

**DISTRICT 3 PUBLIC HEALTH ADVISORY COUNCIL
FEBRUARY 19, 2015 MINUTES**

PRESENT

Zachary Thompson Karin Petties, Coordinator Dr. Manisha Maskay John Fullinwider Sharonda Wilson Wendy Pachero Bishop Dr. Erin Carlson	Mark Edwards Kamilah Hasan Ruth Schlesinger Paul Hoffmann Niccole McKinley Dr. Jasmin Tiro	Ronald Session Crystal Flores Thea Walker Ruth Schlesinger Camille Lafayette Andrew Wilson
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ABSENT

John Wiley Price, Chair Cheryl Mayo-Williams, Co-Chair Roslyn Goodall, Co-Chair Dr. Princess Jackson Tikisa Jackson Dione Banks Captain Hernan Reyes Captain James Dickens David Dagostino Marcene Royster Dr. Allicock Kathy Miller Charlotte Williams Dr. Reginald Taylor	L'Phesha Williams Roschanda Fletcher Stacy Harper Ethene Jones LaKeye Hurd Pastor Eugene Keahey Lt. Joseph Walker John Sanchez-Casas Brett Camp Dr. Ernie Lacy Kim Linnear Andrea Hayes Angela Williams	Mandrell Bufford Johnrice "JR" Newton Erma Woodward Erica Howard Leilani Dodgen Shelly Stonecipher Cheryl Boswell Cynthia Mickens Suzanne Kubelka Denise Bufford Anissa Carbajal-Diaz Veronica Moore Kendra Wilson
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- I. **Call to Order** – Chair John Wiley Price was unable to attend today’s meeting, Director Zachary Thompson took the chair position and called the meeting to order at 3:33 pm.
- II. **Introductions and Announcements** – Chair Thompson had all in attendance introduce themselves and their affiliation. Guests to today’s meeting included Wendy Pachero Bishop and Dr. Jasmin Tiro from UTSW and Dr. Erin Carlson from UNT Health Science Center.
- III. **Approval of the November 13, 2014 Minutes** – The Chair called for approval of the November 13, 2014 minutes, Mark Edwards moved for approval, Ronald Session seconded. The motion passed. Director Thompson commented that the minutes are well done and comprehensive, offering those not present a clear snapshot of what transpired at meetings.
- IV. **KwanzaaFest HealthFest 2014** - Karin Petties shared that passed out a report profiling outcomes and impact from the 2014 HealthFest event. Overall the event was a huge success. Details shared included:
 - A. 14,919 pounds of recyclable materials in the past five years
 - B. 21,794 screenings/encounters provided to the community
 - C. 1,152 HIV/STI screenings provided
 - D. Valuation of care at \$568,134
 - E. A 10 year historical overview of health outreach was provided
 - F. An A-Z list of specific health services offered and number of individuals engaged was included
 - G. An overview of vendor surveys pertaining to venue and support was also built into the report

Ms. Petties shared that while the number of screening/encounters was slightly lower than the goal of 30,000, vendors are providing more comprehensive screenings such as Parkland’s cardiovascular outreach which involved a risk assessment, blood draw, BMI evaluation, EKG and medical consultation.

Similarly, the HIV outreach is a multi-faceted procedure of registration, testing and education as is the Kidney Disease screening processes which involved several screening steps. Screenings of this nature take longer and take up more floor space to provide than single booth outreach so it impacts capacity but upticks quality.

Ms. Petties also pointed out the HealthFest model of care is to embed HIV/STD outreach at the center core of the event and surround it with a plethora of health screenings to normalize testing. This has been extremely successful over the years.

Mark Edwards noted that the trend over the past ten years has risen and fallen, noting in 2010 over 40,000 screening/encounters were provided. Ms. Petties stated that there were a few reasons for this. First it ties directly to funding. In 2010 and before that date Ms. Petties had been writing successful sponsorship proposals to pharmaceutical companies who supported the event. This level of funding support allowed KwanzaaFest to offer free or reduced booth space to vendors with absolutely no ability to pay. She stated she could fill the Automobile Building with providers if cost were not a factor.

Second, the rates are contingent upon the vendors engaging each year. Pharmaceutical companies used to not only support but also engage in outreach. Legislation enacted several years ago severely limited their participation with outreach events and their capacity to support such festivals.

Director Thompson shared that another consideration, anecdotally, is that the model of HealthFest was not just to test but to connect people to care. Over time, this has been very successful and linkages to routine medical care support have been established. This is another likely reason why perhaps less people engage in the outreach as perhaps four to five years ago.

Mark Edwards commended Commissioner Price, Director Thompson and Ms. Petties for their hard work, leadership, and vision in planning and managing the event each year and noted that it makes a huge difference to our community.

- V. **KwanzaaFest HealthFest Data Utilization** – Karin Petties provided background information regarding this agenda item stating that there is interest in exploring better utilization of data collected through the health survey administered at KwanzaaFest by UTSW. Thea Walker had expressed specific attention to how it may be utilized to better support community based and/or faith based organizations in identifying disease trends.

In support of this discussion, Wendy Pachero Bishop and Dr. Jasmin Tiro brought preliminary data from the 2014 survey, and Karin Petties provided a copy of the survey tool to allow everyone to be aware of data collected and questions asked.

Ms. Bishop shared that the survey has been provided not only at KwanzaaFest but through various events in Dallas County, noting that KwanzaaFest is one of the larger outreach functions they participate with. Information collected revolves around demographics and health concerns. She further explained that survey participants are also asked if they wish to be contacted for participation with future surveys and/or clinical trials, which culminates in a pool of potential study participants (majority people of color) who are available to be contacted. While not all agree to be contacted, they none-the-less find a high connection rate with over 60% agreeing to be put into a registry pool. The majority of these are willing to be a part of future surveys and/or studies upon contact. This pool is open to researchers outside of UTSW.

Thea Walker inquired if there was a fee to which Wendy Bishop stated yes but it is nominal to cover staff time and supplies in providing this information.

She commented that there are survey trends for four years of implementation provided in handouts for this discussion. The first chart provided was a profile of survey respondents from KwanzaaFest, the

second the same information from survey respondents living in District 3 and the final profile was survey respondents residing in Dallas County. All profiles showed age breakouts, gender, race/ethnicity, un-insured, marital status, and access to care. A more comprehensive and detailed presentation will be provided to the council at the May 2015 meeting. Of note in the handouts provided during the meeting were numbers shown in red which included a reduction in the number of people using free clinics in 2014 for KwanzaaFest patrons, which could support loosely/anecdotally Director Thompson's early comment about connecting patrons to care and that less individuals identifying Hispanic participated with the KwanzaaFest survey cohort. Overall Hispanic numbers were down but this could be because Viva Dallas wasn't held this year. Also more females respond than males, with roughly ¼ KwanzaaFest respondents being male. There were some other statistics that stood out included reduced identification of using Parkland for access to care and a large increase in use of emergency rooms for residents of District 3.

Dr. Tiro stated that the UTSW team is very interested in seeing a broader use of the registry. Top Health concerns are also gathered which always results in Obesity, Healthy Eating, Heart Disease and Diabetes targeted by respondents. Frequently research studies will use the information to select people to invite into a survey about more identifying specific needs or to engage them into an intervention or program that they may be interested in because of the concerns they express. The data can be tailored with language preferences, and they know the status of children and number of children and therefore it also informs researchers interested in children and families for studies. This can save researchers much time and energy. It is a UTSW registry covered by the UTSW Institutional Review Board so use of this registry will require adherence with their policies. Fees associated are to cover the data pulls.

Another activity is to provide quarterly newsletters that not only inform registry participants of programs and studies but also to determine how accurate participant emails are relative to their cell numbers/phone numbers which can be transient or frequently shut off. UTSW employs active recruitment therefore they call respondents frequently at different days and times, send letters and email and do follow up call backs if a phone is disconnected as they frequently are reinstated within a few weeks. UTSW can provide a list culled by any data element desired, including geographic base selections.

Dr. Tiro stated that the UTSW team is very interested in seeing a broader use of the registry noting that they have been maintaining it for several years but not too many people were contacting UTSW to use this information. She asked for thoughts to improve the outreach, Ms. Petties suggested that they provide her with a summary of the resource and she would send it to membership who could in response forward it to their colleagues as well.

Director Thompson commented that this is great information and asked if the UTSW team could lay this out in a descriptive fashion that would be available for dissemination. He further stated that a synthesized description of what this data is telling us that could inform the general population would be useful. It helps to dissect this information in a manner they can understand, similar to an Executive Summary, with the highlights of what we've learned over this period of time and lessons learned.

Dr. Tiro stated that the data could be used for the community to demonstrate community need, and that information in the registry could provide access to individuals to gather information to establish baselines for grants and programs. Dr. Tiro shared that they would be able to be more descriptive with the data and include how they can use this information, sending the information to Ms. Petties for distribution and making it available at the next meeting.

Thea Walker then inquired if an agency wants to have a diabetes prevention program conducted through Community-Based Participatory Research (CBPR) model, would UTSW have faculty available to work with community organizations to build their capacity?

The UTSW team shared that there is actually a matchmaker resource to match researchers and new investigators with projects to help address the disparities in Dallas through connecting them with programs. UTSW is doing this with Parkland already. They match those without background in research with researchers, which is a very valuable opportunity for everyone engaged.

Dr. Tiro shared that they are create a community advisory board and community engagement group and she advocated for the newly forming board as a venue for putting in ideas that they would be interested in such as those expressed today. Dr. Tiro stated there is wonderful emphasis now nationally to engage people thru CBPR work.

Director Thompson stated we need to keep clearly focused on how we get the message to the community. In real time perspective, how do we push positive public health messaging to the public to those who need the care, the insurance, a medical home etc. This is our paramount issue. Ms. Bishop responded that the newsletters to survey pool participants are their next step to provide such information and referral linkages for them. The USW Language Validation Resource Center sends this information out and they integrate health literacy into this information.

Ms. Walker asked if there is any information that comes out from Parkland's testing initiative (EKG) at KwanzaaFest. Can Parkland provide outcomes by zip code for their final testing outcomes? Mr. Session responded that the information collected was not aggregated by zip code but that a summary fashion of the overall high level results would be provided.

Director Thompson stated that he is a little biased on a zip code discussion, stating we should rather be looking at poverty rates across Dallas County. Poverty and health issues supersedes across Dallas County. Paul Hoffman agreed, sharing he spoke very recently with a nurse in a Richardson school who shared that the majority of children at that school are on free or reduced lunch.

It was also shared that a UTSW researcher is looking at geographic analysis and distribution information tied to the North Texas Food Bank, which could perhaps be of interest for a future meeting presentation.

VI. **2014 Men's Health Conference** – Ronald Session brought outcome information about the recent Men's Health event. He shared that the target goal was to reach 225 men, which was met by approximately 60% with 136 men attending. Subsequent debriefing comments include that the location and weather may have impacted attendance.

Mr. Session shared that the event's advisory board wants to push the annual outreach activity out to a more area specific event versus pulling all men to one area once per year. He noted that they discussed breaking it down to a four part series within individual communities. There is already one partner organization, The Hispanic Contractors Association, partnered to provide an event scheduled on May 3rd, 2015 at Fair Park. This is a Sunday event because men are frequently employed as construction workers in the community and they work on Saturdays. They are attempting to tailor this event to better meet the needs of the population.

They are also working with the Friendship West and Concord Missionary Baptist Church men's ministries. The four part series format includes conducting a focus group to establish where the men are within these entities and what they want to see presented to their groups. The next activity is to provide health screenings to set the baseline information and then provide education and follow up. The sessions encompassed nutritional, physical, psychological and spiritual components which the men can identify which of the realms what they want more information about.

They are seeking to establish additional men's groups, so please let Mr. Session know if you are aware of any potential partner sites. The project is 11 years old. At this high point they were seeing between 300 – 350 men. The intention to restructure the format is to see if they can get back to that level. Director Thompson stated that he appreciates Parkland taking on this initiative, noting it is an age old battle to engage men with primary medical care.

VII. **Membership Roundtable –**

A. Mark Edwards noted that March is Kidney Awareness Month sharing 26 million people are diagnosed with Kidney Disease. The mission of the National Kidney Foundation (NKF) is to raise awareness and increase prevention. In this spirit, on March 12th NKF is partnering with Dallas County Health and Human Services to provide a free outreach screening event which will include blood pressure, BMI, Microalbumin and Nephrologist consultation for those attending. He asked that everyone pass along the information he provided through handouts, and let the community know about this free event. An electronic version will also be provided to membership to distribute.

Additionally, Mr. Edwards shared that on March 8th there will be an education luncheon targeting those diagnosed or at risk for Kidney Disease. The workshop includes lunch and only costs \$5 to attend. The focus will be on diabetes, health and nutrition. He noted that Ms. Petties will send an email blast out to all members and if someone is interested please have them call the NKF main office. Also, to raise awareness Mr. Edwards reminded everyone that the NKF has a project called *Your Kidneys and You* that engages organizations through provided information on Kidney Health, their staff will come to your organization. They have a train the trainer model.

B. Director Thompson shared that it is legislative session time and cautioned everyone to look at various health bills and make comments related to those that make impact. He shared that he is aware of a number of bills pertaining to many things touched on during this meeting, noting he was in Austin for two days last week and that the agenda is very concerning this year. He urged everyone to watch the legislation and provide input and comments as they feel appropriate.

VIII. **Adjourn** – Chair Thompson called for adjournment at 4:35 pm, John Fullinwider moved for adjournment and Dr. Maskay seconded.

Respectfully submitted by:
Karin Petties
02-20-15