

**CAB Meeting
July 25, 2008**

Present: Susan Kunz (Chair), Gail Bradford, Mary Contreras, Jill de Zapien, Darcy Dixon, Gail Emrick, Lourdes Fernandez, Susan Hanson, Carol Huddleston, Maia Ingram, Patty Molina, Norma Moran, Lucy Murrieta, Cecilia Rosales, Ginger Ryan, Ken Schachter, Ila Tittelbaugh, Trish Treanor, Sarah White, Evelyn Whitmer

Agenda Items	Discussion	Action
Welcome & Introductions	<ul style="list-style-type: none"> • (Susan Kunz ~ Co-Chair) • Flor Redondo ~ Co-Chair was not able to attend the meeting • Reviewed minutes from last meeting • Introduced and welcome Gail Emrick, the new Director of SEAHEC; Norma Moran and Lucy Murrieta from Sunset Health Center to the CAB meeting • On behalf of Lisa Staten and CAB membership Susan presented both Ila Tittelbaugh and Evelyn Whiter with plaques in appreciation of their dedication as Co-Chairs 	Minutes were approved
Core Research Project Development	<ul style="list-style-type: none"> - Overview of April discussion <ul style="list-style-type: none"> ○ Susan and Maia reviewed progress with conceptualization of the new 5 year research proposal to be submitted to the CD summarizing discussion from the April meeting and a subsequent Research Committee meeting in May asking Research Committee members to chime in ○ Future research will include all community partners ○ Common theme emerged to build CHW capacity <ul style="list-style-type: none"> ▪ Education → advocate ▪ All communities would have incorporate community advocacy into CHW role that would allow a common research question between partners <ul style="list-style-type: none"> • Can participate in research in a way that makes sense for the community • To promote sustainability only a small portion of CHW time would be funded to do community advocacy, while the rest of their funding would come from a specific project (i.e. diabetes education). ○ It is important to make the distinction between politics and community advocacy when framing the project ○ Research is a natural next step for PRC <ul style="list-style-type: none"> ▪ Will measure engagement of CHWs in community advocacy ▪ Efforts towards policy change 	

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	<ul style="list-style-type: none"> ▪ Building community capacity <ul style="list-style-type: none"> • Trish Treanor → comments from CDC site visit...diabetes should follow the lead of tobacco, from advocacy started from grassroots organizations ○ Need to assess current needs of CHWs and building capacity from there <ul style="list-style-type: none"> ▪ Intensive training in first year ▪ Ongoing technical assistance from PRC, as needed ▪ Part of the strength of the model is that there would be continual communication about community needs and progress on advocacy efforts ▪ Training would be ongoing – some promotoras have not been confronted with these issues before ▪ The promotoras would support from PRC, supervisor and promotora network and would not be alone ▪ Looking at social determinants – policy is very broadly defined 	
Theoretical Model	<ul style="list-style-type: none"> • Theoretical Model (Ken Schachter) <ul style="list-style-type: none"> - Conducted literature review for advocacy among CHWs <ul style="list-style-type: none"> ○ Most literature is about individual advocacy ○ Policy: Kingdon’s Three Streams Theory <ul style="list-style-type: none"> ▪ Problem Stream – Problems/Issues ▪ Policy Stream – Ideas for Solutions ▪ Political Stream – Climate or Mood ▪ When these three streams come together a policy window opens ○ CHW Advocacy: CHWs are crucial in opening the policy window <ul style="list-style-type: none"> ▪ Promotoras identify the problems with their community ▪ Promtoras also can work with organizations, community members, PRC in search ▪ CHWs helping to make change and looking for right opportunity ○ Promotoras really are the ear of the community and a go-between. They really help the administrators but also help the community members understand what is going on, but they are almost always marginalized due to language barriers. Their English is really a barrier to do wider advocacy. ○ Examples of Kingdon’s theory in past policy efforts in the community were provided: (El Parque Esperanza in Yuma and School Board meetings providing translation services in Yuma. 	

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	<ul style="list-style-type: none"> ○ Small successes are important and empower people to get motivated ○ There are international advocacy models to work from (i.e. for community water services). If promotoras are on their own, it is a much scarier process for them. A community health worker network is much less threatening and they found much more success in going about community change through community networks ○ What are benefits in participating in this? <ul style="list-style-type: none"> ▪ Moral support ▪ Less perceived risk for the individual ▪ Working with organizations not just with the promotoras <ul style="list-style-type: none"> • Collaboration with their organization • Capacity building ▪ Work together to provide skills and training necessary ○ Need for a promotora committee to share ideas and help each other <ul style="list-style-type: none"> ▪ AZCHOW could play a role in providing a network ▪ Meetings conducted in Spanish to eliminate language barrier ○ Issue for CAB partners: Attending meetings and conferences has become more difficult with the increase in gas prices <ul style="list-style-type: none"> ▪ Need to figure out a way to teleconference to reduce costs 	
<p>Small group discussion</p>	<ul style="list-style-type: none"> • (3 groups: Black – Ginger, Carol, Jill, Ila, Norma, Lucy • Red Group – Trish, Maia, Lourdes, Patty, Evelyn, Susan H. • Brown Group – Darcy, Gail E., Sarah, Ken, Cecilia • The members self selected into 3 groups in order to answer a series of questions that will inform the grant application <p>*The black group wants to have them as transparencies, since the ideas overlap</p> <ul style="list-style-type: none"> • What does organizational commitment mean? - Black group <ul style="list-style-type: none"> ○ Participation ○ Communication ○ Collaboration ○ Shared vision - Red group <ul style="list-style-type: none"> ○ Time to meet (promotoras) – meet on their own, committees ○ Funding (written into grant funding) ○ Expectations of organizations from UA 	

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	<ul style="list-style-type: none"> ○ Memorandum Of Understanding ○ Willingness to collect data ○ Supervisor support of promotora work - Brown group <ul style="list-style-type: none"> ○ Funding ○ Written/signed agreements <ul style="list-style-type: none"> ▪ Defined activities ○ Conviction to issue ○ Consistency with organization goals or programs (alignment) • What would be the mechanism to support the CHW in advocacy efforts? - Black group <ul style="list-style-type: none"> ○ Training ○ Technical Assistance ○ Empowerment ○ Network Strength - Red group <ul style="list-style-type: none"> ○ Time ○ Training and support (from supervisor) ○ Promotora (AZCHOW) Network ○ Resources and linkages to community leaders ○ Examples – visit or participate other communities or organizations that have been successful ○ Educating organization on the role of the promotora - Brown group <ul style="list-style-type: none"> ○ Training/Mentoring/Coaching (ongoing) ○ Trainer understands local environment – if this will work or won't work ○ Help CHWs to access info – through internet, libraries – to empower them ○ Support CHWs ideas ○ Developing CHWs support networks • What does the organizations need from MEZCOPH or other partners? - Black group <ul style="list-style-type: none"> ○ Money ○ Capacity ○ Technical Assistance 	

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	<ul style="list-style-type: none"> ○ Evaluation ○ Resource Identification ○ Network mechanism - Red group <ul style="list-style-type: none"> ○ Training for promotoras/supervisors/staff ○ Funds ○ Expectations up front ○ Data ○ Help educating funders <ul style="list-style-type: none"> ▪ Ex) HEALTH START ▪ How does this tie into to their existing role - Brown group <ul style="list-style-type: none"> ○ Organizational oversight – the organization is part of what is happening so they are not surprised by ongoing. Engaged in all of activities and discussion ○ Understanding of buy-ins ○ Funding ○ Partnerships ○ Data for evaluation ○ Training ○ Project improves organization • How many organizations/CHWs do we support? (\$100,000) - Black group <ul style="list-style-type: none"> ○ Leverage ○ Match ○ Shared/Augmented Salary - Red group <ul style="list-style-type: none"> ○ >1 promotora/agency ○ Funding 15-25% of a promotora salary <ul style="list-style-type: none"> ▪ Funding sources from other ○ 3 organizations per county ○ Staggered funding <ul style="list-style-type: none"> ▪ Help organization find funding from other resources for extra years, but only fund them one year - Brown group <ul style="list-style-type: none"> ○ Assess/Inventory organization and how advocacy fits into it 	

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	<ul style="list-style-type: none"> ○ CHWs funded part time to do advocacy ○ Train the trainer organizations 	
<p>• Group report outs</p>	<p>• Susan</p> <ul style="list-style-type: none"> - What are some shared ideas? - Are there interested agencies? <ul style="list-style-type: none"> ○ Mariposa Community Health Center – Susan Kunz ○ Chiricahua Community Health Center – Ginger Ryan ○ Sunset Community Health Center, Yuma, AZ – Lucy Murrieta ○ Campesinos Sin Fronteras, Somerton, AZ – Flor Redondo - Recommended agencies? <ul style="list-style-type: none"> ○ None - Agencies willing to provide training <ul style="list-style-type: none"> ○ SEAHEC – service areas: Santa Cruz, Cochise & S. Pima Counties ○ University of AZ Coop. Ext. Santa Cruz, Cochise, Yuma 	
<p>Community Presentation</p>	<p>• Evelyn Whitmer and Cochise County Partners</p> <ul style="list-style-type: none"> - Douglas Special Action Group: Community Leaders in Action <ul style="list-style-type: none"> ○ Douglas located in the corner of AZ, on US-Mexico border ○ “Come for a Day – Stay for A Lifetime” <ul style="list-style-type: none"> ▪ Still working n Douglas infrastructure, but lots of good things going on in Douglas ▪ Douglas does not really have an identification - after Philips Dodge left ○ What is the SAG <ul style="list-style-type: none"> ▪ The Special Action Group (SAG) is a community collaboration ▪ Partnership with U of A College of Public Health and U of A Cooperative Extension ▪ Disseminates information and heightens the awareness of disease prevention throughout the community with community leaders ▪ Advocates for creating policy change and promoting health by utilizing community resources ▪ SAGs along the border ○ % Hispanic: Cochise County = 33.8 and Douglas = 99.8 ○ Population: Cochise County = 126,160 and Douglas = 16,805 ○ Diabetes Hospitalizations rates = <ul style="list-style-type: none"> ▪ Many reasons for disparity <ul style="list-style-type: none"> • Access to care 	<p>Additional Information Contact: Evelyn Whitmer (520) 458-8278 ext. 2178 emarkee@ag.arizona.edu</p> <p>Lourdes Fernandez mlfernan@u.arizona.edu</p>

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	<ul style="list-style-type: none"> • Outsourcing ○ Only 34.7% participating in physical activity which gets the heart rate up ○ Increase in obesity with decreasing rates of physical activity ○ Increase in diabetes rates by age, with significant increases in ages 45-64 years ○ Diabetes and Obesity in Adults and Obesity in Adolescent <ul style="list-style-type: none"> ▪ Much higher percentages in Douglas than national ○ Diabetes in adolescents is much higher in Douglas than for the US ○ Why focus on the schools? <ul style="list-style-type: none"> ▪ Where we feel we can do the most good ○ The Child Nutrition and WIC Reauthorization Act of 2004 - Wellness Policy in the schools <ul style="list-style-type: none"> ▪ Has been used in other schools as a model policy ▪ Accomplishments of the Douglas SAG ▪ Examples: <ul style="list-style-type: none"> • Soda and junk food out of schools • Food program with Beverly • School Wellness Policy • Walking Ares • Area surveys • Work with wellness committee • Walking programs • Nutrition Programs • STEPS program • CARE Fair • Support for Dialysis Center • Support for hospital staying open • Decca store • School tax credit ▪ PTSO presentations ▪ Little changes can easily be made if there is a need for them ▪ Identification of resources by community members ▪ Award: Outstanding School Meals Initiative Award <ul style="list-style-type: none"> • For healthy meals being served ▪ Stardust Newsroom (picture) 	

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	<ul style="list-style-type: none"> • State of the art cameras • Substantial grant for monetary support • Creates short films • All started around a communication gap in community ▪ Decca Store (student run) <ul style="list-style-type: none"> • Selling t-shirts, pens, jackets instead of candy sales ○ Impact to the community: <ul style="list-style-type: none"> ▪ Answers from community members <ul style="list-style-type: none"> • More people are walking • Better food choices in grocery stores • People are aware of the issues • CDC visit to Douglas • Hired a new PE teacher • Menu at school nutritionally sound and won award ○ How did we do that? <ul style="list-style-type: none"> ▪ Positive attitude – we’ve done it before and we’re going to do it again ▪ Collaboration ▪ Local leadership and support ▪ Patience ▪ Good timing ▪ Linkages and support from UA ▪ We all worked towards the same goal ○ What we would like to do... ○ SAG members ○ Nutrition Policy 	
<p>Presentation of the PRC components included in FOA</p>	<ul style="list-style-type: none"> - (Jill) - Handout: CRCPHP Activity Organization Chart <ul style="list-style-type: none"> ○ PRC Overview: Our PRC is one of 33 PRCs across the nation funded by the CDC ○ We are in our third cycle responding to the RFP (now known as an FOA) <ul style="list-style-type: none"> ▪ First cycle: well woman ▪ Second cycle: diabetes - This grant is an infrastructure grant and we are trying to define what would be useful in the next 5 year cycle 	

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	<ul style="list-style-type: none"> - We have discussed the research components, but there is also: <ul style="list-style-type: none"> ▪ Training ▪ Translation/Dissemination/Sustainability ▪ Communication - Jill asked the members for feedback of priorities and how to distribute the limited resources that the PRC will have via the new grant 	
Diabetes Survey Proposal	<p>(Cecilia Rosales)</p> <ul style="list-style-type: none"> - Prevalence study was bi-national, involving agencies from both sides of the border <ul style="list-style-type: none"> o Conducted 12 years ago o Random stratified cluster sample o Anyone at home 20 years and older with a finger stick <ul style="list-style-type: none"> ▪ Glucose ▪ Lupus - Increase due to better diabetes detection? - Potential to also conduct this in Santa Cruz County, stemming from a study from a collaboration between UA Ophthalmology, Johns Hopkins University and the University of Wisconsin <p>Discussion about doing the survey (Susan)</p> <ul style="list-style-type: none"> ▪ Is it worth detecting community shifts in improving the quality of life in the community? ▪ It would help when working with legislators and in fighting your case. Being able to show statistics and monetary figures is very influential. I think it would be impressive. ▪ How often do you have baseline data to compare to? This is significant. ▪ Data is available if needed for the Santa Cruz County as well from Proyecto Ver. ▪ What is the shift? What is the impact? You really need to show that. ▪ We really need to show the shift. Here you have something that has occurred over many years. <ul style="list-style-type: none"> o We are hoping the survey would show changes in: <ul style="list-style-type: none"> ▪ Behavioral risk factors <ul style="list-style-type: none"> • Rates of physical activity • Nutrition • Health insurance status ▪ Age at which community members had diabetes – expected to be younger 	

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	<ul style="list-style-type: none"> ▪ Prevalence on uncontrolled diabetes → show better control <ul style="list-style-type: none"> • Many undiagnosed diabetics ▪ Change in attitude towards diabetes ▪ Rates of hospitalizations - Ideal opportunity to collaborate with ADHS <ul style="list-style-type: none"> ○ Fits in with FOA with ADHS Diabetes Program (Trish Treanor) - Similar sample size to what was done before, about 1,000 people (n = 915) <ul style="list-style-type: none"> ○ Took a year to collect the data - If we have to prioritize, where do we want to put our efforts? 	
Discussion	<p>Susan</p> <ul style="list-style-type: none"> - Research: The primary focus was on diabetes, but now members have suggested they want to move on to broader community issues <ul style="list-style-type: none"> ○ Advocacy for community and systems change - What is the best way to get input back from the CAB in a short period? What if the FOA comes out next week and is due in 45 days? How do we continue our efforts? <ul style="list-style-type: none"> ○ Research committee <ul style="list-style-type: none"> ▪ Help to develop research priorities ▪ Committee is open for new members <ul style="list-style-type: none"> • Are there more interested partners than funding will allow? ▪ Can we extend this committee for other realms of discussion? ▪ Communicate by telemedicine, which is available in remote areas as well. ▪ Sometimes discussion is better face to face though some discussion could be over email ▪ Instant messaging → <i>Illuminate</i> <ul style="list-style-type: none"> • You can chat as well as upload presentations ▪ Meetings online → <i>Breeze</i> ▪ Community partners need to write a strong letter of support of collaboration and commitment 	
Brainstorm on policies that would be relevant to CAB partner communities	<p>(Susan)</p> <ul style="list-style-type: none"> - Agencies change requirements on eligibility status on regards to immigration status, or at least make requirements clear - Better collaborations with patients and doctors to increase access to care 	

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	<ul style="list-style-type: none"> ○ Reducing appointment times or changing hours - Increasing awareness of existing policies <ul style="list-style-type: none"> ○ Who qualifies for what? ○ AHCCSS, medication, etc... ○ Promotoras used as a train the trainer <ul style="list-style-type: none"> ▪ Advocating for implementing policies ▪ Create awareness for policies currently available - Reserve time for walk-ins in community health centers <ul style="list-style-type: none"> ○ Expanding walk-in hours? ○ Allocating another doctor to help during walk-in times ○ Walk-ins currently seen due to severity of disease ○ If demand exceeds providers, there is really no way to remedy problem ○ For Mariposa, you had to call in first and then a nurse would determine if you needed to be seen - Increasing the role of the CHW – where can they be utilized? → Increasing avenues to which people are eligible to use a promotora. <ul style="list-style-type: none"> ○ Budgets have been cut and this can often be difficult ○ Must enroll every 6 months ○ Make available in community settings? ○ Hard to find the appropriate forms – outreach needed - Increasing physical activity in the schools <ul style="list-style-type: none"> ○ Recess ○ Availability of equipment ○ Recess before lunch – made a difference in Santa Cruz County - Availability and accessibility to parks → built environment - Clean bathrooms at the schools <ul style="list-style-type: none"> ○ Soap in dispensers - Bike trails - Jobs - Housing - Insurance - Poor Parenting <ul style="list-style-type: none"> ○ People will not attend meetings though there has been effort ○ More effective when promotoras go to their homes 	

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	<ul style="list-style-type: none"> ○ Successful in Campesinos → parents became advocates for meetings - Immigration and Family Separation - MEDICAID <ul style="list-style-type: none"> ○ A lot of states are cutting MEDICAID and services ○ As much as a third of annual budget goes to MEDICAID ○ One of the things getting cut – it is all a money issue ○ Need to continually emphasize health needs in community 	
CAB Business	<p>(Susan)</p> <ul style="list-style-type: none"> • Sub-Committee structure - Committees put aside for now to focus on new FOA → Focus on research sub-committee <ul style="list-style-type: none"> ○ We don't want to stretch CAB members too thin and we want input from all interested community partners ○ What is the best way that this center can help border communities work towards eliminating ○ New members to research sub-committee: <ul style="list-style-type: none"> ▪ Trish Treanor ▪ Sarah White or Flor Redondo (Campesinos) ▪ Evelyn Whitmer 	
Next Meeting	<ul style="list-style-type: none"> - November 7, 2008 (Friday) 9:30 – 3:30 LTBD 	Please Note: Friday, September 26, 2008 Mtg has been cancelled
Possible Agenda for next meeting	<ul style="list-style-type: none"> ○ Presentation from Santa Cruz County (Patty and Darcy) ○ Update from Border Health Commission office? (Cecelia Rosales) ○ Update on NCC Retreat 	
Announcements	<p>*Carol Huddleston is woman of the year in Douglas! *Anne Hill has submitted an article on the Douglas SAG that was accepted to a journal from John Hopkins and it was also featured on a podcast</p>	Yeah Carol ~ Great Job!

