



OUR VISION

A county with collaborative communities and stakeholders equipped with resources, opportunities, and environments to maximize health and well-being for all.

OUR VALUES

Diversity, Health Equity, Collaboration, Access, Education

September 2023 HIPMC Quarterly Partner Meeting – Meeting Notes & Minutes

Time	Description	Presenter
9:00 – 9:15 AM (15 minutes)	<p>Sign-In</p> <ul style="list-style-type: none"> Light breakfast 	
9:15 – 9:30 AM (15 minutes)	<p>Welcome Message, Introductions</p> <ul style="list-style-type: none"> Land acknowledgment Introductions <ul style="list-style-type: none"> Steering Committee MCDPH QPM Team (CHIP, Comms, Regional HE Program Specialists) 	Co-Chair: Lauriane Hanson
9:30 – 11:00 AM (1.5 hours)	<p>Session: Health Equity in the Age of Uncertainty: Determining Our Health Destiny</p> <ul style="list-style-type: none"> Introduction to Natalie Burke Power, Identity, Policy: <ul style="list-style-type: none"> Power: The ability to define reality for yourself and for others- need to start having more strict conversations in our communities Identity: Social identity is the part of the self that is defined by one's group memberships- includes social categorization, social identification, and social comparison – this is how we start to assign value to ourselves and others Privilege & Oppression: not fixed, able to have movement over time (ex. Women gaining opportunity to vote, own land etc.) Privilege is like walking up an up escalator, oppression is like walking up a down escalator Social advantage & social disadvantage: personal circumstances and interactions Intersectionality: the interaction between gender, race, and other social identities in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power Identities show up as stereotypes, bias and inequity All our current policies are rooted in identity The pain of racial identity Social identity + power + policy leads to health outcomes How did this relate to Covid in the US: chronic health conditions were higher in diverse populations; these people were also less likely to be able to work from home 	Intro: Dr. Ruelas Presentation: Natalie Burke

- Vaccine prioritization for phase 1: health care workers and long-term care facility residents and people over 75 – led to inequities Native American and black elders pre-covid life span of about 75 years old - equal but not equitable.
- Disparity vs. Inequity
- (Health) Disparity: Difference in health status or outcomes between groups of people
- (Health) Inequity: Disparities that are a result of systemic, preventable, avoidable, and unjust social and economic policies and practices that create barriers to opportunity
- We need to evolve the language: if our work is health equity, we need to work against health inequity, not disparities.
- Health Equity
- Fair: whatever is necessary (within the confines of the law and resources) to get a person to the best possible outcome.
- Humans are hardwired for fairness – so what is going on?
- Prejudice: A judgement or opinion, usually but not always negative, formed without sufficient data, before facts are known and/or in disregard of facts that contradict it.
- In-group bias: We gravitate to people with a shared experience
- Unconscious or implicit bias: stereotypes about certain groups of people that exist outside of our conscious awareness; everyone holds unconscious beliefs about various social and identity groups.
- Bias is important part in why we see what we see
- Prejudice/bias + use of misuse of power in systems and institutions lead to -ism
- Bias (implicit or explicit) informs policy which then lead to social drivers of health that factors into health outcomes
- Things we can do in our community and in our work: equity lens, empathetic listening, language of oppression
- Equity lens: the lens through which you view conditions, circumstances, and processes to understand who experiences the beliefs and burdens of a given policy, program, or practice – decisions, behaviors and actions (ex: ERIT from King County in Seattle)
- Empathetic listening: active listening, connect emotionally
- Words have power (ex. Vulnerable populations may think they are being called weak – shift to populations that experience vulnerabilities)
- What can I do now? - Be an ally, be “anti-ist”, community
- Natalie’s HE presentation
 - ~75-minute presentation

	<ul style="list-style-type: none"> ○ ~15-minute debrief questions/Q&A ○ Brief evaluation (QR code) 	
11:05 – 11:15 AM (10 minutes)	– Break –	
11:15 AM – 11:20 PM (5 minutes)	<p>Health Equity Committee</p> <ul style="list-style-type: none"> ● MCDPH definition <i>“Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable disparities”</i> ● Four areas of focus: capacity building, advocacy, data & messaging, sense of belonging ● 2023 activities <ul style="list-style-type: none"> - Developing and documenting health equity activities to continue the health equity work - HIPMC will be hiring an evaluator to help document and process the data 	Dr. Dulce Ruelas
11:20 – 12:35 PM (75 minutes)	<p>Health Disparities Grant (HDG) Recipients Panel</p> <ul style="list-style-type: none"> ● History of HDG <ul style="list-style-type: none"> - CDC released health disparities grant to reduce health disparities and provide infrastructure for health departments to grow staff and provide better services to communities ● Impact, results (barriers, opportunities) <ul style="list-style-type: none"> - MCDPH funded more than 14 community organizations to support and improve community health <p>HDG Subrecipients: Family Tree Healthcare, Pinnacle Prevention, YWCA, Hushabye Nursery, Arizona Family Resource Network, AzAAP, YMCA, Glendale Strong Family Network, Unlimited Potential, Social Spin, Boys Hope Girls Hope</p> <ul style="list-style-type: none"> ● Q&A <ul style="list-style-type: none"> ○ How did this grant help move your mission or goals forward? <ul style="list-style-type: none"> - Hushabye Nursery: expanded outpatient hours, incorporated telehealth - Arizona Family Resource Network: continued professional development and leadership coaching - Family Tree Healthcare: developed social enterprise component (healthcare center for primary care health), 	Intro: Alejandra Zavala Panel: HDG Recipients Facilitators: Devonna McCarthy, Shae Corea

	<ul style="list-style-type: none"> - AzaAP – funding full time position for one staff member, campaign to educate parents/pediatricians on suicide prevention, how to use 988, set up QI project (educational program collaborating with pediatrician psychiatrists) - YMCA – created task force convened 18 organizations to innovate, meet monthly to talk about policies, systems, environmental gaps in hopes to address those together, creating network of community health workers to find ways to get HIPAA compliant referrals for chronic disease programs - Boys Hope Girls Hope – helping first generational students attain scholarships, serving both students and families, grant allowed capacity building, learned more about the community, created another position specific to community and family support - Unlimited Potential – meeting a gap within community services, focused on training CHWs and other leaders in organizations about bringing the community and being active listeners, creating a safety net of emotional support, developed a network of community facilitators - Social Spin – invested funds in community to create spaces in laundromats to address community health needs, host diabetes intervention classes, added food pantry into locations, hire director of community partnerships - Benevilla - how to use art to support mental health, expand capacity, prepare for a large gallery on Nov 3rd - Glendale Strong Family Network – serve community more efficiently, allowed great flexibility, solidification of the network, mission, and ability to communicate and collaborate <ul style="list-style-type: none"> o What tips or advice would you give to another organization that was looking to apply? <ul style="list-style-type: none"> - YWCA: learning opportunity to do more public health work outside of organization's scope, expanding outreach to have greater community impact - Pinnacle Prevention: great partnership with MCDPH to help with capacity building, MCDPH has provided lots of support to navigate the HDG - Family Tree Healthcare: discover community leaders (neighborhood liaisons) in geographic regions early on, find out what the community wants to know instead of assuming what they need based on collected data - Arizona Family Resource Network: stay focused and keep it simple 	
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	<ul style="list-style-type: none"> - Glendale Strong Family Network – being able to learn together with other partners - Unlimited Potential – ensure that while you're writing grant, be looking at next steps & sustainability (after funding goes out, what is the long term yield?), local first has free grant writers - MCDPH – read the details of RFPs, what's not allowed? o What has been the organizational lift for submittal/managing grant/deliverables/compliance for this grant? - YWCA: staff capacity to meet grant compliance, great report products that are also shared with the community - Arizona Family Resource Network: virtual network - compliance meetings become challenging - Pinnacle Prevention: non-traditional organization (compliance stuck pre-covid), mostly hybrid organization which makes navigating building requirements challenging, MCDPH evaluation process is easy to navigate compared to other grants - Family Tree Healthcare: HDG has given opportunity to share work that they're currently doing, develop different perspectives of public health, appreciates monthly meetings with liaisons (shared responsibilities/interests) - Azaap – appreciated flexibility to let pediatricians run committees - Unlimited Potential – compliance component was more for larger organizations, it did not make sense for non-profit organizations based on compliance complexity, appreciated learning process and community collaboration - Social Spin – used funding to create space of shop and brought founder of clipart to think through relationships needed to provide direct services to community (considering grant restrictions) o What recommendations or changes would you make to MCDPH's grant process? - Family Tree Healthcare: have more community meetings prior to grant process (greater community integration), increase community coaching/encouragement with organizations to make them feel more equipped to apply for grants, sponsored grantee meetings/conferences (share organization's work, connecting/growing with community partners) - YWCA: at community meetings (show range of acceptability when it comes to application process) to increase comfortability - Unlimited Potential: making it more a collaborative application as opposed to competitive 	
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	<ul style="list-style-type: none"> - Social Spin: emphasize that racism is impacting health in communities, encourage group to find a way to have candidate forums/debates to help ensure that we have county supervisors who are anti-racist (election is coming up) o How has MCDPH demonstrated inclusion of health equity into the grant experience? - Pinnacle Prevention: CAB has been helpful (community organizations already being apart of the process), direct connection with those on the ground is valuable - Arizona Family Resource Network: having diversity at the table (CABs), collaborative process which engages community in active listening and developing action plans - Family Tree Healthcare: constantly engaged in challenging and necessary conversations on a regular basis (CAB/monthly/community meetings) - Pinnacle Prevention: seeking feedback from grantees on professional development topics that they are interested in - Unlimited Potential: having opportunity in CABs to hone in on priorities that need change 	
12:35 – 1:15 PM (40 minutes)	– Lunch & Networking –	
1:15 – 1:20 PM (5 minutes)	<p>CHNA Updates</p> <p>Roadmap:</p> <ul style="list-style-type: none"> - Collected over 18,000 surveys - Met all regional goals - Next steps: survey data analysis, key informant interviews, SWOT analyses, updated data dashboards 	Annie Daymude
1:20 – 1:30 PM (10 minutes)	<p>Debrief, Evaluation, Closing, & Next Steps</p> <ul style="list-style-type: none"> • Forms: post-QPM evaluation, QPM venues/spaces, HIPMC newsletter/partner spotlight • Recycle name tags • Next in-person meeting: HIPMC Summit - Wednesday, December 6 	Alejandra Zavala