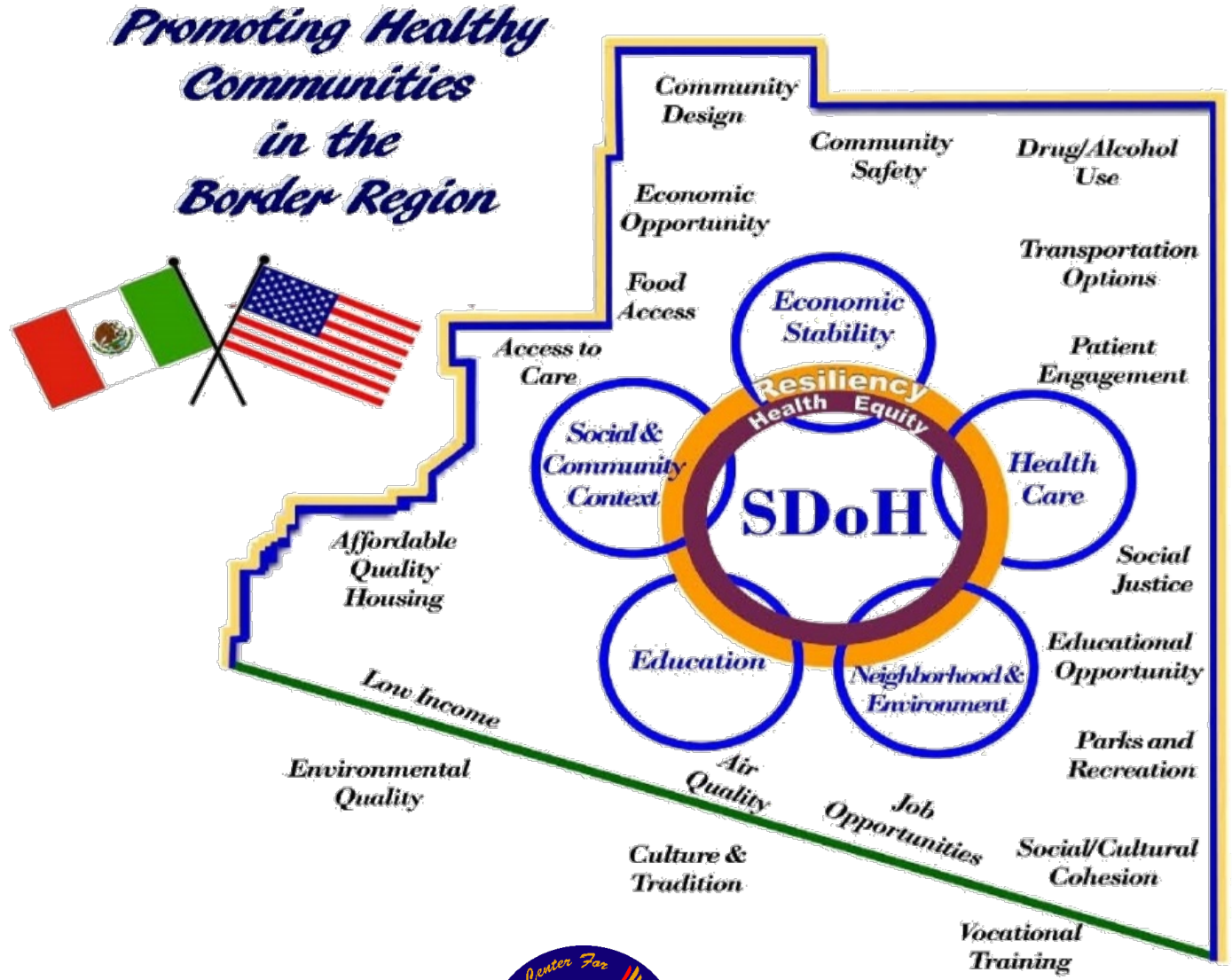
"Improving Health Equity Through Collective Community Action"

June 2018



NORTHERN ARIZONA UNIVERSITY | Center for Health Equity Research

Regional Center for Border Health, Inc.

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA BIOMEDICAL RESEARCH CENTRE

1

Reducing health inequities

2

Fostering sustainable cross-sector collaboration and communication

3

Making health and social investments that are most likely to achieve the greatest gains in health equity

Improving the Delivery Systems to Reduce Health Inequities

1. **What strategies have we successfully implemented to reduce and eliminate health inequities and are there any gaps?**
2. **How do we foster sustainable cross-sector collaboration and communication to collectively improve the health of our community?**
3. **What types of health and social investments do we need to collectively produce the largest health and equity gains per dollar invested?**

1. Binational Border Health Working Group

- **Principal Social Determinants Addressed**

Poor nutrition (including lack of healthy foods, eating habits, obesity, children's dental issues)

- **Existing Strategies Identified by Participants**

Yuma County/ San Luis RC Sonora, Mexico Binational Health & Environment Council (since 1992 and coordinated and sponsored by Regional Center for Border Health, Inc./WAHEC)

1. Binational Border Health Working Group

- **Stakeholder Suggestions for Reducing Health Inequities**

1. Inventory and map social and health-related services in region
2. Increase awareness of services available in region (both sides of border) that can address social determinant-related problems
3. Build and diversify collaborations and strengthen existing programs to have better representation of local stakeholders
4. Use bilingual radio to disseminate information

2. Community Engagement Working Group

- **Principal Social Determinants Addressed**

1. Inadequate public transportation
2. Social isolation - Elderly populations (senior centers) and other groups
3. Inadequate funding for preschools
4. Lack of community awareness of agency resources/programs available to them
5. Lack of multi-generational activities that reach different audiences
6. Availability of culturally sensitive groups in different districts

- **Existing Strategies Identified by Participants**

1. Agency's – cross collaboration (vs. working in silos)

2. Community Engagement Working Group

- **Stakeholder Suggestions for Reducing Health Inequities**

1. Provide information to rural populations and hard to reach audiences like agricultural, elderly and homebound communities
2. Elderly populations, senior centers-Extend model out to different groups
3. Providing resources within the community/neighborhood
4. Petition local governments to expand local programs
5. Need to get information out-implement a system (e.g., information consortium)

2. Community Engagement Working Group

- **Stakeholder Suggestions for Reducing Health Inequities**

6. Send information with students to take to parents/families
7. Create social services database-informing public and health professionals
8. Put data base together of services offered besides medical services
9. Establish/ strengthen agency partnerships
10. Create a work group to develop and organize duties/roles

3. Clinical Research Based Agenda Working Group

- **Principal Social Determinants Addressed**

1. Citizens do not recognize the need for clinical trials.
2. There is a community here that needs mental health status exams. Screening / Assessment for Alzheimer's disease.
3. Connect research institutions & researchers. Build & strengthen those connections.
4. How do we build trust in the community? Need to build trust & not just extract from the community
5. Build relationships with research institutions and researchers. Engaging them with the community.

3. Clinical Research Based Agenda Working Group

- **Principal Social Determinants Addressed**

6. Use community-based research to address local issues.
7. No clinical trials outside of the hospital/cancer center.
8. Need to build trust & not just extract from the community
9. Need to conduct more research in border communities & with individuals seeking asylum. More cross-cultural research in communicable diseases. Create a system to serve this population.
10. Behavioral Health Research

3. Clinical Research Based Agenda Working Group

- **Existing Strategies Identified by Participants**

1. Work being done on environmental initiatives
2. Partnerships & effective use of community workers
3. Clinical trials that are part of Regional Cancer Center

3. Clinical Research Based Agenda Working Group

- **Stakeholders Suggestions for Reducing Health Inequities**

1. Large student population at the master's and graduate level from Yuma in Phoenix & Tucson conducting research projects that can be tied to the Yuma communities and local health issues.
2. Active community engagement from local health groups/agencies.
3. Many Yuma students want to return to Yuma.
4. Develop a border-health care delivery model.
5. Improve relationships within the three state universities.
6. Finding all agencies who are already doing research and connect them. There's a huge disconnect. Bring all of these together. Many of the agencies may be see themselves in health-related role.
7. Needs structured partnerships.

4. Workforce Development Working Group

- **Principal Social Determinants Addressed**

1. Need more evidence-based practice to address pesticide exposure for migrant farmworkers
2. Lack of diagnostic tools to assess behavioral health conditions; must consider multicultural diversity in region
3. Retaining graduates here in Yuma
4. Lack of understanding of value of social workers in health

4. Workforce Development Working Group

- **Existing Strategies Identified by Participants**

1. JTED program – RCBH-College of Health Careers fast track to health careers
2. Community health workers – across the board
3. Social work program – community engaged – 500 hours of year in service learning projects
4. Concurrent enrollment programs
5. Health education fairs through HOSA sponsored by AzAHEC/WAHEC-Regional Center for Border Health, Inc.
6. Master's counseling program – working closely with local agencies
7. Simulation lab – AWC

4. Workforce Development Working Group

- **Stakeholder Suggestions for Reducing Health Inequities**

1. County Health Impact Assessment - focused on community gardens
2. UA Yuma branch campus for RDs who will stay in Yuma area – accredited program in dietetics; 2+2 programs; robust rotation sites.
3. UA classes at county health department; epidemiology programs are needed
4. Need more people who work with aging population - Yuma NAU Social Work Program

"Recommendations for Community Action"

November, 2018

NAU NORTHERN ARIZONA UNIVERSITY

Center for Health Equity Research

ARIZONA DEPARTMENT OF HEALTH SERVICES

ARIZONA BIOMEDICAL RESEARCH CENTRE

Regional Center For Border Health, Inc.

YUMA COUNTY ARIZONA

CAMPESINOS SIN FRONTERAS

YUMA REGIONAL MEDICAL CENTER

1. Binational Border Health Working Group

Initiative 1: Public Health Education Campaign

- Implement follow up services at health screening station at the border
- Establish a medical office right next to the screening station
  (At the moment we talk to people we can tell them to go to the medical office next door and guide patient all the way to see the provider directly)

Initiative 2: Nutrition

- Teach the community about different foods – (often when food boxes are provided, they include food items that community members are not familiar with; for instance, eggplant – people don't know how to cook it. For this reason, it is important to organize cooking classes for all family members, children included).
- Nutrition program example- on the Mexican side during the binational week in schools in the rural area "*via rural*" (for an entire week we provided classes to parents about nutrition and another week we provided classes to children and we dressed children up as cooks and they would explain the dish they cooked and described what it means to eat a nutritious meal. The nutritionist we worked with had posters where she showed all the junk food to teach children).
- Create a program to either provide food and provide education about the food being provided to make the food available accessible.

2. Community Engagement Working Group

Initiative 1: Share Data

- Creating database for resources (user friendly) for community and providers
- Strengthening partnerships

(keep up-to-date – look at Arizona@Work database for idea – do community members want written database or electronic database? – complete resource (health, peer groups) appropriate to clients' needs – workgroup where we can learn about each other's resources that meets regularly (what they do, what works for them) - Yuma County Library has resource guide on website – pay attention to dissemination (include high-risk individuals that may not reach out) – Sharing and strengthening partnerships)

Initiative 2: Policy Development Collaborative

- Forum for multiple groups to meet on a regular basis to discuss policy (health department, community gardens (Yuma Heals at Mesa Heights), increasing physical activity, smoke-free parks) –

(bring together existing data pockets in the community; form core group to identify stakeholders and working groups to develop polices)

3. Clinical Research Based Agenda Working Group

Initiative 1: Support development of Regional Research Council as a coordinating group to direct and implement a local research agenda. Working titles for research council:

- Identify members to be in the council (who are the key players)
- Create an action for the council
- Promote networking and collaboration (e.g., MOUs)
- Proactively prioritize local research needs
- Development of action plan that defines how to address health inequities
- Responsibility to give feedback to community on ongoing research and potential impacts and promote visibility, awareness, and education
- Make a commitment to action and develop sustainable partnerships

Initiative 2: Workforce development/Capacity building:

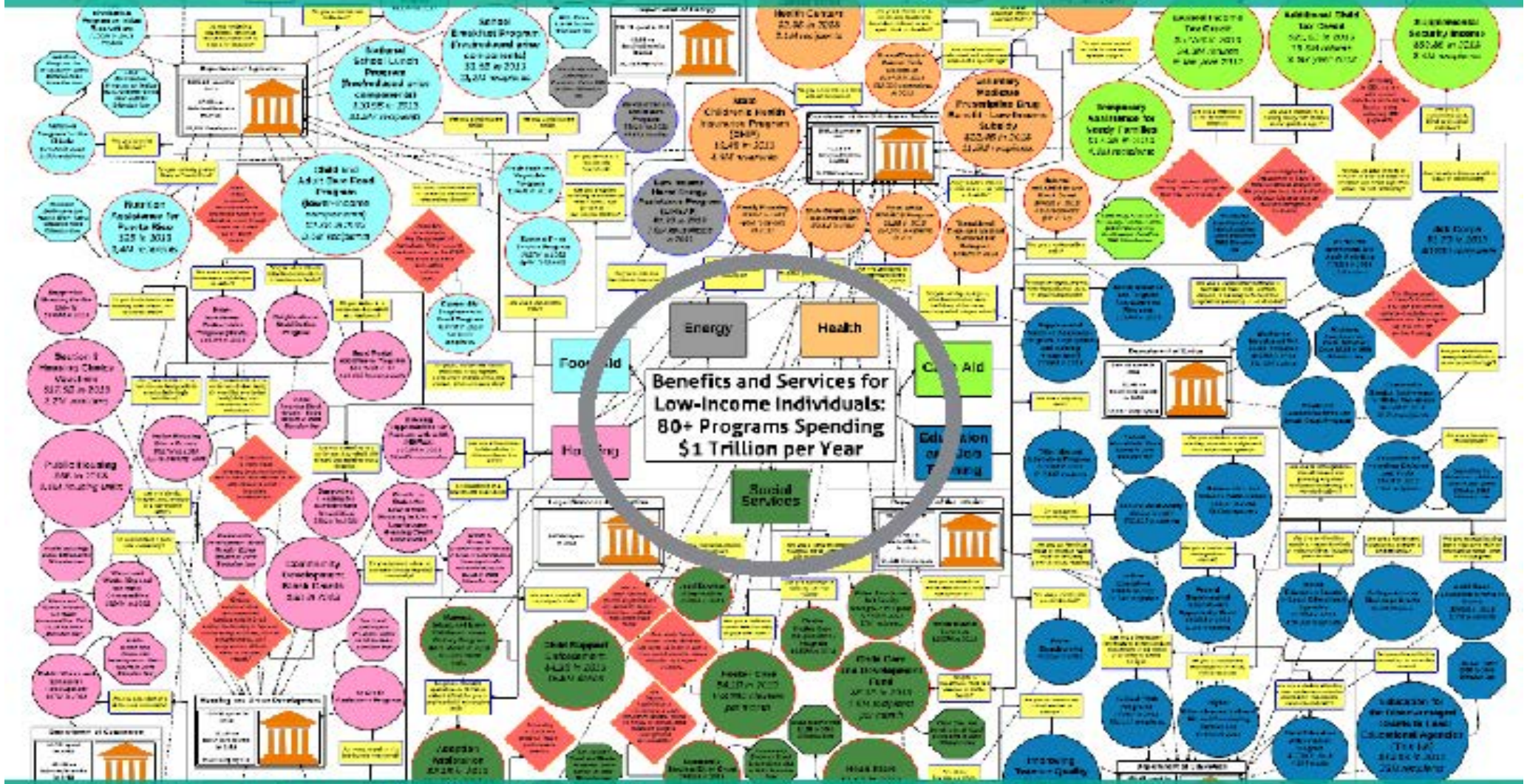
- Create task force/work with workforce development group to identify workforce needs
- Build capacity for and invest in career development to entice people to remain in the community
- Increase awareness of volunteer opportunities to facilitate research

4. Workforce Development Working Group

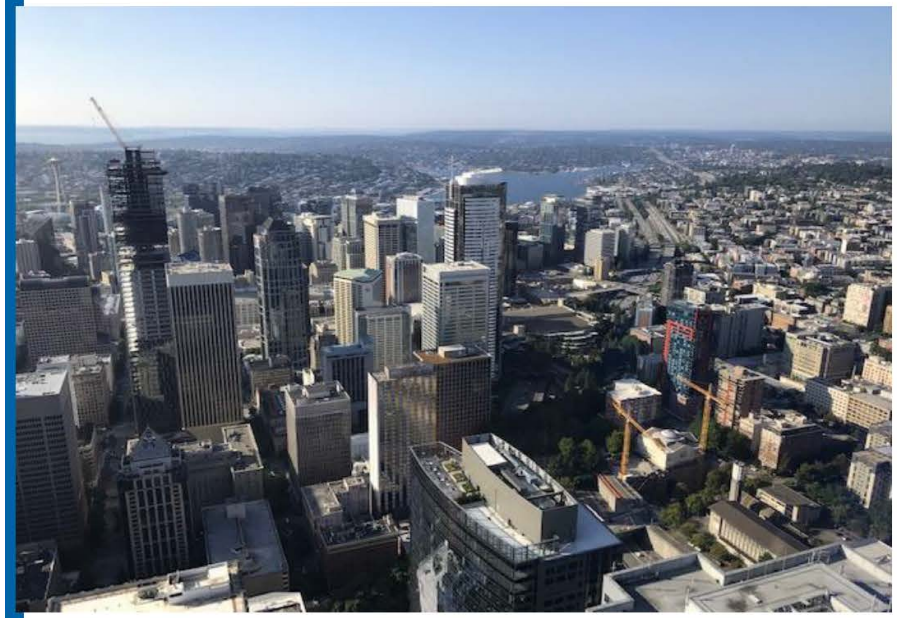
Initiative 1:
Create higher education pathway- trade and vocational skills that lead to higher education path and cultivate additional workforce

Initiative 2:
Create opportunities for economic, professional, individual growth

Current U.S. Poverty Programs



Though well-intentioned, government subsidy programs are structured to help beneficiaries maintain, not overcome, their level of poverty.



DRIVERS OF HEALTH

Social Determinants of Health are the conditions in which people are born, grow, live, work and age, including the health system

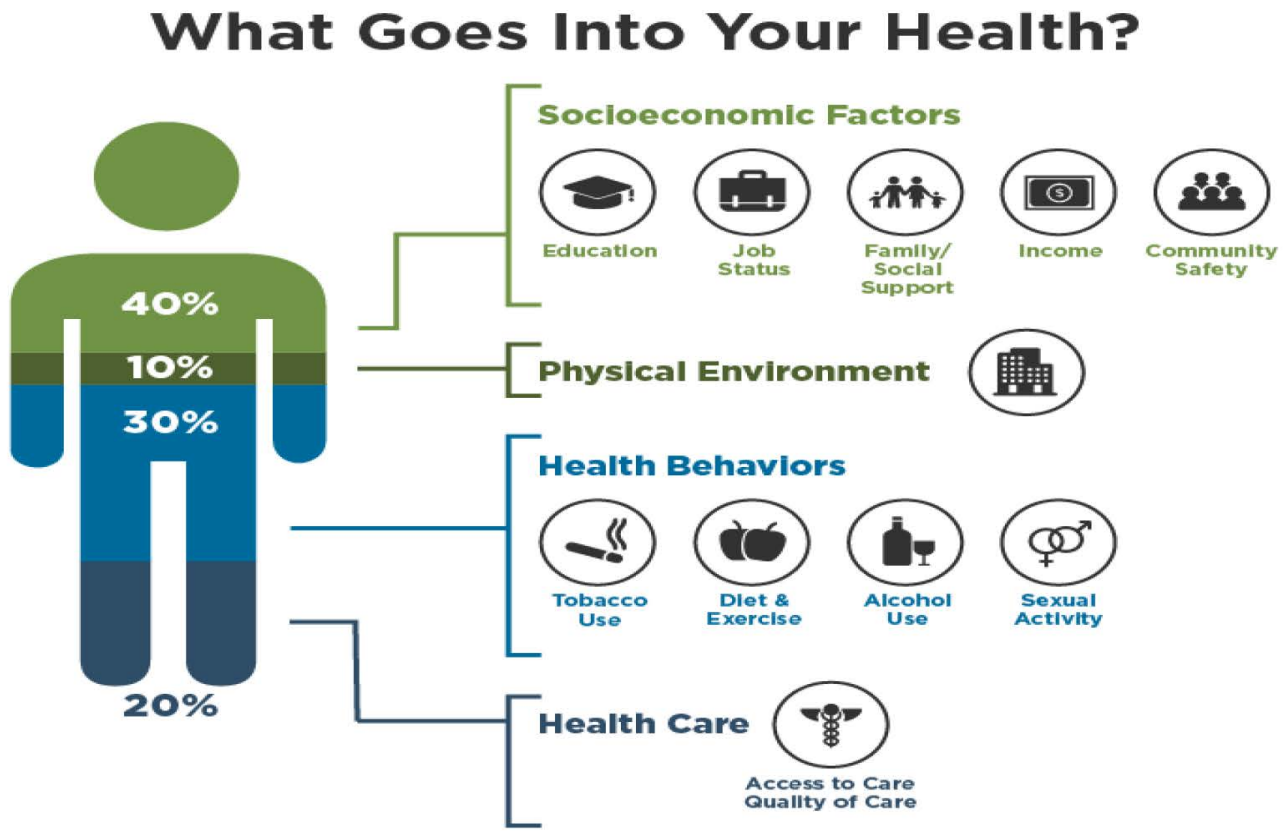
Facts and Figures:

- **42.6** million Americans (or 13.4% of the US population) live in **poverty**.
- Only 37 affordable and available rental homes exist for every 100 extremely **low-income renter households**.
- On any given night in America, more than 500,000 people experience **homelessness**.
- 3.6 million people forego medical care due to **transportation** insecurity.
- Since 2017, over 40 million Americans annually experience **food insecurity**.

Anthem

DRIVERS OF HEALTH

SDoH have more impact on individual health than access to care

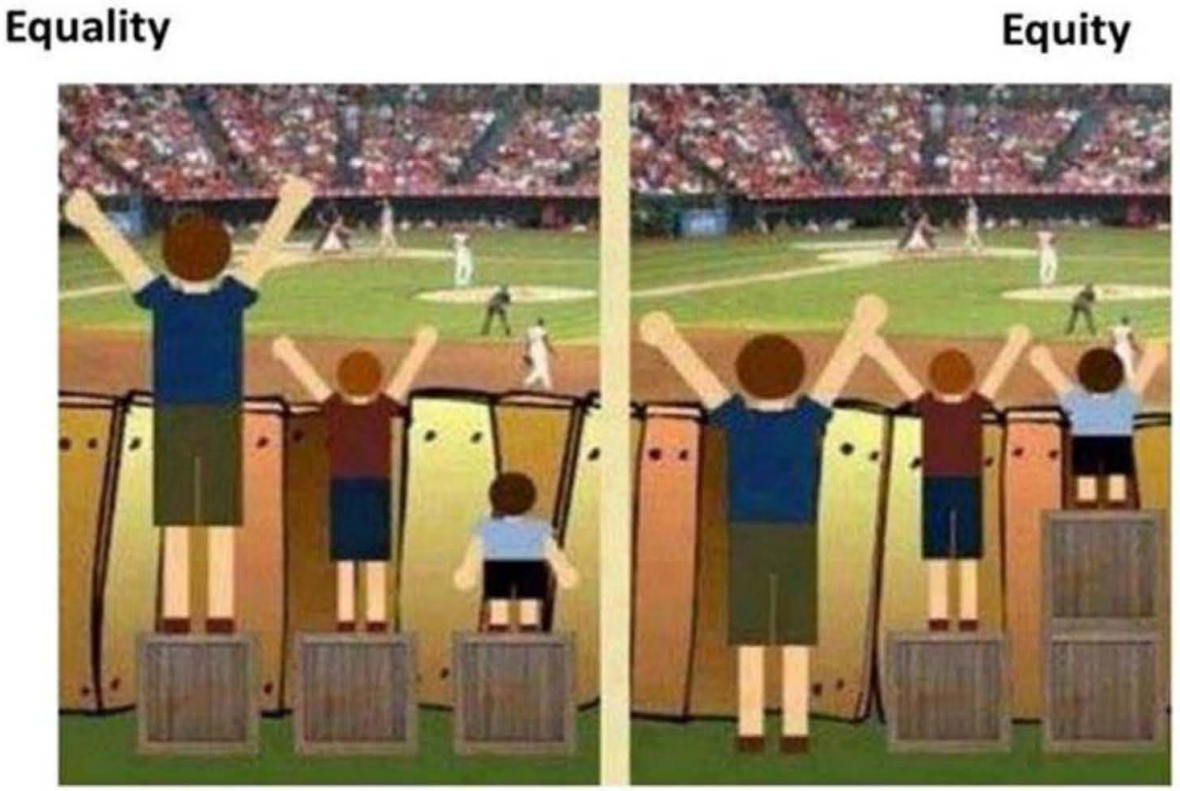


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

Anthem.

DRIVERS OF HEALTH: Let's talk about equity



Anthem

Thank You!

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