2nd Annual ABRC Yuma County Forum
“Improving Health Equity Through Collective Community Action”

Report Prepared by Ms. Amanda Aguirre, President & CEO
Regional Center for Border Health, Inc., Chair

2nd Annual ABRC Yuma County Forum
Arizona Biomedical Research Centre and NAU’s Center for Health Equity Research

1 | Improving Health Equity Through Collective Community Action Summary
Acknowledgments:

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Thank you to this year’s Planning Committee Chair Ms. Amanda Aguirre, President & CEO, Regional Center for Border Health, Inc. and Dr. Robert T. Trotter, II, PhD, Co-Chair, Regents’ Professor Department of Anthropology, NAU.

With great gratitude to the following key stakeholder organizations that participated as members of the 2018 Planning Committee, for this we are thankful for their involvement and leadership in the development of the strategic plan of action and facilitation of the Forum’s Working Groups.

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I. Executive Summary

This report is a summary of the results of the 2nd Annual Yuma Forum: “Improving Health Equity Through Collective Community Action” designed to identify actionable strategies for improving health equity for the population in the southwestern Arizona-Mexico border region. The forum was sponsored by Northern Arizona University’s Center for Health Equity Research and the Regional Center for Border Health, Inc. with support from the Arizona Department of Health Service’s Arizona Biomedical Research Center (ABRC) and Regional Center for Border Health, Inc. (RCBH).

The forum’s objectives were: (1) to reduce health inequities through collective community engagement and (2) to develop health research capacity in the Yuma/Sonora border region. Importantly, the forum involved participation from over 100 stakeholders representing numerous health-related organizations and agencies seeking to improve the availability and delivery of health services in the border region. A central purpose of the forum was to provide regional health stakeholders with guidance and direction that may help them better address the social determinants of health they face in the region and to proactively make a difference in the health of their communities. The forum was held on June 13, 2018 in Yuma, Arizona and consisted of four components including: (1) Thought-provoking presentations by health experts from Arizona’s public universities and government agencies on health access and equity issues; (2) Working groups comprised of forum participants who engaged in discussions about the social determinants of health in the region and suggested strategies for improving health in communities based on their knowledge and experience. Each working group was assigned to focus on one of the following areas: Binational Border Health, Community Engagement, a Clinical Research-Based Agenda, and Workforce Development; (3) A review and summary of the qualitative information generated by the working group participants; and (4) An analysis of the strategies and activities suggested by each working group. The analysis included a ranking, by the ABRC Yuma Workshop Development Committee, of the strategies and activities identified in the working group sessions: (1) Binational Border Health, (2) Community Engagement, (3) Clinical Research-Based Agenda, and (4) Workforce Development.

The following summarizes all Working Groups’ common key recommendations and activities to eliminate gaps and improve health equity in Yuma County and its border region that were identified by the Planning Committee Members through a SurveyMonkey carried out on August 8, 2018. The SurveyMonkey (Exhibit H) listed all recommendations from each of the Working Groups Session participants attending The ABRC Yuma 2nd Annual Forum on June 13, 2018. The following are the three top priorities ranked by the Planning
Committee Members, given more than 90 strategies and actions suggested by working group participants during the sessions. The ABRC Yuma Workshop Planning Committee (Exhibit A) for the Yuma County 2nd Annual Forum attempted to identify the most important ones in each area by ranking them from “most important” to “least important”.

1. **Increase Networking/ Awareness of local resources and services offered in Yuma County and Binationally**
2. **Improve Communication between Private and Public Sector**
3. **Develop programs and systems that are sustainable**

Our final task was to create an action plan from the information that was generated by the working groups. Using the information on November 9, 2018 the ABRC Yuma Workshop Development Committee hosted a second community meeting with the 2nd Annual ABRC Yuma County Forum to bring together the community stakeholders and share this information above pertaining to their working group.

The participants were requested to answer the following: (a) identify what you think are the two most promising initiatives in your group’s area for reducing health inequities in Yuma’s communities, (b) specify the tasks and activities that your group thinks need to be completed in order to successfully implement these initiatives, (c) specify the roles that participants in your group are willing to play in helping to implement the initiatives, and (d) indicate level of involvement to which you or your organization is willing to commit using the framework described in the *Circle of Involvement* handout (NACCHO) (Exhibit B and Figure 1).

Each respective committee will continue meeting to set their plan of action, invite organizations not present during these discussions to address the identified factors in reducing health disparities through a collective approach in Yuma County and its border communities.

![Meeting Attendees](image-url)

*November 9th, 2018 Forum*
Initiatives Identified by the Committees:

1.) Binational Border Health Working Group Recommendations:

<table>
<thead>
<tr>
<th>What initiatives at the binational level could be done?</th>
</tr>
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<tbody>
<tr>
<td>• Improve access to health care</td>
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<tr>
<td>• Provide health education options</td>
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<tr>
<td>Create follow up system: partner with NAU students and assist with behavioral health, partner with doctors to provide right away follow up services and utilize radio stations to disseminate information.</td>
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2.) Community Engagement Working Group Recommendations:

<table>
<thead>
<tr>
<th>Initiative 1: Share Data</th>
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<tbody>
<tr>
<td>Creating database for resources (user friendly) for community and providers; &amp; Strengthening partnerships – keep up-to-date – look at Arizona@Work database for ideas – 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</td>
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<tr>
<th>Initiative 2: Policy Development Collaborative</th>
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<tbody>
<tr>
<td>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 policies.</td>
</tr>
</tbody>
</table>

3.) Clinical Research Based Agenda Working Group Recommendations:

<table>
<thead>
<tr>
<th>Initiative 1: Support development of regional research council as a coordinating group to direct and implement a local research agenda.</th>
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<tbody>
<tr>
<td>• Identify members to be in the council (who are the key players)</td>
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<tr>
<td>• Create a charge/action for the council</td>
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<tr>
<td>i. Promote networking and collaboration (e.g., MOUs)</td>
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<tr>
<td>ii. Proactively prioritize local research needs</td>
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<tr>
<td>iii. Development of action plan that defines how to address health inequities</td>
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<tr>
<td>iv. Responsibility to give feedback to community on ongoing research and potential impacts and promote visibility, awareness, and education.</td>
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<tr>
<td>v. Make a commitment to action and develop sustainable partnerships</td>
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<tr>
<th>Initiative 2: Workforce development/Capacity building:</th>
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<tbody>
<tr>
<td>• Create task force/work with workforce development group to identify workforce needs</td>
</tr>
<tr>
<td>• Build capacity for and invest in career development to entice people to remain in the community</td>
</tr>
<tr>
<td>• Increase awareness of volunteer opportunities to facilitate research</td>
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</tbody>
</table>
4.) Workforce Development Working Group Recommendations:

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

- Trade and vocational programs - community outreach/advertisement of educational opportunities and what can be done with degree/certificates/trade training, ensure diversity in options for class schedules and possible hybrid classes, partner with educational organizations and professional organizations, assess communities needs/interests or opportunities, identify gaps in health care careers, partner with schools and universities, healthcare entities, agriculture companies, and politicians.

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

- Promote local support of contractors and companies, reach out to local professional organizations, take polls and advertise, competitive wages, invite elected officials and school district leaders to meetings, start primary and high school exposure earlier and more in depth (tours of campus facilities? career day? Shadowing program?) Census for 2020 - count everyone! Work with elected officials, radio stations, news (develop campaign for education), way to get more money to the community for higher impacts, use familiar organizations.
II. Introduction

The ABRC Yuma 2nd Annual Forum, (June 13, 2018) particularly the stakeholder working groups, produced a vast amount of qualitative commentary and information about the social determinants of health in the region and strategies and actions that might be employed to address them. To make this information more manageable and useful, it is presented below by the four working groups (i.e., Binational Border Health, Community Engagement, a Clinical Research-Based Agenda, and Workforce Development). For each working group, stakeholder strategies and suggestions are also presented that focus on (1) reducing health inequities, (2) fostering sustainable cross-sector collaboration and communication, and (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:**

The Working groups focused on three mayor questions:

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?**
III. Social Determinates identified by the Working Groups

1.) Binational Border Health Working Group

   • Principal Social Determinant 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 by Regional Center for Border Health, Inc.)

   • 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

   • Stakeholder Suggestions for Fostering Sustainable Cross-Sector Collaboration and Communication
     General:
     1) Encourage more committed cross-border collaboration
     2) Breakdown service organization silos
     3) Build on existing infrastructure relationships

     Specific:
     1) Develop binational Early childhood nutrition programs/careers to serve children living in poverty
     2) Identify existing binational efforts/programs addressing early childhood nutrition
     3) Develop list of existing binational programs serving children on both sides of the border
     4) Compile binational health and human service resource book
     5) Provide industrial skills training/ workforce development, especially health-related careers
     6) Encourage continual education in all aspects of life – e.g., health, English

   • Stakeholder Recommended Health and Social Investments to Achieve Gains in Health Equity
     General:
     1) Invest in health promotion and prevention
     2) Invest in nutrition programs in schools
     3) Invest in early screening and detection of chronic health illnesses
     4) Invest in promoting ongoing community awareness of the value of exercise and good nutrition
Specific:

1) Make healthy foods available in schools
2) Expand coalition that promotes fruits and vegetables in stores on both sides of the border
3) Build on existing, effective binational structures/programs and use virtual communication and technology
4) Establish screening sites and schedules that fit needs of population – create “windows of health” or “Ventanillas De Salud” (Mexican Consulate Program)
5) Build a sustainable communication plan using radio and TV

- **Most Important Strategies/Activities for Improving Health Equity as Ranked by the ABRC Yuma Workshop Development Committee**

| 1) | Increase awareness of services available in region (both sides of border) that can address social determinant-related problems |
| 2) | Provide industrial skills training/ workforce development, especially health-related careers |
| 3) | Make healthy foods available in schools |
| 4) | Inventory and map social and health-related services in region |
| 5) | Develop binational early childhood nutrition programs/careers to serve children living in poverty |
| 6) | Build on existing, effective binational structures/programs and use virtual communication and technology |

2.) **Community Engagement Working Group**

- **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**
  Collaboration – intersecting agencies

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

- **Stakeholder Suggestions for Fostering Sustainable Cross-Sector Collaboration and Communication**
  
  **General:**
  1) Improve communication between private and public sectors
  2) Increase non-traditional partners in our process

  **Specific:**
  1) Develop policy driven initiatives/attend council meetings (walkability/bikeable goals)
  2) Expand worksite wellness initiatives
  3) Create Chamber of Health
  4) Continue/expand health fair activities that provide accesses to all services in one location
  5) Increase number of community schools
  6) Communicate, document and use information we have obtained to increase services and/or funding
  7) Share data
  8) Have agencies support sustainability changes

- **Stakeholder Recommended Health and Social Investments to Achieve Gains in Health Equity**
  
  **General and Specific:**
  1) Develop online resource hub/mobile app
  2) Establish safe routes: walkable and bike pathways
  3) Create bike sharing program
  4) Establish safe zones (logo on businesses)
  5) Provide free public transportation for students
  6) Increase afterschool programs (e.g., Expand Shine Program)
  7) Offer public discounts for parks and recreation (North Star) programs/activities
  8) Provide collective education/prevention services (physical, mental health)
  9) Involve schools in safe route plan
  10) Conduct health impact assessments for safe routes
  11) Participate in council and BOS meetings
  12) Engage elderly community
  13) Expand existing models (e.g., WACOG)
  14) Use volunteer caregivers
  15) Identify PTO/parent groups and volunteers
  16) Engage winter visitors as volunteers
17) Tap into schools for youth volunteers/interns
18) Create a hub that recruits volunteers for agencies
19) Create a health and social services leadership academy
20) Form a consortium
21) Involve faith-based organizations

- **Most Important Strategies/Activities for Improving Health Equity as Ranked by the ABRC Yuma Workshop Development Committee**

  1) Share data
  2) Develop policy driven initiatives/attend council meetings (walkability/bikeable goals)
  3) Expand worksite wellness initiatives
  4) Establish/ strengthen agency partnerships
  5) Have agencies support sustainability changes
  6) Create social services database-informing public and health professionals

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**3.) Clinical Research Based Agenda Working Group**

- **Principal Social Determinant(s) 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.
  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

- **Existing Successful Strategies**

  a) Work being done on environmental initiatives.
  b) Partnerships & effective use of community workers
  c) Clinical trials that are part of Regional Cancer Center
General and Specific:

1. Building relationships with the patients. Use the relatives of the patients to conduct research.
2. Use hard evidence to make a change.
3. Need to leverage technology. Use Tele-health along US/Mexico border to address health & research barriers.
4. Reach out to people who like to be engaged on issues that need investigation. Ask community members to get involved.
5. Use local health workers to reach out to the people in our community. Leverage culture to connect with the community. Promotoras de Salud are an example.
6. Talk with the stakeholders. Conversations are critical to this process.
7. Share with patients what the trials/drugs can potentially do for the patient. Break it down for them so it is less intimidating.
8. Be careful that information being looked at is evidence-based information that can be trusted.
9. Encourage community-based organizations to share their findings and provide training.
10. Use community-based research to address local issues

- Most Important Strategies/Activities for Improving Health Equity as Ranked by the ABRC Yuma Workshop Development Committee

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) Need structured partnerships.

4.) Workforce Development Working Group

- Principal Social Determinant(s) 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
• **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

• **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

• **Most Important Strategies/Activities for Improving Health Equity as Ranked by the ABRC Yuma Workshop Development Committee**

  - Mirror or create opportunities for growth within industry, i.e., for community health workers, etc.
  - Create higher education path and mobilize community members
  - Cultivate additional workforce from Yuma; bring in others from outside Yuma
  - Develop relationships and move forward on actionable items. Form a coalition.
  - Address cancer, mental health, diabetes and memory – using model from neuropsychology.
  - Collect and analyze statistical data for neuro-physical testing in children and adult populations; obtain statistical data for different populations.

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*November 9th Forum*

*Community Engagement Group*
IV. Summary of Working Group’s Recommendations

The following summarizes all Working Groups’ common key recommendations and activities to eliminate gaps and improve health equity in Yuma County and its border region that were identified by the Planning Committee Members through a SurveyMonkey carried out in August 8, 2018. The SurveyMonkey listed all recommendation from each of the Working Groups Session participants attending The ABRC Yuma 2nd Annual Forum on June 13, 2018. Given the more than 90 strategies and actions suggested by working group participants during the sessions, the ABRC Yuma Workshop Planning Committee (Exhibit A) for the Yuma County 2nd Annual Forum attempted to identify the most important ones in each area by ranking them from “most important” to “least important”.

a.) Increase Networking/ Awareness of local resources and services offered in Yuma County and Binationally

1. Increase awareness of services available in region (both sides of border) that can address social determinant-related problems
2. Build and diversify collaborations and strengthen existing programs to have better representation of local stakeholders
3. Increase awareness of agencies’ resources/programs available to the community
4. Need for more local and binational forums to increase awareness of resources
5. Encourage community-based organizations to share their findings & provide training.
6. Use community-based research to address local issues.
7. Reach out to people who like to be engaged in issues that need investigation. Request community members to get involved.
8. Connect research institutions and researchers, build and strengthen those connections.
9. Build relationships with research institutions and researchers. Engaging them with the community.
10. Promote Health Education fairs through RCBH/ WAHEC- HOSA
11. Investing in the community – increase public awareness & social involvement

b.) Improve Communication between Private and Public Sector

1. Continued commitment from the stakeholders. Maintain regular engagement & communication.
2. Yuma is a place of community connectedness.
3. Active community engagement from local health groups/agencies
4. Make a commitment to action.
5. Consider innovative cross-sector partners to address health research. Examples include business, agriculture, and the military.
6. Need structured partnerships.
c.) **Develop programs and systems that are sustainable**

1. Build on existing, effective binational structures/programs and use virtual communication and technology
2. Build a sustainable communication plan using radio and TV
3. Establish screening sites and schedules that fit needs of population – create “windows of health”
4. Online resource hub/mobile app
5. Create a hub that recruits volunteers for agencies
6. Need to invest in outcome research. Measure the results- program evaluation & assessment to research. Making sure the research is making a meaningful impact

**November 9, 2018 Community Meeting, Strategic Planning/Plan of Action:**

Our final task was to create an action plan from the information that was generated by the working groups. Using the information from the June 13, 2018, the ABRC Yuma Workshop’s Planning Committee hosted a second community meeting on November 9, 2018 where all the participants that attended the June 13, 2018 2nd Annual ABRC Yuma County Forum were invited to come together one more time and share the recommendations pertaining to their working group.
V. Circle of Involvement

The participants were requested to answer the following: (a) identify what you think are the two most promising initiatives in your group’s area for reducing health inequities in Yuma’s communities, (b) specify the tasks and activities that your group thinks need to be completed in order to successfully implement these initiatives, (c) specify the roles that participants in your group are willing to play in helping to implement the initiatives, and (d) indicate level of involvement to which you or your organization is willing to commit using the framework described in the Circle of Involvement handout (NACCHO) (Exhibit B and Figure 1).

The Circle of Involvement defines the levels of engagements a stakeholder may choose to participate

Figure 1. Level of Engagement:
1. Core Group:
On one hand, this is the group that does most of the day-to-day work. On the other hand, this is also the group that pilots, plans, facilitates, and orchestrates the authentic participation of people in all the circles who make preparedness work happen. They were most certainly around the initial tables when the desire to mobilize the planning efforts for local preparedness planning began. They decide who needs to be involved; call the meetings; prepare the materials, processes, and reports; and make the calls in person and by phone, to enlist the support of others. These are the people who have real passion for the whole process, who see themselves responsible for monitoring and coordinating its various components, and who can pretty much always be counted on to step forward when needed.

2. Circle of Engagement (Steering Committee):
These are the people committed to preparedness work who can be called on to help with specific tasks at particular times. They don’t see themselves as the prime movers of the process but are willing to assume their fair share of responsibility for aspects of it. They may need to be reminded of decisions they’ve made to shoulder parts of the process and are generally responsive to requests from the Core Group members to work with them on certain tasks. This circle includes people who may or may not have been involved in the initial community mobilization or process design. It also includes people who can become increasingly engaged in preparedness rollout and leadership and so can gradually move into the Core Group.

3. Circle of Champions:
Champions are people who typically hold positions of leadership in the community and are, or need to be, committed to the success of local preparedness work. They may or may not be very involved in the daily activities of its implementation. They are the authorizers of the effort, preparedness advocates, the ones whose blessings can clear away some of the “underbrush” or roadblocks. They are the cheerleaders who can strategically appear to affirm the work has been done, recognize the people who have made it happen, and ensure that the whole community knows that the endeavor has top-level support. They know how to open doors, make connections, and say a word in the right places. They need to be kept informed of what’s happening (big picture) and where to plug in strategically without having to be involved in the minute details. They often appreciate making their contribution where it will do the most good and then stepping back until the next time.

4. Circle of Information and Awareness:
These are people who usually aren’t very close to implementation of preparedness efforts but need to be kept in the loop as things unfold. They are able because of their positions and roles, to lend support to the effort or to raise questions about preparedness work and slow it down. They may be other community members or people who weren’t involved in the planning of preparedness efforts but are affected by it in some way. They will hear things about the process and its work from other sources and will draw conclusions based on what they hear. Sometimes these people have responsibility for or access to communications media that reach a wide audience. They need to be honored by occasional visits and
reports that allow them to see the value in what is happening and have their questions about it answered honestly. Sometimes, people in this circle can move into the Circle of Engagement- or even Champions.

5. Circle of Possibility:
Long shots and wild cards also have a role play. These are people one wouldn’t immediately think of as being related to preparedness work (imagine that!), but who just might find common cause with it. Maybe they weren’t even around when the planning process started. They could turn out to be a partner, be able to provide helpful resources, or give it a boost in some way. Coming up with these names is an exercise in creative brainstorming that expands a group’s thinking about who it needs to keep in mind and look for. It can produce a wealth of surprising opportunities. These are relationships with people and groups that need to be explored, without assuming that they will necessarily turn out to be supportive. When they do turn out to be supportive, however, it can be a great gift.
VI. Recommendations for Community Action

The following are the recommendations from the Working Groups from the November 9, 2018 stakeholders’ meeting. The Working Groups were tasked to answer the following:

1.) Binational Border Health Working Group Recommendations:

What initiatives at the binational level could be done?

- Improve access to health care
- Provide health education options
- Create follow up system: partner with NAU students and assist with behavioral health, partner with doctors to provide right away follow up services and utilize radio stations to disseminate information.

(a) What does your group think are the two most promising initiatives in your group’s area for reducing health inequities in Yuma’s communities?

Strategies when conducting binational initiatives:

- If we facilitate a binational initiative, it needs to be done respecting each country’s norms. For instance, in the case of tuberculosis we are able to provide follow up to TB cases because we respect the norms of treatment for each country. If we find a patient with TB in Yuma, we contact his/her family, and if the patient is in San Luis we investigate and provide treatment if needed. If it
is easier to get treatment in San Luis then we treat patient in San Luis and we provide treatment at patient’s home even at night time. In the case of TB, it’s how it’s been done; respecting each country’s norms. As an initiative of the Binational Health & Environment Council, we would mail patient samples to the U.S. side to be tested for drug resistance.

- CA, AZ, and Baja California Program: this was a committee between states to treat TB cases. This program stopped due to lack of resources. TB is an issue that has gone out of the hands of Baja California they are the ones who have most of the TB cases. Thanks to this program we were able to carry out drug resistance exams and they were inexpensive in the U.S. side in Texas.
- HPV: San Luis R. C. Sonora, Mexico has the first place in HPV (Nationwide)- currently the Secretaria de Salud takes samples at their clinics – they offer colposcopy clinics that are coming from Tucson and they treat patients once a month and train staff. Tucson gave Secretaria de Salud a colposcope, so that patients would come to the colposcopy clinic.
- The Secretaria de Salud have received a lot of assistance from the Regional Center for Border Health, Inc. through the Binational Health and Environment Council, San Luis R. C. Sonora/Yuma County, AZ.

<table>
<thead>
<tr>
<th>Initiative 1: Public Health Education Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement follow up services at health screening station in the border (how to improve follow up services) – 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.</td>
</tr>
<tr>
<td>• Health Screening station at the border:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative 2: Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Create a program to either provide food and provide education about the food being provided to make the food available accessible.</td>
</tr>
</tbody>
</table>
(b) Identify the tasks and activities that your group thinks need to be completed in order to successfully implement these initiatives:

**Initiative 1 Activities: Public Health Education Campaign**
- Establish a medical clinic right next to ensure follow up is completed and patients see medical doctor after screening. This clinic would include a medical doctor all the equipment needed.
- Create a health education program to provide information to people right after their diagnosis.
- Work with radio stations to include educational programs
- Collaborate with psychologists since drug addiction issues is very serious and the health screening team at the moment works closely with psychologists.
- Identify local events to promote services in the community such as “El Dia Del Campesino” – attend event and bring medical doctors to event. Screening services are provided, vaccines, dental screenings at the moment.
- Create a similar program on the U.S. side – create a mobile clinic. Each mobile clinic would have a medical doctor.

**Initiative 2 Activities: Nutrition**
- Utilize NAU students from different departments to increase nutrition outreach efforts.
- Pursue USDA funds to create nutrition educational programs for the community.
- Partner with churches who provide food. Some churches provide food twice a week on the Mexican side – increase efforts.
- Teach the community about different foods – often when food boxes are provided it 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 “via rural” – for an entire week we provided classes to parents about nutrition and another week we provided classes to children, 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 worked with 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.
- RCBH’s started a Farmer’s Market in Somerton that goes into neighborhood areas and partner with local markets and then promotoras provides education on how to cook food products – include vegetables in their meals (this program will start in Dec to March).
- Food Desert; building education around gardens; USDA may fund this project through a competitive grant. If possible, with the assistance from DIF (Desarrollo Integral de la Familia) this initiative will be coordinated in Mexico by approaching the farmers from both sides of the border.
2.) Community Engagement Working Group Recommendations:

(a) What does your group think are the two most promising initiatives in your group’s area for reducing health inequities in Yuma’s communities?

Most Promising Initiatives

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.
(b) identify the tasks and activities that your group thinks need to be completed in order to successfully implement these initiatives:

Initiative 1 Activities: Share Data
- Advertisement (electronic billboards, radio, newspapers, TV, PSA, Consulate) to disseminate information; Identify best database and workgroup that the whole community can use (WACOG, Library, Arizona Complete Care) - make sure residents use information as intended.

Initiative 2 Activities: Policy Development Collaborative
- Develop working group constant dialogue agencies working collaboratively – Review recent policies and how they were implemented (lessons learned) – develop working relationships
- Mapping Road to Health in Yuma County.
- Bring in County Development, City Development, DES to policy discussions
- Bring together different groups that are all doing the same thing to be more effective
- Make sure everyone is included at some level of involvement
- Need to focus on importance of reaching high-risk households on a policy level (they are not going to come to us) – how to do that? Learn from Promotoras de Salud.

June 13th 2018 Forum - General Session
3.) Clinical Research Based Agenda Working Group Recommendations:

Problems/gaps in health equity in our region?

- Not just focused on clinical trials, but address social determinants gaps as well
- With advent of personalized medicine, need to recruit folks from Yuma region because they’re not represented in the research.
- Need for mental health status exams (dementia, substance abuse, etc.) and research on behavioral health
- Need to connect research institutions and local researchers.
- Need to build trust in the community. Don’t just gather data and leave but try to give back to the community. Feedback loop.
- Connecting local researchers with opportunities and research enterprises with local issues
- Think global, act local. Programs have to be locally sculpted and congruent with local culture and environment. Strong need for community engagement in research enterprise.
- Lack of clinical trials and clinical trials opportunities. Community is neglected with regard to new medications.
- Foster sustainable cross-sector communication.
- Need to create Yuma research advisory council
- Prioritize the community priorities over the researcher priority
- How can we take advantage of research being conducted in community/increase dissemination?
(a) What does your group think are the two most promising initiatives in your group’s area for reducing health inequities in Yuma’s communities?

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 a charge/action for the council
    - vi. Promote networking and collaboration (e.g., MOUs)
    - vii. Proactively prioritize local research needs
    - viii. Development of action plan that defines how to address health inequities
    - ix. Responsibility to give feedback to community on ongoing research and potential impacts and promote visibility, awareness, and education.
    - x. 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

(b) Identify the tasks and activities that your group thinks need to be completed in order to successfully implement these initiatives:

Activities:
- Promote partnerships and foster sustainable cross-sector communication.
- Have collective agreements between agencies (e.g., MOUs).
- Leverage location (health and financial disparities) to create external partnerships
- Use community-based research to address community needs
- Make a commitment to action
- Create advisory council
- Advertise research agenda on the internet (e.g., what clinical trials are going on). This will make agenda transparent and help to attract more funders.

Indicate level of involvement using the Circles of Involvement framework:
- CORE: Research council (representatives from key groups in Yuma): RCBH, YRMC, County Health, Cocopah and Quechan members
- CIRCLE OF ENGAGEMENT: NAU (CHER), ASU, UA, YRMC institutional research,
- CIRCLE OF CHAMPIONS: Community/patient advisory groups
- CIRCLE OF INFO AND AWARENESS:
- CIRCLE OF POSSIBILITY: Non-profit, AzAHEC-WAHEC
4.) **Workforce Development Working Group Recommendations:**

(a) What does your group think are the two most promising initiatives in your group’s area for reducing health inequities in Yuma’s communities?

<table>
<thead>
<tr>
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</tr>
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<td>Create higher education pathway- trade and vocational skills that lead to higher education path and cultivate additional workforce</td>
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<tr>
<th>Initiative 2:</th>
</tr>
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<tbody>
<tr>
<td>Create opportunities for economic, professional, individual growth</td>
</tr>
</tbody>
</table>

(b) identify the tasks and activities that your group thinks need to be completed in order to successfully implement these initiatives:

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

- Trade and vocational programs - community outreach/advertisement of educational opportunities and what can be done with degree/certificates/trade training, ensure diversity in options for class schedules and possible hybrid classes, partner with educational organizations and professional organizations, assess communities needs/interests or opportunities, identify gaps in health care careers, partner with schools and universities, healthcare entities, agriculture companies, and politicians.
Initiative 2 Activities: Create opportunities for economic, professional, individual growth

- Promote local support of contractors and companies, reach out to local professional organizations, take polls and advertise, competitive wages, invite elected officials and school district leaders to meetings, start primary and high school exposure earlier and more in depth (tours of campus facilities? career day? Shadowing program?) Census for 2020 - count everyone! Work with elected officials, radio stations, news (develop campaign for education), way to get more money to the community for higher impacts, use familiar organizations.

Roles of participants/organizations

- Politicians and elected officials, decision makers- attend meetings and be part of the discussion.
- Colleges and universities – education of available programs and seeking out expansion opportunities.
- RCBH -College of Health Careers - work with CHR and CHW programs.
- School systems – motivate students to explore options and encourage non-advanced students to seek higher education alternatives.
- Workforce Development group spokesperson - email invitations to elected officials, vocational and career fair, mentorship of interns.

Level of involvement (Circle of Involvement)

- Workforce development group- core group.
- Employees and professionals of Work Force Development group’s organizations and partnerships (county HD, clinics) - circle of engagement.
- Healthcare professionals, financial support entities - circle of champions.
- Politicians, city council, businesses, local media - circle of info and awareness
- State and national officials, experts and professionals in these fields, private industry, farmers (smith farms wellness program), “snowbirds” (seasonal man power resource) - Circle of possibility.

Factors contributing to needing these initiatives:

People leave for professional development

- Some local programs have been cut back – psychology, social work (students leave when they would have taken the opportunity her in Yuma)
- No trade school trainings, alternatives to college. Currently out of town trainings, leads to loss. Address by going into high schools?
- Local trainings (dental assistant) not available

Small workforce in community

- Starting to see more doctors, but not a lot of specialty roles or lower level healthcare positions
- How to use unique area to be more desirable to live? (Business and families = workers)
- Agriculture and health industry focus and most opportunities in community – how to expand?
Graduate retention issues – Challenge of bringing higher education to Yuma

- Getting better with online options and university expansions; more options for clinical and hands on experience
- RCBH fast track program (higher education not possible for some) - Introductions to medical field and to explore workforce – future growth and opportunities to explore
- Community Health Representatives (CHRs) and other trade paths come with own set of issues different from four-year degree problems
- Hybrid classes are more convenient and allow flexibility

A lot of outsourcing and saturation – Contractors and companies brought in from elsewhere

- Need education about benefits of using local contractors/companies/shops – work with city council? Create report?
- Elderly and veteran facility failed, did not get completed – common theme of falling through
- Companies going bankrupt and moving away = unemployment

Education and specialty healthcare services not available

- Autism services and other behavioral healthcare/social work not available in Yuma
- Low access to nutrition education and healthy foods
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30 | Improving Health Equity Through Collective Community Action Summary
Improving Health Equity Through Collective Community Action

Summary

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Philip Gladney, IT Director
Silverio Morales, IT Assistant Director
Greta Castro, Administrative Assistant
Marielementa Figueroa, Family Care Coordinator
Maria Ramirez, Family Care Coordinator
Judith Hoyos, Interpreter
EXHIBIT C

2nd Annual Yuma Forum: Improving Health Equity Through Collective Community Action
June 13, 2018 – Pivot Point Conference Center, Yuma, AZ

Forum #1 Participants by Workshops

Binational Border Health

FACILITATORS:
• Michael J. Sabath, PhD, Associate VP & Campus Executive Officer, NAU
• Emma Torres, Director, Campesinos Sin Fronteras

PARTICIPANTS:
• Mariajose Almazan, Executive Assistant, Regional Center for Border Health, Inc.
• Maria Ramirez, Family Care Coordinator, Regional Center for Border Health, Inc.
• Fausto Calvillo, Yuma County Health Services District
• Alexandria Estrada, Intern, YRMC Wellness
• Alma Valles, Sunset Community Health Center
• Tadeo A. de la Hoya, City Manager, City of San Luis
• Miguel Reyes, City of San Luis
• Robert Guerrero, Chief, Arizona Department of Health Services
• Claudia Hebda, Amberly’s Place
• Mike Trend, PhD, Campesinos Sin Fronteras
• Kate Turpin, Arizona Western College
• Alexandra Samarron Longorio, CHER, Northern Arizona University
• Dr. Jose Alfredo Valdez Orozco, CECATI
• Dr. Marco A. Ramirez Wakamatzu, Servicios de Salud de Sonora
• Dra. Leticia Sanchez Llamas, Centro de Salud Urbano San Luis Sonora
• Sandra Salazar, Enfermera, Jurisdicción Sanitaria No. VI
• Maria Guadalupe Garcia Loza, Modulo Amigable

Community Engagement

FACILITATORS:
• Maria Chavoya, Regional Manager Community Affairs, Cenpatico
• Gloria Coronado, Health Promotions Program Manager, Yuma County Public Health Services District

PARTICIPANTS:
• Alex Bejarano, Public Relations, Regional Center for Border Health, Inc.
• Gustavo Alvarez, Program Coordinator, Regional Center for Border Health, Inc.
• Yadira Rangel, Clinical QA and Educational Support, San Luis Walk-In Clinic, Inc.
• Kala Lund, LNO Care Manager, Sunset Community Health Center
• Maribel Thompson, Yuma Regional Medical Center
• Maria Esparza, Yuma Regional Medical Center
• Yesenia Zambrano, Yuma Regional Medical Center
• Anhel Centeno, Program Coordinator, Yuma County Public Health Services
• Annette Perez, Yuma County Public Health Services
• Cynthia Espinoza, Yuma County Public Health Services
• Lynne Pancrazi, Board Member, Yuma County Board of Supervisors
• Lizbeth Rojas, City of San Luis
• Liliana Arroyo, Campesinos Sin Fronteras
• Richard Kuczek, Grant Writer, Campesinos Sin Fronteras
• Maria Gonzalez, Campesinos Sin Fronteras
• Gloria Demara, Raising Special Kids
• Anita Mealey, Amberly’s Place
• Viridiana Beltran, The University of Arizona
• Aletse Quintero, CSW Community Health Worker, Alas de Fe
• Floribella Redondo, Arizona Western College
• Rosario Sanchez, Coordinadora, AzCHW
• Gina Whittington, Human Services & Aging Director, WACOG
• Nohemi Ortega, First Things First
• Nena Garcia, First Things First

Clinical Research Based Agenda

FACILITATORS:
• Robert T. Trotter, II, PhD, Regents’ Professor, Northern Arizona University
• Jason R. Bradley, PhD(c), MSEd, RN, Assistant Clinical Professor, Northern Arizona University

PARTICIPANTS:
• Amanda Aguirre, President & CEO, Regional Center for Border Health, Inc.
• Alex Valenzuela, Social Worker, Regional Center for Border Health, Inc.
• Elena Rodriguez, COO, San Luis Walk-In Clinic, Inc.
• Marisol Penuelas, QA, San Luis Walk-In Clinic, Inc.
• Myriam Hernandez, San Luis Walk-In Clinic, Inc. Intern
• Rosa Corona, Academic Student Specialist, NAU Nursing
• Diana Gomez, Director, Yuma County Public Health Services
• Dr. Sarah Medina Rodriguez, Yuma Regional Medical Center
• Trudie F. Milner, PhD, Administrative Director, Yuma Regional Medical Center
• Gregory Yang, Md, Medical Director of Research and Trials, Yuma Regional Medical Center
• Rudy J. Ortiz, Ma, CPM, First Things First
• Megan Pliska, U of A Cooperative Extension
• Jorge Gomes, University of Arizona
• Kara Tucker-Morgan, Arizona Western College
• E. Esparza
• Andres Ballesteros Gallegos
• Luis Israel Ledesma Amaya, UABC
Workforce Development

FACILITATORS:
- John R. Bowles, PhD, MSN, BSN, RN, Administrative Director of Nursing Operations, Yuma Regional Medical Center
- Julie A. Baldwin, PhD, Professor, Department of Health Sciences, Director Health Equity Research, NAU

PARTICIPANTS:
- Edgardo Figueroa, WAHEC Director, Regional Center for Border Health, Inc.
- Lorena Zendejas, Campus Administrator, Regional Center for Border Health, Inc.
- Erika Argueta, Arizona Department of Education
- Julie Anna Baldwin, PhD, Northern Arizona University
- Bill Pederson, MSW, NAU Yuma Branch Campus
- Fabiana Bowles, RN, Arizona Western College
- Rebekah Hare, Arizona Western College
- Victoria Holas, Program Director, Arizona Western College
- Kristine Erps, Administrative Director, Southwest Telehealth Resource Center
- Marco Garcia, Yuma Regional Medical Center
- John R. Bowles, PhD, MSN, BSN, RN, Yuma Regional Medical Center
- Yessenia Lau-Gaitan, Yuma Regional Medical Center
- Rosa Guerra, Campesinos Sin Fronteras
- Laura Licona, Campesinos Sin Fronteras
- Jorge Gomez, MD, PhD, University of Arizona
- Ashlee Linares-Gaffer, University of Arizona
- Jeanine Lane, U of A Cooperative Extension
- Martin Loaiza, LISAC, Behavioral Analysis Counseling & Consultant
- Anna Vakil, Canopy Consulting & Research
- Veronica Zuniga, Arizona@Work
- B. Michael Nayeri, ADHS & UA
- Leon Lead, Cenpatico
- Marcus Johnson, Vitalyst Health Foundation
- Nadia Angulo, UABC
- Francisco Javier Galarza del Angel, UABC
- Gilberto Manuel Galindo Aldana, UABC
EXHIBIT D

Community Action Report Forum
November 9th, 2018 – AWC Schoening Center, Yuma, AZ

Forum #2 Participants by Workshops

Binational Border Health

**FACILITATORS:**
- Michael J. Sabath, PhD, Associate VP & Campus Executive Officer, NAU
- Edgardo Figueroa, WAHEC Director, Regional Center for Border Health, Inc.

**RECORDER:**
- Alexandra Samarron Longorio, Program Coordinator, Center for Health Equity

**PARTICIPANTS:**
- Mariajose Almazan, Executive Assistant to the President & CEO, Regional Center for Border Health, Inc.
- Alex Bejarano, Public Relations & Community Liaison, Regional Center for Border Health, Inc.
- Dr. Leticia Sanchez Llamas, Directora, Secretaria de Salud, Centro de Salud Urbano
- Dr. Michael Trend, Affiliated to Campesinos Sin Fronteras

Community Engagement

**FACILITATORS:**
- Gloria Coronado, Health Promotion Program Manager, Yuma County Health Services District

**RECORDER:**
- Susan Lauer, Executive Assistant, NAU

**PARTICIPANTS:**
- Gustavo Alvarez, Program Coordinator, Regional Center for Border Health, Inc.
- Jesus Valdez, Mexican Consulate
- Betzabe Romo, Secretaria de Salud SLRC
- Sandra Salazar, Centro de Salud SLRC
- Kala Lund, LPN, Care Manager, Sunset Community Health Center
- Alma Valles, Community Health Worker, Sunset Community Health Center
- Yesenia Zambrano, BS, Senior Institutional Research Coordinator, Yuma Regional Medical Center
- Esahi Esparza, Clinical Research Assistant, YRMC
- Lynne Pancrazi, Supervisor, Yuma County Board of Supervisors
- Anna Vakil, Independent Consultant, Canopy Consulting & Research
Clinical Research Based Agenda

FACILITATORS:
• Amanda Aguirre, President & CEO, Regional Center for Border Health, Inc.
• Robert T. Trotter, II, PhD, Regents’ Professor, Dept. of Anthropology, NAU Michael

RECORDER:
• Mark Remiker, Program Coordinator, Center for Health Equity

PARTICIPANTS:
• Jason Bradley, MSEd, RN, NAU School of Nursing
• Sarah Medina Rodriguez, MD, CCP, Director of Institutional Research, Yuma Regional Medical Center
• Lisa Ray, BPA, Research Program Financial Analyst, YRMC

Workforce Development

FACILITATORS:
• Julie Ann Baldwin, PhD, Director, Center for Health Equity Research
• Lorena Zendejas, Campus Administrator-College of Health Careers, Regional Center for Border Health, Inc.

RECORDER:
• Amy Gelatt, Administrative Assistant, Center for Health and Equity

PARTICIPANTS:
• Jerry Cabrera, Sr. Business Management/Procurement, Regional Center for Border Health, Inc.
• Brissa Garcia, Administrative Assistant-College of Health Careers
• Casey Butcher, RN, San Luis Walk-In Clinic, Inc.
• Cheryl Chapman, RD, WIC Program, Yuma County Health Services District
EXHIBIT E
Forum Speakers Participants

- Amanda Aguirre, M.A, R.D, President & CEO, Regional Center for Border Health, Inc. San Luis Walk-In Clinic, Inc.

- Michael J. Sabath, PhD, Associate Vice President & Campus Executive Officer, Northern Arizona University Yuma Campus

- Robert T. Trotter, II PhD, Regents’ Professor, Department of Anthropology, Northern Arizona University

- Julie Ann Baldwin, PhD, Director, Center for Health Equity Research, Professor, Department of Health Sciences, Northern Arizona University

- B. Michael Nayeri, FABMP, DAIPM, Director, Healthy Aging Program, Arizona Department of Health Services, Phoenix, AZ

- Marcus Johnson, Director of State Health Policy and Advocacy, Vitalyst’s Health Foundation, Phoenix, AZ

- Leon W. Lead, Manager of Program Initiatives, Cenpatico Integrated Care/Health Net

- Jorge Gomez, MD, PhD, Assistant Professor of Public Health, Mel and Enid Zuckerman College of Public Health; Associate Director for Elimination of Border Health Disparities; Associate Director for Cancer Outreach, UA Cancer Center; Assistant Vice-President for Translational Research in Special Populations Office of the Senior Vice President for Health Sciences, Tucson, AZ

- Michael S. Shafer, Ph.D., Center Director for Applied Behavioral Health Policy School of Social Work, Arizona State University, Phoenix, AZ

- Daniel Derksen, M.D., Professor and Chair, Community, Environment & Policy Department, Walter H. Pearce Endowed Chair & Director, Arizona Center for Rural Health, Mel and Enid Zuckerman College of Public Health, UA Health Science Center, Tucson, AZ

- Diana Gomez, RN, Director, Yuma County Health Services District
Arizona Biomedical Research Centre
and NAU’s Center for Health Equity Research
present
2nd Annual Yuma Forum:
“Improving Health Equity Through Collective Community Action”

Wednesday June 13th, 2018
Pivot Point Conference Center
Yuma, Arizona
Arizona Biomedical Research Centre and NAU’s Center for Health Equity Research present

2nd Annual Yuma Forum: “Improving Health Equity Through Collective Community Action”

Wednesday, June 13, 2018
Pivot Point Conference Center
310 N. Madison
Yuma, Arizona

Objectives:
1. Reduce Health Inequities through Collective Community Engagement
2. Develop Health Research Capacity in the Yuma/Sonora Border Region

PROGRAM AGENDA

8:00am  Registration

8:30am  General Session  Southern Pacific Room
MC: Michael J. Sabath, PhD, Associate VP & Campus Executive Officer, NAU Yuma
Welcome - Amanda Aguirre, President & CEO, Former State Senator

“Models of Translating Research into Action”
Robert T. Trotter, II PhD
Regents’ Professor, Department of Anthropology, Northern Arizona University

Julie Ann Baldwin, PhD, Director, Center for Health Equity Research, Professor, Department of Health Sciences, Northern Arizona University

9:00am  Keynote Address: “Health Policy: Creating Sustainable Change”  Southern Pacific Room
Daniel Derksen MD, Professor & Chair
Community, Environment & Policy Department, Walter H. Pearce Endowed Chair & Director, Arizona Center for Rural Health, Mel and Enid Zuckerman College of Public Health, The University of Arizona Health Sciences
9:30am  Panel Discussion: “Health Equity: Challenges & Opportunities”  
Southern Pacific Room
Facilitator: Jason R. Bradley, PhD(c), MSEd, RN, CCRN-k, LPC

1. Dr. B. Michael Nayeri, FABMP, DAIPM, Director, Healthy Aging Program (A-HA) 
   Arizona Department of Health Services (Topic: The Golden Years)

2. Dr. Jorge Gomez, M.D., Ph.D., Assistant Professor of Public Health, Mel and Enid 
   Zuckerman College of Public Health; Associate Director for Elimination of Border Health 
   Disparities; Associate Director for Cancer Outreach, UA Cancer Center; Assistant Vice- 
   President for Translational Research in Special Populations Office of the Senior Vice 
   President for Health Sciences 
   (Topic: Health Equity, Inequity, and Disparities in Hispanics in the United States)

3. Marcus Johnson, Director, State Policy and Advocacy Vitalyst Health Foundation 
   (Topic: Social Determinants/Public Policy)

4. Collaborating Research Centers (CRCs) a Robert Wood Johnson Foundation Program 
   Michael Shafer, PhD, Center Director for Applied Behavioral Health Policy School of Social 
   Work, Arizona State University 
   (Topic: Financing and Service Delivery Integration for Mental Illness and Substance Abuse)

10:50am  Q & A Session

11:00am  Break (move into breakout sessions)

11:15am  Improving the Delivery Systems to Reduce Health Inequities 
Breakout Sessions (Group Facilitation)

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<th>Topic</th>
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</table>
| Binational Border Health   | Michael J. Sabath, PhD, Associate VP & Campus Executive Officer, NAU Yuma  
   Emma Torres, MSW, Executive Director, Campesinos Sin Fronteras                                    | Southern Pacific Blue Group |
| Community Engagement       | Maria Chavoya, Regional Manager Community Affairs, Cenpatico  
   Gloria Coronado, Health Promotions Program Manager, Yuma County Public Health Services District     | Colorado River Green Group |
| Clinical/Research Based Agenda | Jason Bradley, PhD(c), MSEd, RN, CCRN-k, LPC. Assistant Clinical Professor, NAU  
   Robert T. Trotter, II, PhD, Regents’ Professor, NAU                                                  | Anza/Redondo Yellow Group |
| Workforce Development      | John R. Bowles, PhD, MSN, BSN, RN, Administrative Director of Nursing Operations, Yuma Regional Medical Center  
   Julie A. Baldwin, PhD, Professor, Department of Health Sciences, Director, Health Equity Research, NAU | Castle Dome Red Group |

12:15pm  Break

12:30pm  Lunch

41 | Improving Health Equity Through Collective Community Action Summary
### Summary

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<td>Michael J. Sabath, PhD, Associate VP &amp; Campus Executive Officer, NAU Yuma Emma Torres, MSW, Executive Director, Campesinos Sin Fronteras</td>
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**2:00pm** Move to General Session

**2:15pm** General Session: *Southern Pacific Room*

“Improving the Delivery Systems to Reduce Health Inequities Group Reports”
Facilitator: Diana Gomez, Director, Yuma County Health Services District

- Binational Border Health
- Community Engagement
- Clinical/Research Based Agenda
- Workforce Development

**2:45pm** The 8 Dimensions of Wellness – Bring It Together with Social Determinants of Health
Leon W. Lead, Manager of Program Initiatives, Cenpatico Integrated Care/Health Net

**3:30pm** Adjourn

### Next Steps

September 12th, 2018

*Review of Recommendations by the Policy Committee*  
October 19th, 2018

*Community Report and Strategic Planning Meeting*
EXHIBIT G
ABRC Yuma Workshop Development Group Meeting
Improving Health Equity Through Collective Community Action Report

Friday November 9th, 2018
AWC Schoening Center North
2020 S. Avenue 8E - Yuma, Arizona

AGENDA

8:00am   Registration

9:00am   Welcome
  - Michael J. Sabath, Associate VP, Campus Executive Officer, NAU
  - Julie Ann Baldwin, PhD, Director, Center for Health Equity Research, Professor, Department of Health Sciences, Northern Arizona University
  - Robert T. Trotter, II PhD, Regents’ Professor, Department of Anthropology, Northern Arizona University

9:15am   Circles of Involvement
  Gloria Coronado, Health Promotion Program Manager

9:30am   Break

9:45am   Presentation: Improving Health Equity Through Collective Community Action Report
  Michael J. Sabath, PhD, Associate VP, Campus Executive Officer

10:00am  Yuma County Priorities
  ✓ Binational Border Health
  ✓ Community Engagement
  ✓ Clinical/Research Based Agenda
  ✓ Workforce Development

11:30am  Next Steps: Development of Strategic Plan for Collective Community Action
  • Priorities Identified by Working Groups
  • Expected Outcomes/Impact Evaluation

12:00pm  Adjourn
## EXHIBIT H
SurveyMonkey – Yuma Improving Health Equity

### Yuma - Improving Health Equity
Please select the following that describes your priority by using 1 for the most important and 10 for the least important.

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<td><strong>Build and diversify collaborations and strengthen existing programs to have better representation of local stakeholders</strong></td>
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<td><strong>Use bilingual radio to disseminate information</strong></td>
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<td><strong>Develop binational early childhood nutrition programs/careers to serve children living in poverty</strong></td>
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<td><strong>Identify existing binational efforts/programs addressing early childhood nutrition</strong></td>
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Develop list of existing binational programs serving children in both sides of the border

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Compile binational health and human service resource book

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Make healthy foods available in schools

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Expand coalition that promotes fruits and vegetables in stores on both sides of the border

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Build on existing, effective binational structures/programs and use virtual communication and technology

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Establish screening sites and schedules that fit needs of population-create "windows of health" Ventanillas de Salud (Mexican Consulate Program)

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Build a sustainable communication plan using radio and TV

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| Workforce Development |

County Health Impact Assessment-focused on community gardens

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UA Yuma Branch Campus for RD's who will stay in the Yuma area- accredited program in dietetics; 2+2 programs; robust rotation sites

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UA classes at county health department; epidemiology programs are needed
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<td>Need more people who work with aging population Yuma NAU Social Work Program</td>
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<td>Statistical data for neuropsychological testing in children and adult populations; obtain statistical data for different populations</td>
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<td>Cancer, mental health, diabetes and memory-use model from neuropsychology</td>
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<td>Higher education path and mobilizing community members</td>
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<td>Mirror or create opportunities for growth within the industry, i.e., for community health workers, etc.</td>
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<td>Cultivating additional workforce from Yuma; bringing in others from outside Yuma</td>
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<td>Partners with agencies such as RCBH, Inc. and work with low income populations; main focus is getting them back into school and work career ladders</td>
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<td>Address duplication of efforts</td>
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<td>Create a listserv to communicate. Community Facebook. Community Post or Storyboard</td>
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<td>Develop relationships and move forward on actionable items. Form a coalition</td>
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### Representation from farmworkers, politicians, etc.

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### Community Engagement

Elderly populations, senior centers—extend model out to different groups

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Petition local governments to expand local programs

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Need to get information out—implement a system

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Send information with students to take to parents/families

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Agency partnerships

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Social services database—informing public and health professionals

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Put database together of services offered besides medical services

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Create a work group to develop and organize duties/roles
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**Provide information to rural populations and hard to reach audiences like agricultural, elderly and homebound communities**

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**Providing resources within the community/neighborhood**

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**Policy driven initiatives/attend council meetings (walkability/bikeable goals)**

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**Data sharing**

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**Expand worksite wellness initiatives**

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**Create chamber of health**

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**Continue/expand health fair activities that provide access to all services in one location**

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**Increase number of community schools**

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**Communicate, document and use information we have to obtain to increase services and/or funding**

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**Have agencies support sustainability changes**
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<td>Create a hub that recruits volunteers for agencies</td>
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<td>Create a health and social services leadership academy</td>
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Clinical/Research Based Agenda

Building relationships with the patients. Use the relatives of the patients to conduct research

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Use hard evidence to make a change

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Need to leverage technology. Use Tele-Health along the U.S./Mexico Border to address health and research barriers.

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Reach out to the people who like to be engaged in issues that need investigation. Ask community members to get involved.

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Use local health workers to reach out to the people in our community. Leverage culture to connect with the community. Promotoras are an example.

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Talk to stakeholders. Conversations are critical to this process

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Share with patients what the trials/drugs can potentially do for the patient. Break it down for them so it is less intimidating

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50 Improving Health Equity Through Collective Community Action Summary
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<td>Be careful that information being looked as is evidence-based information that can be trusted</td>
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<td>Encourage community-based organizations to share their findings and provide training</td>
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<tr>
<td>Use community-based research to address local issues.</td>
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<td>Ensure we have inter-agency agreements and communicate those to the other community agencies</td>
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<td>Have a research counsel/ group to direct research agenda to improve health initiatives in our community. This group to work with outside researchers and taskforce groups to offer support and relevant data. Yuma County Research Advisory Council.</td>
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<td>Have an office for Yuma-perhaps centralized in Phoenix or Tucson. This would hold research based on the Yuma community. Serve as headquarters for people conducting research in the Yuma community to connect. Outside researchers could need who to connect with. Might this be better housed in Yuma?</td>
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<td>Connect with master's or graduate students-find out about their projects to connect it to the Yuma community.Match their research interest with the researchers and organizations.</td>
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<td>Reach students at the high school level</td>
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<td>Develop research partnerships. Developing sustainable relationships.</td>
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<td>Create teams: need a council- with mutually goals, having sustainable relationship is critical.</td>
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<th>Have better and more often communication</th>
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<th>Consider innovative cross-sector partners to address health research. Examples include business, agriculture and the military.</th>
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<th>How can the Promotora Programs be translated into other areas</th>
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<th>Dia De Los Campesinos- conducting health assessments</th>
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<th>Assess the effectiveness of health activities being offered</th>
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<th>Try to change behaviors starting with children to combat obesity- at an early age. Get more businesses on board (like Food bank) to provide healthy food options.</th>
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### Workability of our neighborhood. Like walking, making it safe for residents to engage in healthy activities.

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### Pregnancy rate. Implement evidence-based resources to address teen pregnancy rate.

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### MI training for healthcare providers to work more effectively with families.

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### Make it easier for people to volunteer. Create volunteer programs that are more inclusive.

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### Increase people awareness of volunteer opportunities to increase research

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### People in mid-careers; how can they find out what is out there. Increase awareness of the different opportunities that exist in Yuma.

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<tr>
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### Small business are good in providing information- needs to engage bigger business from Yuma to do a better job in promoting opportunities they offer.

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### Participant's Name:

First

Last

I'm not a robot

reCAPTCHA

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