REACH Community Meeting Minutes

Arizona State Laboratory Auditorium
February 27, 2012
1:00pm – 4:00pm

Opening remarks: Anna Alonzo

Introductions – round robin of all participants

Mobilizing Communities – Dr. John Molina
Zipatly Mendoza introduced Dr. John Molina, M.D., J.D., L.H.D. – CEO of Phoenix Indian Medical Center

What is a community? Communities are so diverse even within themselves. The mosaic outside of a marketplace in Guadalupe does a great job of showing the 5 different barrios within the 1 square mile community. There are a lot of traditions in the way of life within a community. People live in different ways in the community. There are a lot of different religions and spiritual ways to live life within communities. One thing you will find in every community that you visit, are community champions.

People that want to make a difference in their community. In a lot of homes and communities is it really all about family.

How do people react to outsiders coming in to the community? Sometimes with caution but it really depends on how that person interacts with the community. They need to develop trust and establish relationships within the community to be effective.

When they went through expansion at the clinic they brought in the community to participate in focus groups to establish their ownership to the project and to gather their input.

"See and be seen" let the community see the work that you are doing. Go to community events. Get involved in your local community. You will gain awareness of the needs within the community and be better able to develop programs to meet them.

REACH Updates: Anna Alonzo
Overview of REACH Program – Racial and Ethnic Approaches to Community Health – implement policy, system and other environmental strategies and evaluation.

The REACH program is a community lead effort to improve health and create a strong local public health system.

The program utilizes community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities

The major objective of the program is to strengthen the local public health system among racial/ethnic communities in Maricopa County to reduce health disparities related to diabetes, cardiovascular disease and related conditions.

Our focus is on health disparities among African American, Native American, Hispanic/Latinos, and Asian American/Pacific Islanders

Goals:
The goals of the program are to:

- Engage stakeholders to achieve agreement on planning Arizona's public health system targeting diabetes, cardiovascular disease and related conditions in the target populations
- Design a shared community vision and common
- Conduct four assessments to understand the factors that affect the Az public health system and, ultimately, the health of the target populations
- Provide technical assistance and consultation to assist the community on implementing policy, system and environmental change strategies targeting diabetes, cardiovascular disease and related conditions

Community Team:
The community team helps provides focus, purpose and direction to the program. The development of a shared community vision supports the establishment of an overarching goal for the community.

There are 23 community team members supporting the REACH program, including:

1. Arizona Department of Education
2. Arizona Department of Health Services
3. Arizona State University
4. Australia's Friends Helping Friends
5. Az Living Well Institute
6. Az. Chapter of the American Academy of Pediatrics
7. Community Advocates
8. Filipino Nurses Association
9. Institute of Hematology USA, Inc.
10. Maricopa County
11. Mesa Pediatrics
12. St. Joseph's Medical Center
13. St. Luke's Health Initiative
14. Tanner Community Development Corp.
15. The Faithful City
16. Wesley Community Center
17. Your Neighborhood Healthcare Center

REACH Vision Statement:
A shared community **vision** provides an overarching goal for the community. The REACH program took into account several questions when developing its vision statement. What does a healthy community mean to you? What are important characteristics of a healthy community for all who live, work and play here? Who is responsible for keeping the state of Arizona healthy? How do you envision the local public health system in the next five to ten years?

The vision statement for the REACH program is: "*Empowered communities working together to REACH optimal health and quality of life for all*".

REACH Values:
The REACH program conducted a SWOT analysis to identify its values. 5 key values were determined:

1. ***Access*** – Providing quality, comprehensive healthcare, and community services that are navigable, accessible, and affordable to all community members
2. ***Collaboration*** – Networked communities working together with mutual respect and cooperation

3. ***Diversity*** – Understanding, respecting, celebrating, and welcoming all people regardless of ethnicity, income, gender, age, heritage, or lifestyle
4. ***Education*** – Providing tools, encouragement, and knowledge to all people so that they can make positive, informed decisions resulting in healthy lifestyles and positive health outcomes
5. ***Health Equity*** – Equalizing health conditions for all groups, especially for those who have experienced socioeconomic disadvantages or historical injustices

Local Public Health System Assessment: Eileen Eisen-Cohen
Maricopa County received a grant to work on accreditation readiness. Local public health departments are now eligible to be accredited by a national body. The first step is to conduct a community health assessment to figure out what is going on in the community and the second is to come up with an action plan. For the first assessment we brought people together and went through an assessment that all health departments have to go through to see how we are doing as a health system, not as a health department but as a system. Its purpose was to look at performance standards.

Visions and Goals of Assessment:

- Provide performance standards for public health systems and encouraging their widespread use; and
- Engage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness

There are 10 essential services that the public health system is supposed to do.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The public health system is more that ADHS and county health departments or hospital and clinics. Our goal is to have an integrated system of partnerships.

The **results of the assessment** showed that we were doing a really good job. But when you brought us all together; there was a lot of confusion as to what we do as a health system and who is doing it.
Some of the general comments received through the assessment were:

- Didn't realize that their organization was part of the public health system
- 16% of respondents didn't know that there was a local health department
- Nonprofits speak a different language – the nonprofit community didn't understand the acronyms and public health language
- Difficult to determine the role of the local health department from the system

The **key recommendations** were:

- Break down silos in the community action plan/CHIP

- Better prepare public health grads – how do we retain qualified public health grads in Arizona?
- Increase awareness of public health services
- Improve communication and coordination between public health partners
- Catalog community resources – how do we make sure that everyone has access to everything?

Next Steps

- Integrate findings with the three other MAPP assessments
- Present at the Community Action Plan/CHIP meeting on June 17th
- Incorporate recommendations into the plan

Themes/Strengths & Forces of Change: Anna Alonzo

We combined the community themes and strengths and the forces of change assessments. Forces of change looked at things outside of the community that affect the community but the community has no say over them.

We contracted with KCA and we are currently conducting 400 surveys – 100 for each group.

We have 16 focus groups (4 for each community). So far 13 focus groups have been completed.

It was really interesting how different the results from the assessments were depending on the community. We will develop a report from this assessment and identify common values.
Both assessments were combined out of respect for community partners to reduce the number of meetings and participation time required from them.

Focus group stats

- 124 individuals have participated in 13 focus groups
- 40.7% are male and 59.3% are female.
- Age of the participants ranges from 18 – 82 with a mean age of 45.42
- The African American and the Hispanic community focus groups are completed.
- Two remaining focus groups
    - American Indian Community - 3/5/12
    - Asian Pacific Islander Leaders - in process of being scheduled

Surveys

The goal is to conduct 400 surveys - 100 per community. To date, 342 surveys have been performed. The surveys targeted urban American Indian and Asian Pacific Islander communities and were carried out in the following communities: Aguila, Mesa, Maryvale, Avondale, Guadalupe, Tempe, East Phoenix and Pasqua Yaqui.

Community Health Status Assessment

Eileen Eisen-Cohen has a great idea for developing a data community. One of the assessments is the health status report. If you go to the MCDPH website, you will find a big document of data tables. In its current form it is overwhelming and not user friendly. We need to come up with a report that will be useful and accessible to the community. How can we bring people together to combine data? Do we need to have so many surveys? Do people even know what is out there? What data do we need? The MCDPH is going to develop a data community to look at some of these big picture questions that we have around data.

The expert that they are using for the data analysis has a background in healthcare reform. Along the lines of data collection and analysis, the AHDC has hired an epidemiologist to support the REACH program, Rayna Edwards, MPH.

The Health Indicators have been identified. Data will be reviewed by Internal Team, External Data Company (ABT Associates), REACH Advisory Board and Community Team

We have allocated funding for an optional module within the BRFFS. Having additional data is important but it costs money. AHDC set aside $12,000 to add a 6 question module called Reactions to Race.

June meeting is the last item on the MAPP road. It will be a facilitated session and a full day meeting. It will focus on the top five issues that need to be addressed to achieve our vision. Then we will prioritize those issues and formulate goals and strategies for each of the issues. Lastly, we will develop a plan for each issue and implement with our community groups.

Managing for Excellence Program (MEP) – Bre Thomas
MEP was created in 2011 in response to the CDC grant ADHS received in 2010: Strengthening Public Health Infrastructure for Improved Health Outcomes. . Its focus is on PH accreditation. Our goal is to achieve accreditation through the voluntary Public Health Accreditation Board (PHAB).

The accreditation process focuses on improving public health services and outcomes by implementing Quality Improvement (QI) practices. There are four accreditation prerequisites: Strategic Plan, State Health Improvement Plan (SHIP), QI plan, and State Health Assessment.

- The State Health Assessment involves collection and analysis of data and information to provide a sound basis for decision-making and action. This assessment informs the three agency plans.
- SHIP addresses issues identified in the State Health Assessment and focuses beyond the health department.
- The Strategic Plan is internal to the department.
- The QI Plan is specific to the department and addresses organizational issues and process outcomes.

As a step in the accreditation process, ADHS leadership met in May 2011 to update the strategic plan as well as the agency's mission and vision.

The outcome of the two-day planning session was a Strategic Map with the central goal of – achieve targeted improvements in health outcomes. The map is posted online at http://www.azdhs.gov/diro/excellence/documents/ADHS-Strategic-Map_2011-2014.pdf.

The mission and vision of the ADHS are:
- **Mission**: To improve the health and wellness of people and communities in Arizona.
- **Vision**: Health and Wellness for all Arizonans.

There are numerous things that factor into developing a healthy community.
- Collaboration within ADHS, county health departments, public health organizations, and the community and obtaining input from customers, partners and stakeholder.
- Involves planning and collective action to generate solutions to community problems.

- Requires and helps build community capacity to address issues, to take advantage of opportunities, to find common ground and to balance competing interests.
- It doesn't just happen…it requires a conscious and a conscientious effort to improve

Chronic Disease Prevention and Health Promotion (CDPHP) Grant: Zipatly Mendoza
The CDPHP grant is a supplemental CDC grant which allows ADHS to increase coordination and collaboration on evidence-based interventions addressing the leading of chronic disease in Arizona (Heart Disease, Cancer, Pulmonary Disease, Stroke and Diabetes).

Specifically CDC is looking for re-alignment around the areas of:

- Policy, System & Environmental Change
- Health System Change
- Linking Community & Clinical Preventive Services
- Increased Surveillance & Epidemiology

The purpose of the grant is to ensure open communication and collaboration amongst stakeholders, not duplicate efforts. Over the next several months, ADHS will start bringing in stakeholders and developing a state chronic disease strategic action plan. Stakeholder meetings will be held across the state.

Community Training: Anna Alonzo
The REACH program is collaborating with the ADHS Bureau of Tobacco and Chronic Disease, Bureau of Women and Children's Health and Maricopa County Department of Public Health to plan a two day community training in the summer of 2012. The training will focus on policy, systems and environmental change and the target audience are representatives from community organizations and community leaders.

We would like your help in identifying potential topics for the training. The suggestions given include:

- School health policy
- Policy continuum – defining problem, mobilizing community for action, and implementation (big picture)
- Interpretation – growing refugee population – training so that organizations know what resources are available for these populations
- Identifying and training trusted leaders
- Developing policy to help improve food deserts
- Train doctors on current standards in place such as asking about tobacco consumption
- Evidenced based chronic disease prevention program

OTHER
The epidemiologist has been hired.
The website revisions are under development.
Anna has been researching Translation and Multicultural Media and Design Companies. She is going to be meeting with companies that can help us with the development of the report that we will compile in June. We want to work with a multicultural media and design company to make the report accessible and easy to use for all communities.

Communication:
How frequently would you like to meet? Quarterly? Every other month? The data from Maricopa county will be completed in May. Our next meeting will be in May after we have data to report on.