

REACH Advisory Board Meeting

October 17, 2011
11:00 am – 12:30 pm
Telephonic Board Meeting

Attendees: Zeenat Mahal, Elizabeth Ortiz de Valdez, Najla Bryant, Doug Hirano, Kerrin Kleinschmidt, Melanie Mitros, Zipatly Mendoza, Anna Alonzo,

Excused: Aphreikah Duhaney

11:00 Call to Order – Welcome and Introductions

Zeenat Mahal, the Board Chair, called the meeting to order.

9:49AM – Review and Approval of August 11 Meeting Minutes

Melanie Mitros made a motion to accept the minutes. Najla Bryant seconded it. Zeenat Mahal motioned to accept and approve the minutes.

9:52AM Carlene Graham, CDC Project Officer

Ms. Graham congratulated the board for their diversity. She noted that a diverse board will help limit duplication of strategies and lead to increased resources. She encouraged the board to focus on sustainable strategies that increase community support. She underscored the importance of having community buy-in of the project's values and vision statements. She also commented on the need for clear communication strategies which will help foster community support. Lastly she suggested that any formal commitments or support gathered for the project be obtained in writing.

Zeenat Mahal asked if Carlene was the only person in her office providing support. She replied that there were five individuals in her office providing similar support to other Reach grants.

Anna Alonzo provided an overview of the meetings that were held the previous day with Carlene. Carlene participated in meetings with the Arizona Department of Health Services REACH staff and attended the Bureau of Health Systems Development Staff meeting as well. Carlene also visited the offices of the Asian Pacific Community in Action and the Center for African American Health. She also toured the Halle Heart Children's Museum at the American Heart Association and met with Dr. Elizabeth Valdez.

10:09AM Program Director Report

Anna Alonzo thanked Kerrin for hosting the meeting. Anna reported she has had the opportunity to meet with all of the board members individually and thanked them for their time and dedication to the program.

Revision of Bylaws:

In the prior meeting, we identified the need to clarify the roles of Chair and Vice-Chair. The board identified 5 bullet points for both roles. They also clarified what would happen if the Chair and Vice-Chair were not able to attend the meeting; a board member attending in person will be identified to lead the meeting. A line will be added that states that attendance by teleconference can be used to reach quorum as well.

Doug Hirano suggested that bullet number 3 be changed to “Serve as signatory on Healthy Arizona Project correspondence and provide notification to the advisory board”. Also, in the first bullet change ‘conduct’ to ‘chair’ and in the last bullet change ‘spoke’ to ‘spokes’ person.

Melanie Mitros motioned to approve the changes and Dr. Valdez seconded it. Zeenat made the final motion to approve the changes to the bylaws.

Logic Model:

Zeenat stated that a group of board members needs to be identified to review and revise the logic model. Zeenat and Melanie will review the logic model and present their revisions to the board at the next meeting. Anna was requested to add footer to all of the project documents with the latest revision date.

Community Action Plan:

Anna updated the action plan. Melanie suggested that ‘Action Plan’ be changed to ‘Work Plan’. In goal one, Anna changed “targeted populations” to ‘identified populations’. The first objective under goal one is complete so it was changed that to ‘done’. Most of the activities under objective two have also been completed so those were changed to ‘done’. We are not utilizing the ‘change tool’ for this project. It will be removed from the action plan (output 2 under objective 3 – goal 1).

The board is on track for completing all of the activities from goal 2 forward.

The next step is for the board is to focus on moving the assessments forward. As a result, the September REACH Advisory Board meeting will be postponed to allow Anna to focus on moving forward with the assessments planned for this fall.

Timeline:

We are on track to meet all of the completion dates set in the original application.

Sign-in-Sheet

We need to add a column for excused in addition to absent.

Presentation on Project Overview

Anna provided an overview of the project and discussed the MAPP Assessment. She provided program update and reviewed the four assessments:

1) Community Strengths and Themes – Dr Valdez had a question regarding assets. Are we going to do a map of the assets or really work to identify the assets in the community by looking closely at the different programs and resources in the community offer to the community?

Anna Alonzo replied that we are going to stress the importance of a thorough assessment of community resources and assets to the facilitator. Dr. Valdez added that we need to remember to include mental health information and services in the assessment. Mental health goes hand in hand with the chronic diseases that we are working to address. Carlene, the CDC Project Officer, suggested that we try to look at non-traditional ways to do asset mapping. The more residents at the grassroots level that are involved in the assessment the stronger and clearer the assessment will be. Carlene encouraged us to come with no expectations and to bring in some non-traditional partners. Dr. Valdez stressed that we need to focus on those that either are not accessing services or do not qualify for services but need them. She suggested that we review the ABCD approach (Asset Based Community Development).

2) Forces of Change: This assessment is designed to help MAPP participants answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

3) Local Public Health Assessment: This assessment answers the questions “What are the components, activities, competencies and capacities of our local public health system?” and “How are the Essential Services being provided to our community?” Maricopa County Health Department is currently conducting this assessment. They will complete this by the end of September and share the results with us shortly after.

4) Community Health Status Assessment: What is the health status of our community? This is where an epidemiologist will provide support. The Arizona Health Disparities Center has already gathered data that will support this assessment. We are hoping to hire an epidemiologist by the end of September.

Timeline for now to the end of the year:

Activity	Date
Local Public Health Survey Distributed and Collected	October 2011
Local Public Health System Assessment (in conjunction with Maricopa County Health Department)	September 2011
Compile results of Local Public Health Assessment	November 2011
Visioning Session (In conjunction with Maricopa County Health Department)	October 2011
Compile results of Visioning Session	December 2011
Community Themes and Strengths Assessment	November 2011
Compile results of Community Themes and Strengths Assessment	December 2011
Forces of Change Assessment (in conjunction with Maricopa County Public Health Department)	November 2011
Compile Results of Forces of Change Assessment	December 2011

Melanie asked what method of survey are we going to use for the assessment. Anna replied that she had thought about using Survey Monkey. Melanie pointed out that we still need a way

to capture qualitative data. We need to make direct contact with individuals as well either in person or over the phone. As key informants are identified, we need to make an effort to contact them over the phone or to meet with them directly to capture qualitative data.

Dr. Valdez added that we also need to have input from the key informants in the development of the survey questions, to ensure that we are asking the correct questions.

Doug Hirano commented on the Forces of Change process. Once we have identified the participants for the meeting. How are we envisioning holding the meetings?

Doug suggested separate sessions for each ethnic group. People feel more comfortable with their own group and the facilitator will need to be very aware of the different cultures of each group and conduct the meeting appropriately. Each ethnic group has its own pocket in the community which might affect the location of the meetings. Meeting times might also need to be different for each group. We need to go to where the people are. Dr. Valdez mentioned that the Latino population faces different issues in different locations throughout the city. We need to strategize on how we are going to capture all of the needs for each group in different locations.

Zeenat suggested that we need to develop guidance and protocols around how we are going to conduct these meetings and strategies to reach each ethnic group. Melanie stated that we still need an operations and procedures document of the methodology. Zeenat suggested that all of this information that we are discussing can be included in the meeting protocols.

Zeenat suggested that on Advisory Board slide of the PowerPoint presentation – change the title to ‘outcome’.

What is underway now?

The Local Public Health Assessment is underway as Maricopa County Public Health Department is conducting a very similar process in which the outcomes will be shared with AZDHS.

AHDC is in the process of hiring an Epidemiologist to support the project. They are also currently hiring a facilitating company. Christy Zavala is working on the web page for this project. A draft of content and layout for the page has been developed and is awaiting approval.

Identifying Questions

Melanie suggested that we develop questions as a trigger – a starter to get people talking to draw out the most important questions.

Dr. Valdez stated that since our project focus is on Maricopa County; we need to see what is going on with the County staff.

Carlene mentioned that there are resources available on the CDC’s web site and we can reach out to other REACH CORE grantees as well through the site.

One of the methods that Zeenat has used in the past was to have a session at an upcoming conference – like AzPHA to get feedback on the questions.

Identifying Participants

Anna stated that we need to continue identifying participants as a priority. We need to also send out the list of communities to the group. Doug Hirano suggested that we develop a document on Google docs with a running list of communities and groups. Zeenat Mahal will come up with a list of contacts from the tribes.

11:30 AM Announcements:

The next meeting had been scheduled for September 8, 2011. However, the meeting will be postponed until October 11, 2011. The board will use that time to focus on identifying participants and moving forward with the assessments.

Melanie Mitros suggested using Doogle. com to determine the best day of the week for the next meeting. Anna Alonzo will coordinate the best time and day.

Dr. Valdez mentioned that she and Zipatly Mendoza will be attending the Region 9 Health Conference September 13, 14 and 15.

11:35AM Adjourn:

Dr. Valdez motioned to adjourn the meeting and Najla seconded the motion.