



General Council Meeting Minutes Tuesday, July 23, 2013

Location:	Mid-Region Council of Governments	Time:	3:00 – 5:00 PM
Voting Members Present: Lora Church, Warren Cox, Erin Engelbrecht, Jeanne Forrester, Sherri Gonzales, Louise Kahn, Michelle Melendez, Caroline Monie, Kate O'Donnell, Walter Punke, Michelle Skrupskis, Daryl Smith Non-Voting Participants: Remona Benally, Enrique Cardiel, Mark Clark, Sheila Conneen, Anita Feltz, Esther Garcia, Lorna Marchand, Galina Prilouts kaya, Danielle Reed, Kitty Richards, Kristine Suozzi, Persephone Wilson Staff: Marsha McMurray-Avila, Tracy McDaniel			

	Agenda Items	Discussion	Action
1.	Welcome and intros	All present introduced themselves. Secretary Michelle Skrupskis facilitated the meeting.	
2.	Updates on BCCHC activities – questions and highlights on Staff Report	<p>Participant Announcements:</p> <ul style="list-style-type: none"> • Walt passed around information on the Healthy Aging Collaborative. • Michelle M. announced that First Choice is currently seeking 5 enrollment outreach workers to enroll folks in expanded Medicaid. • Jeanne announced that APS is hosting a school supply give away on August 3. This will take place at UNM near the football stadium. They will also have a clothing bank. • Louise announced that there will be a meeting tomorrow evening at 5:30pm regarding mental health services funding. • Sherri announced that Quote Unquote is hosting a fundraiser at 901 Edith on Saturday July 27. Sherri and her band will be playing there. • Kitty announced that there will be a meeting regarding the Kirtland fuel spill on July 30th. • Kristine announced that New Mexico Health Equity Working Group is hosting a screening of “The House I Live In” at 6:30 pm on August 7th at the Kimo Theatre. She will send the flyer out to the listserv again to provide additional information. <p>Highlights of Staff Report:</p> <ul style="list-style-type: none"> • Voting members voted to change the Health Council bylaws. As amended, the election of the new Lead Team will take place every July, rather than every June, so that newly appointed members will be eligible for election to the Lead Team. • The newly elected Lead Team is as follows: Chair – Leigh Caswell; Vice-chair – Michelle Skrupskis; Secretary – Jeanne Forrester. • New Mexico Health Equity Partnership has hired a new Health Councils and Community Coordinator – Yolanda Cruz from San Miguel County has accepted the position. • The American Cancer Society is looking for participants in a new longitudinal study. The Cancer Prevention Study 3 is looking for individuals between the ages of 30 – 65 years who have never been diagnosed with cancer to participate in a 20-30 year study. Marsha distributed the flyer for those who may be interested in participating. 	

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<p>3. Presentation on CINCH Implementation Plan (Collective Impact for Neighborhood & County Health – Community Transformation Grant) – Presented by Angelica Solares</p>	<p>Overview The CINCH Project is funded through a Centers for Disease Control and Prevention Community Transformation Grant (CTG), a component of the Prevention and Public Health Fund of the Affordable Care Act. The CTG grantees are tasked with the goal of creating healthier communities by: increasing access to healthy foods; increasing physical activity; and decreasing tobacco use and second-hand smoke. Other goals are to decrease medical costs and increase the wellbeing of residents.</p> <p>Capacity-building Activities CINCH utilizes a participatory planning process, bringing together stakeholders and community partners on a Leadership Team, advisory teams, and also seeks input from the Health Council. During the capacity building phase, the team conducted a Policy Scan, a County Health Assessment focused on chronic disease indicators, and qualitative information gathering. The results of the Health Assessment led to the identification of six communities with high rates of chronic disease and health disparities. The communities identified were geographic (I-25 corridor, International District, and the South Valley) as well as ethnic/racial communities (African-American, Native American, and Hispanic). Focus groups were then conducted within these communities to collect information from community members regarding barriers to healthy eating, active living, tobacco-free living, and receipt of clinical preventive services. Key informant interviews were conducted with community leaders, aimed to fill in the gaps from the focus groups.</p> <p>Angelica reviewed the findings from the policy/environmental scan and the health assessment (both posted on the BCCHC website at http://www.bchealthcouncil.org/CINCH). One of the most notable findings included in the Health Assessment was a 22 year disparity in life expectancy between different areas of the county. To view the entire PowerPoint, including key findings, please click here.</p> <p>An unexpected comment from the focus groups was folks not knowing how to cook healthy foods. Community members in the International District shared concerns about crime. They report that they do not want their kids to go to the park or walk in the neighborhoods because drug crime prevalence is a concern. In the South Valley the concern was more related to the need for sidewalks to make walking safer. Tobacco-free living was the most difficult topic to discuss with the community. People are concerned about personal freedoms and see tobacco regulation as a threat to that. However, community members were concerned about children smoking. Questions were raised about the reasons why people smoke. Poverty, stress, and mental illness were factors community members believed to be associated with high smoking rates in their communities. The CINCH Team and the Planning Advisory Team used information provided qualitatively within communities, along with the findings of the Policy Scan and the Health Assessment to develop a Community Transformation Implementation Plan (CTIP), which was submitted to the CDC earlier this month. We probably won't know whether the plan is accepted by the CDC until September.</p> <p>Implementation Plan Lorna headed the Planning Team to develop the elements of the CTIP. Half of funding during the implementation period will go to community partners who will contract with CINCH to conduct the work outlined in the plan. The plan includes the following components.</p> <ul style="list-style-type: none"> • <u>Active Living</u>: Joint Use Agreements to ensure district-wide policy of open school yards and increasing the number of land use plans that incorporate Complete Streets design principles. • <u>Healthy Eating</u>: Increase access to fresh fruits and vegetables through support for mobile food trucks in the identified communities and support for Farm to School initiatives. • <u>Tobacco-Free Living</u>: Increase the number of people living in smoke-free multi-unit housing within the International District and decrease access to tobacco for minors in identified neighborhoods. • <u>Clinical Preventive Services</u>: Increase access to well-trained Community Health Workers from within affected communities. 	

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		<p>Q&A</p> <p>Q: Michelle Skrupskis asked whether the group has been working with Farm to Table. A: Yes, CINCH will be focusing on access to fresh fruits and vegetables within target neighborhoods. The goal is to collaborate with community partners currently working on issues without duplicating the work already being done.</p> <p>Q: Louise asked if the mobile markets will be accepting WIC. A: Yes. The contractors will be working with vendors to ensure acceptance of WIC and SNAP.</p> <p>Q: Walt asked how the project is measuring success of initiatives. A: The broad goal as outlined by CDC is a 5% decrease in chronic disease. There will be an evaluator hired to create an evaluation plan to help measure success within the different components. Screening of community members for input will be another indicator used. The members of the Leadership Team are used as door openers. CINCH team has utilized these individuals to stay connected to target community members to help gauge the response of the community.</p> <p>Comment: Marsha noted that CINCH will not be providing any direct services. Instead, they work on infrastructure and policy changes to address disparities.</p> <p>Q: Walt asked if the work being done by the CINCH team in the International District is connected at all to the Urban HERO work there. A: Yes. Enrique is a member of the Leadership Team, and he notes that they are working to coordinate their efforts.</p> <p>Comment: Michelle S. noted that Lauren Reichelt in Rio Arriba County is also working with mobile fruits and vegetable vendors. She will provide more information to the CINCH team.</p> <p>Q: Michelle M. asked how the team is engaging the Commissioners and other decision-makers. A: CINCH is working with others who are influential with Commissioners. The county adopted a strategic plan in the Spring. Part of this strategic plan is focused on the components of CINCH.</p> <p>Q: Sherri expressed the frustration of community members in the South Valley who feel that many studies are conducted within the community without results or action taken. A: Joint Use Agreements, mobile markets, and other pieces are trying to address disparities rather than just measuring them. The Pedestrian Safety Action Plan was just passed by the County. CINCH has been invited to participate in multiple committees and boards to influence planning decisions.</p> <p>Q: Warren asked about the sustainability of the initiatives. A: The evaluation being conducted will include a sustainability piece. The strategy for this has not been developed yet. However, CDC has offered TA on this topic. The team is also going to CDC training in August and meeting with evaluators there. Lorna noted that policy and infrastructure changes should be sustainable by their nature. Marsha noted that coalitions and other components were intended by the CDC to support sustainability. As a Health Council, we should consider how we want to support that.</p>	
4.	Reflection on meeting process	<p>Marsha opened up the floor to the group and asked how folks feel regarding the change to the meetings since we stopped doing the Turn-the-Curve exercise during the meetings.</p> <p>Daryl stated that he has not seen any progress toward the health profile update. Marsha explained that it hasn't happened yet because the Health Council is not fully staffed. We are still waiting for the hiring process to move forward that will provide us with an additional staff person who can help develop the narrative for the profile. David Broudy has been contracted for the data piece, but Marsha does not have the time to write the narrative given other responsibilities (including planning the upcoming Opioid Summit). We will be incorporating existing data reports, assessments and plans. For example, the CINCH data will be utilized for the Chronic Disease portion of the profile. The Plan on Homelessness (presented last month) will be used for that piece of the profile.</p>	
5.	Adjourn	<p>August's meeting will focus on early childhood.</p>	<p>Next BCCHC meeting will be August 27, 2013 from 3:00-5:00PM at MR-COG.</p>