

# MEETING MINUTES

## Social Determinants of Health

Board of Health Strategic Plan

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*Monday, May 01, 2017*

*9:00 am – 10:00 am*

*BOH Conference Room*

*919-245-6221 Password 123456*

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### **Focus Area**

Advocate for and pursue policies and practices aimed at improving access to care, with a focus on cultural and language barriers to access.

### **Action Step**

By February 2017, the Health Department will host at least two “translation boot camps” with the Healthy Carolinians Access to Care committee, on specific health topics to translate clinical language and recommendations about that health topic into culturally and linguistically relevant and motivational messages.

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### **Present**

Coby Austin, Ashley Mercer, Donna King, Beverly Scurry, Robin Gasparini (by phone), Susan Clifford (by phone)

### **Action Steps**

**Indicated in red below**

## 9:00 Background

- BOH
  - The Board of Health had general concerns about the health department being patient centered and felt this initiative could address those concerns.
  - Modeled after the translation boot camp model that began in Colorado around colon cancer screening.
  - Previous meeting there was discussion that client do not understand Family Planning – specifically birth control methods. There was also a sense that time constraints with the provider hinders understanding with patients that need interpreter services (the time limit is the same as those who do not require interpreter services).
  - This action step also stemmed from the CHA which identified Social Determinants – specifically Access to Healthcare as a top priority.
- Research
  - Goal of the Colorado model is to take evidence-based guidelines and recommendations, change them from formal medical information and language into a format that is accessible, understandable, meaningful, and engaging to community members, and then use that construct as the basis for a community-wide campaign.
  - The aim in the Colorado model is to create patients and community members who can better understand the relevance of a condition or guideline, are better prepared to discuss the issue, and are more motivated to take action. If community members don't understand a health care recommendation they're not going to seek care to receive it.
  - Community engagement is essential in translating medical info to improve health.
    - Community engagement enhances public trust through the collaborative group work.
    - This is a community-based participatory research model (CBPR)
      - This is a collaborative, equitable process that involves all partners in the research process.
  - **The group agreed that this is a project that is needed**

## 9:15 Potential Health Topics

- Typically chosen based on community priorities
- Discussion:
  - Family Planning – birth control
  - Refugee community concerns:
    - Paying for expensive procedures and not getting well
    - Medication compliance (Piedmont has great suggestions)
    - Stay at home (avoid ED) and self-medicate
    - Going to urgent care and then getting sent to ED
  - Having a common Family Planning language among providers
  - FSA has created an action step for FP to assess the community demand. PH student looking at the data community wide – focusing on LARCs, tubal ligation, and vasectomies.
  - Family Planning has developed three questions to determine best birth control recommendations:
    - Is your main concern not getting pregnant?
    - Do you want to be discrete?
    - Are having periods important to you?
  - The clinic received an innovation grant to pilot a website to assist women in determining what the best birth control option may be.
  - **It was determined that family planning would be the health topic for the boot camp with a focus on long-acting reversible contraceptives (LARCs)**

## 9:40 Potential Partners

- Robin will send the Family Planning agreement addendum that outlines several community partners who are working on women's health
- The medical director has clients in mind to be a part of other groups
- Planned Parenthood
- Early Head Start – home-based program
- RENA community Center
- Cooperative Extension's FNEP program
- The Women's Center

## 9:55 Next Steps

- In the research this process required about 20-25 hours of participant time over a 4-12 month time span. A typical schedule involved a full day retreat followed by 2-3 additional 2-4 hour face-to-face sessions, interspersed with 4-8 thirty minute phone calls.
- I'm using this strategic action plan as my project for my practicum in my master's program.
- Beverly Map out scope of work of this process – include level of engagement needed by participants
- Beverly will email out scope of work for review prior to next meeting
- The group will meet again before engaging partners

**NEXT MEETING: May 23, 2016 @ 2 pm in the BOH Conference Room**