Center for Health Equity Research

NORTHERN ARIZONA UNIVERSITY

Southwest Health Equity Research Collaborative (SHERC) Community Engagement Core Advisory Council Meeting

MEETING PROCEEDINGS
Community Engagement Core Advisory Council

Meeting Date/Time: Friday, April 20, 2018 @ 10:00am – 3pm, Flagstaff, Arizona

Purpose of Meeting: Create a space for collective visioning about:

- One another – our roles, regions and experiences
- Our purpose as a Community Engagement Core and Advisory Council
- Power, Privilege and Participation in Building Health Equity
- Health Equity and Health Equity Research – outcomes, measurement and innovations

Meeting Agenda:

I. Welcome/Introductions
II. Health Equity Discussion: Visualizing Equity as a Home
III. Health Equity Shared Vision Activity: Equity Tree
IV. Delphi Survey Process
V. Webinar Topics Discussion
VI. Community Campus Research Connections
VII. Meeting Wrap up – Reflections

Community Engagement Core

ured clockwise (from Top Left): Alexandra Samarron Longorio, Mark Remiker, Ka Sanderson, Carmenlita Chief, Nicolette Teufel-Shone, Samantha Sabo

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Community Engagement Core Advisory Council Members

Eric Wolverton

Mare Schumacher

Candida Hunter

Amanda Guay

Liz Archuleta

Emma Torres

Diana Gomez

Chelsey Donohoo

Steve Julian

Emily Davalos

Advisory Council Members Not Pictured:

Shepherd Tsosie
Joyce Hamilton

Advisory Council Members and Staff				
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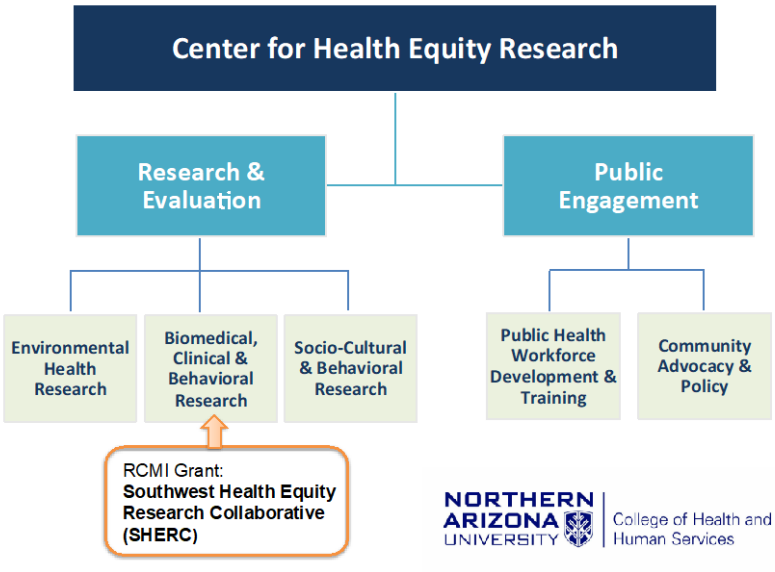
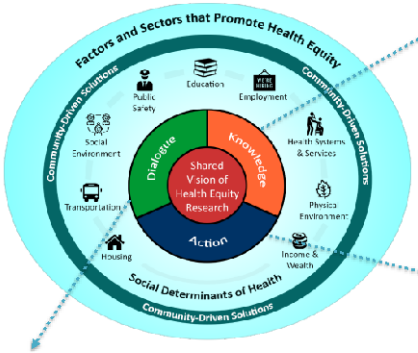
I. Welcome/Introductions

Samantha Sabo and Nicky Teufel-Shone, Co-leads for the Community Engagement Core (CEC), welcomed everyone to our first face-to-face Community Engagement Core – Advisory Council meeting and began introductions. They provided an overview of the Northern Arizona University, Center for Health Equity Research (CHER), the newly funded NIH – National Institutes of Minority Health and Health Disparity, Southwest Health Equity Research Collaborative grant and the goals of the Community Engagement Core as well as the roles and commitment of the Advisory Council. **See Advisory Council Meeting Presentation.**



Community Engagement Core Initiatives



KNOWLEDGE
Participate in webinars designed to expand awareness of health equity and health equity research.

ACTION
Plan actionable health equity research projects that are:
- *Community-driven*
- *Evidence-informed*
- *Multi-sectoral*

DIALOGUE
Dialogue with community organizations and leaders to form a collective vision for health equity research.

Advisory Council members represent various sectors (health, housing, transportation, economic development, policy etc.) important to health equity and the elimination of health disparities.

Member represent the six Northern Arizona Counties of Apache, Coconino, Gila, Mojave, Navajo and Yavapai, including Yuma and the 13 Native Nations of Navajo, White Mountain Apache, Hopi, Hualapai, Ft. Mojave, Yavapai Apache, Havasupai, Kaibab Paiute, Yavapai Prescott, Tonto Apache, Cocopah, San Juan Southern Paiute and Quechan.

Advisory Council members were informed of the goals, roles and commitments. Members were encouraged to sign up for either the Dialogue Advisory Council (focused on developing and implementing a Delphi method) or the Knowledge Advisory Council (focused on developing educational webinars).

CEC Advisory Councils

Dialogue Council
Advisory Council
Delphi

Knowledge Council
Advisory Council
Webinar

Your involvement as an advisory council member will help:
- Develop a shared vision of health equity research.
- Connect research skills with the needs of communities.
- Build health equity in Arizona.

Participate in **2-4 conference calls** and **one face-to-face meeting**, annually.

II. **Health Equity Discussion: Visualizing Equity as a Home**

Alexandra Samarron Longorio facilitated an activity to appreciate the meanings of privilege, lived experience, power and participation, key concepts involved in building health equity. Alexandra used the "What is Equity?" illustration created by Salome Chimuku, first place winner of the Equity Illustrated 2016 contest by the Meyer Trust Fund, and Northwest Health Foundation.

Chimuku defines equity as being a home (a place to belong), and in that home there are individuals with privilege and people who come from a lived experience; she described that people with privilege having the tools to build or destroy equity and individuals with an experience have the materials to build equity. Utilizing Chimuku's equity concepts, CEC staff and Advisory Council members engaged in a discussion to break down as an example, the fight for instate tuition for Deferred Action for Childhood Arrivals (DACA) students in Arizona. During the discussion, DACA students were identified as part of the lived experience spectrum, and the Arizona Board of Regents (ABOR) as well as the Arizona Supreme Court as institutions of privilege with the power to build or destroy equity. In the instate tuition for DACA students case study, DACA students had the materials or knowledge to organize communities and create political strategies to push ABOR into passing instate tuition for DACA. However, on April 9th, 2018 the Arizona Supreme Court eradicated instate tuition for DACA students; in this case an institution of privilege utilized its tools to destroy equity.

The activity emphasized the importance of recognizing that in order to build and sustain Health Equity, the active participation of communities from a lived experience and individuals with privilege is fundamental. CEC staff and Advisory Council members addressed ideas and recommendations to work towards creating equitable partnerships and collaborations with directly impacted community members. The discussion explored the differences in power between individuals with privilege and lived experiences, and how to create intentional equitable processes that address power unbalances and center the skills, strength, knowledge and resilience from directly impacted populations. **See discussion outcomes in the table below.**

Healthy Equity as a Home Discussion

Health Equity as a Home Discussion Generated by Advisory Council Members and CEC Staff				
Power	**Privilege** (*Individuals with tools to build or destroy equity*)	**Participation** →How can Privilege and Lived Experience come together to build and sustain equity←	**Lived Experience** (*Knowledge to Build Equity*)	**Power**
• Legal Power: Court making decisions • Deep legal structure • Elected officials • Media • Advocacy • Money/ Resources enables access to legal system • Right to vote • Local systems of power – City Council • Champions **LIMITATIONS:** • Terms are not long enough to learn all the needs of the community or to produce impactful legislation • Limited education about community needs/experience among people in power	• Legal Status • Citizens less at risk in speaking out • Where do I engage? How to create change at institutional level? • Historical institutions of power – Recognize that institutions have been connected to systems of oppression	• Identifying levers and champions to come together to make change? • What is the common goal? • What is the impact to the economy? • What are we trying to address? • Intentionality • Consequences are higher in directly impacted individuals (lived experiences) • How can we relate? • What are our own understandings of lived experiences? • Challenge ourselves • How do we bring those with lived experiences? How do we center lived experiences? • How do we privilege lived experiences? • Acknowledge difference in power	• Sharing lived experience to those unfamiliar • Speak truth to power • Mobilized champions • Media leverage • Identify levers to mobilize and affect change • Higher risks when involved in building equity (incarceration, deportation) • Lack of organizing skills (depending on population)	• Stories • Grassroots Organizing • Informal research Skills & advocacy • Community (power based on characteristics of population) • Organizing skills

III. Health Equity Shared Vision Activity

Samantha Sabo and Carmenlita Chief began this activity by asking Advisory Council and CEC Staff members to visualize health equity as a living-growing tree of equity. They asked members and CEC staff to use colored sticky notes to identify the key element to make the health equity tree grow, bloom and thrive – with each sticky note color representing qualities of health equity and health research.

- Leaves (green) are the outcomes of health equity
- Tree bark (Orange) is the measurement and common indicators of health equity
- Flowers in bloom (pink) are the local, regional and national innovations of health equity
- Water (blue) is factors or qualities of sustainability, which can fall from the sky as rain drops (top down) and come from the ground water (ground up or grassroots)
- Bees and cross pollinators (yellow) are the partnerships that increase the likelihood of scaling up an initiative as well as the desired qualities of these partnerships.

To facilitate brainstorming and idea generation, CEC staff members took turns facilitating a series of reflection questions including:

1. If your community achieved health equity, what would that look like? How would you know you are making progress towards health equity?
2. What are examples of successful sustainable efforts /initiatives that have worked in the past to build health equity?
3. How can research contribute to growing a health equity tree?
4. What are the qualities of a research partner?

Advisory Council and CEC Staff Reflect on the Components of Health Equity

Carmenlita and Samantha facilitated a final reflection about ideas, concepts and constructs generated through the activity and what if anything was missing or needed clarification. Similar ideas were grouped and more ideas were added. The goal of the discussion was to help everyone see *what* health equity looks like from outcomes, measurement, partnership, and sustainability and *who* was missing in the process. Individuals and sectors missing from the conversation included:

- Business
- Hourly employees
- Indian Health Services
- Rural representation
- Transportation
- Community services
- Housing
- Economic development

Equity Tree Generated by Council Members and CEC Staff

Building Health Equity Tree Activity:
Concepts Generated by Advisory Council Members and CEC Staff

Outcomes LEAVES	Innovations FLOWERS	Measurement tools BARK	Sustainability WATER	Partnerships BEES -POLLINATORS
• Affordable housing • Ethnic studies in education • Increased support of education systems • Equal access and standards of education • Access to education • Access to higher education for all • Ensure that health behaviors are the easiest choice • Safe neighborhoods • Affordable housing • Housing security • Supportive to all and one another • Environmental factors positively influence the health if people • Access to quality services for everyone who needs it • Access to care • Built environment that supports health • Access to quality childcare • 100% high school graduation • Research and evidence based strategies for all populations	• Health in All Policies • Community taking the lead-telling about their needs/wants/etc. • Happy • Health Equity policy Summit • Acknowledging and understanding tribal sovereignty • Creative NAU community financing SOW • Culturally responsive – health care that's meaningful to the people served • Community directed education programs / culturally sustaining pedagogy • Modeling service and delivery programs after local/Indig. frameworks • Health homes • Foster inter-generational problem solving • Collective Impact Frameworks • CBPR asset based • Groups with various experience/ multi sectors	• Health insurance coverage for all • Government supported medical mobility • Community power and efficacy • Ratio of parks and recreational services in communities of color as compared to predominantly white communities • Rates of educational attainment (race/ethnicity/income/zip code) • Changes in food stamps and food bank – allowing/ providing healthy foods • Youth engagement and optimism about their own or their community future • Qualitative indicators though ethnographic interviews or stories or community members • Story Telling • Bandwidth or number of homes with internet connection • Jobless-ness (U.S. census)	**Up:** • Encourage donations to faith based organizations who help the homeless/ hungry • Empathy • Accountability • Humility • Funding • Personal investments – building relationships • It's not always about scale • Engaged policy makers ware of Health equity • Acknowledge difference in power • Individual empowerment • Transparency • Embracing language • Communication • Community driven and community ownership • Community involvement all stages planning → implementation • Addressing issues that matter to the community Internal and external partnerships (effective partnerships)	**Partnerships:** • Counter narratives/ counter stories • Many low income communities of color do not trust and will not partner with police • Business/ Economic counsels • Cultural organizations (e.g. indigenous forums) • Political parties • Tribal businesses • Police and fire (I know, I know but it helps!) • Law enforcement • Law enforcement • Local agencies with national initiatives → tailor national programs to local strengths and assets • Churches • Neighborhood groups • Elected officials • Policy makers • Policy makers • Behavioral Health

• Health Materials that are for all levels of literacy/ language • Easy access to healthy foods • Perceived justice • Access to healthy food for all • End gentrification • Equitable access to education • Everyone has health care coverage • No homeless families • Healthy people! : Physically, mentally, emotionally, spiritually • Social Health program • Understanding of other cultures and individuals past/ experiences • Neighborhoods with high multicultural populations have access to affordable health care • Closing the tech gap • End unconscious bias • Access to mental healthcare for all • Access to clean water for all people • Increased use of preventable health care • Everyone has a habitable place to stay • Free college EDVC for all • Access to healthcare • Accessible, FREE mental/ emotional healthcare for	• Holism • Focus on the whole child: mind, physical, emotional, social, and cultural • First things first • Storytelling, digital story telling • Health education best practices • Reach info law enforcement systems • Technology • Health equity/ quality of life summit	• Streamline needs and assets assessment • Healthcare use ICD codes prevention services (vs treating illness) change through time • Diabetes is decreased in communities of color • Median income • Cost of health care decreases • Local food bank needs are reduced • Relevant assessment tools • Planning for "shovel ready" projects to leverage when grants drop • Health insurance rates • Environmental measures of water, air • Community engagement • Incarceration rates • Asset based measures • Ratio of parks and recreational services in lower income community as compared to high income • ED visits • Incarceration rates (race, ethnicity, income, zip code) • Chronic disease rates (race, ethnicity, and economic status) • Injury rates (race/ethnicity/income/zip code) • Graduation rates and	• Policy • All people at the table – as partners- (power, privilege + lived experience) • Shared governance ex. State bound and regions **<u>Down:</u>** • Community engagement and mobilization • Relationship building • Collaboration • Clear and open constant communication • Continued follow up • Collective Impact • Education • Partnership with HIS for Women's Health (Pap/Mammography) • People mobilized for a common goal • Family/ culture • Respect for the experiences, expertise, and skills of all partners • Grassroots efforts • Upstream initiatives • Collective orientation (not individualistic) • Medicaid Expansion • Independent sovereign nations • Cross sector collaborations • Understanding and respect • Using social determinants of health	Agencies • Families • Libraries • Activist groups • Community organizers • Spiritual leaders • Community leaders • Researchers • Directly impacted communities • Partnering with schools as gathering place for families • Tribal communities • Legal system • Hospitals, clinics, etc. • Economic development people • Health Departments • Killip Elementary School • Northland Pioneer College • Community directed organizations (e.g. repeal coalition) • Economic investors • Literacy centers • Local business **<u>Qualities</u>** • Transparency with partners • Benefits to both researcher/ community • Research that benefits community • Common language • Who are your

ALL • Strong social networks • Clean air and water • Preventative health free for all (activity, nutrition, etc.) • Everyone having equal access to high quality health care at reduced cost • FREE, quality health care for ALL • Livable wages • Low unemployment • Equitable transportation access • No poverty • Reduce anti- immigrant policies • Social policy directed at equity • Everyone who wants a job has one • Fair and equitable wages • Food security for all (no need for food banks) • Strong supportive families • Native youth are able to easily communicate with elders in native language • Optimal well being • Freedom from police violence • Equal access to health care providers • Local dental care for all including reservations • More workplaces that support/ promote individual/ family wellbeing • Diverse representation		student retention • Community relevant measures • Collaborative goals/ outcomes • Diversity of people in policy roles power positions • Progressive legislation • Homeless count • Assess the change periodic • Local homeless count is reduced • Decrease in health disparities amongst people of color • Decrease in number of children missing school because of early childhood carries • Behavioral Health services delivered • Toddler tooth decay is decreased • Integrated databases systems • Measurements of contaminants in water. (Pre) and understanding water use patterns • CRISIS related to mental health care	to inform health policy • Inclusion of target population in health interventions development/ implementation • Self-reflective – knowing who you are and own biases • Funding • Trust • Trust • Trust • Champions in high places • Us (us not U.S) • Health in All Policies (HIAP) • Common goals • Complimentary expertise • Youth empowerment • Visibility • Govt. tuition assistance for doctors/ dentists to work in remote areas	translators? • Not deficit based • Youth engage in vision making process • Access to the communities experiencing disparities • Humility from people in positions of power • Advocacy • People lead research • NAU overhead and cost • Transparency as partner • Willing to learn • Willing to listen • Willingness to change as community

(local, state, national) • Indigenous knowledge and language in schools • Avoid Incarceration (e.g. SA counseling) • No food insecurity for families • Access to nutritious food for populations of all socio-economic levels/ zip codes • Access to Healthy/ affordable food • No food deserts • There are no food deserts • Food security				

IV. Webinar Topics Discussion (Knowledge Advisory Group)

Nicky Teufel-Shone and Carmenlita Chief lead the Knowledge Advisory Council. This Advisory Council will focus on increasing awareness and knowledge about health equity research and effective research partnerships among both researchers and research collaborators through webinars, podcasts of other learning and dialogue platforms. Advisory Council members were asked to place a sticker next to the 3 topics generated through the Equity Tree as potential priority webinar, podcasts, and online workshops.

Webinar Topics Generated Through Health Equity Tree Actvity				
Outcomes	**Innovations**	**Measurement tools**	**Sustainability**	**Partnerships**
- Affordable housing (2 dots) - Ethnic studies in education (1 dot)	- Health in All Policies (2 dots) - Community taking the lead-telling about their needs/wants/etc. (2 Dots) - Happy (1 Dot) - Health Equity policy Summit (1 dot)	- Health insurance coverage for all (1 dot) - Government supported medical mobility (1 dot) - Community power and efficacy (1 dot)	- Community engagement and mobilization (2 dots) - Relationship building (2 dots) - Collaboration (2 dots) - Encourage donations to faith-based organizations who help the homeless/hungry (1 dot)	- Counter narratives/ counter stories (1 dot) - Transparency with partners (1 dot)

Delphi Survey Process

Mark Remiker, Alexandra Samarron Longorio, Kate Sanderson and Samantha Sabo lead the Dialogue Advisory Council. Activities for this Advisory Council aim to:

- Develop a shared vision of health equity and health equity research among stakeholders representing various sectors of our communities
- Identify a shared set of measures to monitor, prioritize, and act on health equity research.
- Identify and share local research, practice and policy approaches to address health equity issues.

Mark described how the CEC staff envisioned achieving these goals through the development and implementation of a Delphi method. ***See Introduction to the Delphi Method Presentation***. The Delphi method is a group facilitation technique that seeks to obtain consensus on the opinions of experts through a series of structured, anonymous questionnaires, followed by face to face strategic planning.

Mark began by presenting an overview of the origins of the Delphi and related methods. Advisory Council members created the space for an in depth discussion of who and how will various sectors, including community leaders be included in the Delphi process. Advisory Council members were encouraged to complete nominations sheet to identify more community leaders to participate in the Delphi process. Generally, the steps for the Delphi included:

STEP 1: Find experts	Generate list of potential stakeholders	Feb-Mar 2018
	Invite stakeholders to participate in advisory council	March 2018
STEP 2: In-person meeting	Solicit ideas from advisory council members	April 2018
	Collect additional Delphi nominations from members	April 2018
	Generate structured survey	May 2018
	Invite new nominations to participate	May/June 2018
STEP 3: Survey #1	Circulate survey #1	July 2018
	Analyze survey #1 data	August 2018
STEP 4: Survey #2	Circulate survey #2 with feedback	Sept. 2018
	Analyze survey #2 data	Oct. 2018
STEP 5: Dissemination	Outcomes presentation and strategic planning meeting	Nov. 2018

V. Community Campus Research Connections Program

Nicky explained the SHERC-Community Engagement Core initiative to fund ($5000) community and academic partners to explore collaborative ideas and design a pilot project to submit to the SHERC pilot research program. ***See Partnership Development Support document for more details.***

VI. Meeting Wrap Up – Reflections – Kate Sanderson and Kelly Laurila requested Advisory members complete process evaluation of the CEC- Advisory Council meeting. **See CEC Advisory Council Evaluation Results Document.**