

Meeting Minutes

Framing Foundations: Maricopa County Community Health Improvement Plan

Quarterly Partner Meeting | Health Improvement Partnership of Maricopa County (HIPMC)
Wednesday, June 5, 2024 | 9:30 AM – 1:30 PM
Rio Salado College, Tempe Campus | 2323 W 14th St, Tempe, AZ 85281

I. Meeting Minutes

Time	Session
9:30 – 9:45 AM	Welcome!
9:45 – 10:15 AM	<p>2023 Community Health Needs Assessment (CHNA) Methods</p> <ul style="list-style-type: none"> Data collection methodology for 2023 CHNA Survey focused on representative recruitment goals through in-person and virtual recruitment and accessible survey tools <ul style="list-style-type: none"> 13 translations available on paper, virtual platforms, and via call line Focus groups conducted by ASU SIRC (Arizona State University's Southwest Interdisciplinary Research Center) to gather qualitative data on community's lived experiences Key informant interviews conducted by OMNI Institute to interview community leaders on strengths and barriers of the communities they serve in Maricopa County Community partners who assisted in recruiting survey participants during the 2023 CHNA survey cycle were recognized <p>CHNA Data Prioritization Methodology</p> <ul style="list-style-type: none"> List of 165+ health indicators were analyzed using primary and secondary data to narrow down a list of 13 health indicators that are supported by multiple quantitative and qualitative data sources List of 13 health indicators then reviewed by MCDPH leadership, Synapse Coalition, and HIPMC Steering Committee using the CHNA/CHIP (Community Health Improvement Plan) Prioritization Matrix to narrow down the list further to 7 indicators. These are the 7 priorities that will be ranked during this meeting

<p>10:15 – 10:35 AM</p>	<p>Improving Public Health through Civic Engagement with Vot-ER</p> <ul style="list-style-type: none"> • Sandra Gutierrez is the West Coast Deputy Field Director of Vot-ER • Vote-ER’s mission is to help create the reality of everyone being able to vote • 50,000 health professionals are currently using their tools to help support voter engagement • Vot-ER is a non-partisan group that provides fast and easy tools to vote: <ul style="list-style-type: none"> ○ Badges and lanyards for teams and organizations to start conversation about registering to vote ○ Custom digital materials for teams and orgs ○ Email, text and electronic health records (EHR) templates to help staff/patients to vote • Global, national, state and local research shows a link between voter participation and health outcomes • Voter turnout is significantly higher when non-profits help their communities vote, which in turn increases the health of the community • States with less voting access have worse health outcomes, and individuals with worse health outcomes are less likely to vote. <ul style="list-style-type: none"> ○ On the flip side, states with more voting access have better health outcomes ○ This issue can get better or worse through a positive feedback loop • Data on direct benefits of voting and health (view the slideshow for sources): <ul style="list-style-type: none"> ○ Voting among adolescents was associated with less risky health-related behaviors and fewer depressive symptoms in young adulthood ○ After controlling for demographic factors, participants who scored higher in political activism also reported higher levels of personal well-being ○ A study of 44 countries found that voter participation was associated with better self-reported health, even after controlling for individual and country characteristics • 501(c)(3) organizations are able to conduct nonpartisan voter engagement activities designed to help the public participate in elections – the National Voter Registration of 1993 encourages this type of non-partisan voter registration in health centers <p>Additional Vot-ER information from Q&A</p> <ul style="list-style-type: none"> • There is no cost associated with ordering Vot-ER materials. It’s all free • TurboVote is a website used to send subscribers reminders such as registering to vote or when to mail in early mail-in ballots • Anyone, not just healthcare facilities, can order these materials for their organization • Vot-ER does not have data on how many people voted due to their outreach, but there was a 70% increase in voters from 2022. • Vot-ER offers grant programs and fellowships. Current fellows with Vot-ER are working with U of A on a study where fellows ask patients about voting, with the plan of following up with them to see if there was follow-through
<p>11:00 AM – 12:20 PM</p>	<p>CHNA Data Prioritization</p> <ul style="list-style-type: none"> • Data selected for the 7 health priorities were analyzed using the following public health lenses: <ul style="list-style-type: none"> ○ Community strengths and organizational capacity ○ Health behaviors and health outcomes ○ Health equity: systems of power, privilege, and oppression • CHNA/CHIP Prioritization Matrix Criteria: Matrix created by MCDPH in 2015 that was updated in 2024 according to feedback from the Synapse Coalition and HIPMC Steering Committee during their May monthly meetings • Criteria being used to review the health priorities are: relevance, impact, alignment, and feasibility on a scale of 1 (least relevant) to 5 (most relevant) • QPM participants, made up of over 80 community members, used the Criteria Matrix to rate 7 priorities on the online platform Menti: Access to Healthcare, Food/Nutrition, Heat, Housing/Homelessness, Mental Health Overall, Substance Use, and Transportation

- After comparing the ratings of each health issue, the following priorities were ranked:
 - #1 Mental Health
 - #2 Access to Health Care
 - #3 Access to Food
 - #4 Substance Use
 - #5 Housing/Homelessness
 - #6 Heat
 - #7 Transportation
- A more detailed description of the prioritization process will be published on maricopahealthmatters.org in the coming months.
- The ranking activity was followed by a discussion....

12:20 – 12:50 PM

Discussion
Do you agree with the top priorities? Why?

Yes	Maybe	No
All 7 priorities are important, but the participant would have ordered the final ranking differently.	One participant’s organization has a lot of clients that do not have transportation for care and are limited to the food available to where they live. Without addressing these foundational issues, it is hard to focus on making an impact on health outcomes.	Some priorities may have been rated higher if there were more healthcare providers at the QPM to participate in the prioritization process.
The top 3 priorities are interrelated with the other priorities on the list.	While the top 3 priorities are important, there are other priorities that are more urgent and should be prioritized due to community members dying from these issues.	One participant from the organization 211 Arizona Information and Referral Service noted that the #1 issue they receive calls for is for homelessness and food access. The highest rated priorities do not align with the data their organization has collected.
Their organization’s top 3 priorities align with the ranking of the indicators.	Heat is a priority that public health is better equipped to address compared to healthcare facilities.	
	Substance use should be ranked higher as over 50% of all fentanyl entering the country is through Arizona. This is an issue that greatly affects the community.	

General discussion on ranking of priorities

- Final ranking is very similar to the order that the data was presented in. It may be possible that the order the data was presented in had influenced how participants ranked issues
- If this prioritization process was available asynchronously for those who could not attend the meeting, then the final ranking of top priorities might look different
- It is important to keep in mind that ranking priorities by feasibility and alignment affected the scores of the priorities
- Depending on what industry a participant comes from, everyone will have a different perspective on what the top issues are in a community. At the end of the day, we must do our best to work as a collective to focus our efforts on a few priorities
- Most of the issues are interconnected, so even by focusing on the top 3-5 priorities the others may be helpful to incorporate in proposed solutions

What additional data on these priorities would you or your organization like to see?

- Some responses included

	<ul style="list-style-type: none"> ○ Childcare ○ Food insecurity on tribal lands ○ Zip-code level data ○ Intersection of substance use and STI/HIV outcomes ○ Uninsured populations <p>What priority is your community or organization best equipped to address?</p> <ul style="list-style-type: none"> • Most common responses were access to healthcare, mental health care, and education <p>Next steps:</p> <ul style="list-style-type: none"> ○ Issues are prioritized – now what? <ul style="list-style-type: none"> ○ Results from the QPM ranking activity will be reviewed by MCDPH internal workgroup for approval. ○ The finalized priorities will be brought to the Synapse Coalition and HIPMC Steering Committee to refine the sub-topics and strategies to highlight. ○ At the September QPM, attendees will have the opportunity to join workgroups to develop plans and action steps to address the priorities.
12:50 – 1:00 PM	<p>Closing Remarks</p> <ul style="list-style-type: none"> • Next Quarterly Partner Meeting (QPM): Wednesday, September 4th, 2024. Please bring a colleague to brainstorm avenues to take the next steps for Community Health Improvement Plan (CHIP). We will be gathering to create action plans for the final top priorities that will be revealed! • Subscribe to the HIPMC newsletter