Take a more proactive role in advocacy
 - Training is occurring
 - Need to take action
 - Health Department
 - Infrastructure building
 - How do you access ADHS data?
 - It changes all the time at ADHS
 - Communities to contact PRC to find out how to obtain data
- Role of the CAB
 - Inform public of policy change
 - Center distribute information

Training (Ila, Lea, Lourdes, Robert, Blanca, Martha, Rosy, Kerstin)

Target group: Legislative decision-makers and staffers

- Long term
 - Better educated on health related issues

- Short term
 - o Develop training tools
 - Workshops
 - Briefs
 - FAQs
 - PH 101
 - BH 101
 - Prevention
- CAB role
 - o Identify key officials

Target group: Community Health Workers

- Long term
 - o National and State recognition as a profession
 - o Develop curriculum for leadership and advocacy or training program established
- Short term
 - o Ongoing trainings bi-annually on leadership, advocacy and health issues
 - o Cross border trainings
 - o Revise Toolkit (students)
- CAB role
 - o Technical assistance to CHWs

Target Group: Students

- Long term
 - o BH Service Learning Institute and courses in place
 - o UA system to support grant writing at community level
 - o Way of connecting communities to UA
 - o Possible internships
- Short term
 - o Continue UA courses
 - o Students assist communities in grant-writing
 - o Continue ADHS US-Mexico internships
- CAB role
 - o Connect community with students

Target Group: Communities

- Long term
 - o Community Groups
 - Increased cooperation around health issues
 - Get everyone on the same page
- Short term
 - o Develop trainings appropriate to communities
 - Parents
 - Business groups
 - Non-profit organizations
- CAB role

- liaison

JoJean raised concerns about how we try to get *promotoras* recognized as a profession. For example, in Texas, a person cannot call themselves a *promotora* unless they are certified by the state. It is not necessarily needed to take a course to be certified on the national level. She also put in a plug for certificate programs, such as the Rocky Mountain MCH and the Border Women's Health Institute.

Updates/Communication (Lisa)

- Is the newsletter still necessary?
 - The intended audience for the newsletter is the CAB. Is this a smart use of our resources? Do we want to keep this? Do we need to change the scope of the newsletter?
 - The idea came from the CAB. It is an internal document to keep members updated.
 - Possibly we could have an electronic newsletter that would be sent via email with a link to the newsletter.
 - We need another committee meeting or a smaller group meeting to decide:
 - What should be the audience? What should the content be? Should we have an annual report instead?
 - Interactions with groups over the last year; Summary of what has been done over the year
 - Not a public report vs public report

Next steps:

Center staff will take the lead on putting on the first draft of the group ideas. We will then send them to the group members to further flush out. Once these have been further developed, the group ideas will be combined into one larger document and sent out to the entire CAB for review. We will try to do this within the next 30 days.

Special Announcement:

JoJean Elenes is leaving the CAB to work for Project Concern International. This organization is based out of San Diego. JoJean will be going to be their deputy director of programs for the Africa, Asia, and Indonesia regions. We can go to www.projectconcern.org for more information. They have vision trips. You can go online and buy a water tank or a llama for a needy family abroad. JoJean will let us use her as a resource. Jill presented her with a token of appreciation for all her work with the Center and in border health. Good Luck & Farewell to JoJean. We will miss her!

Action Item:

*Letter needed to try to prevent the ADHS staff from eliminating the Community Health Profiles. This is insider information, so we need to express the idea that this information is really helpful to our programs. Send to Susan Gerard with a courtesy copy to Sara. (The CDC collects

data on maternal child health that Arizona does not participate in. This might be the opportunity for us to bring in both topics.)

Next meeting: October 26th, 9:30am – 3:00pm

Location: 1125 N. Vine Room 102