

IDPH OFFICE OF MINORITY AND MULTICULTURAL HEALTH ADVISORY COUNCIL

In their second strategy planning meeting the Council reviewed their work and developed priority strategies to carry them into the future. This documents their deliberations and the consensus workshop that developed their priority strategies.

*Strategy planning
documentation*

The Office of Minority and Multicultural Health Advisory Council met Tuesday, August 14, 2012 in Des Moines to review and plan their work for 2013 and beyond. Attending were: (Janice put names in here).

The Council Team

From Left to Right:

Cesar DeLeon
Judy Yellowbank
Dr. Rosa Reyes
Kim Westerholm
Belinda DeBolt
Rey Solis
Sal Alanis
Janice Edmunds-Wells, Dir. OMMH



The day began with a review of the previous work and strategic plan.

(Council members not pictured:

Judy Allen, Dr. Julius Conner, Julie McMahon, Dawn Forrester-Price, Judy Morrison, Dr. Cecilia Peralta and Alisa Walker)

The Vision and Mission statements were revisited in confirmation of the purpose.

Vision: The IDPH OMMH envisions the state of Iowa with 100 percent health care access and zero percent health disparity for Iowa's minority and multicultural communities.

Mission: The IDPH OMMH exists to actively promote and facilitate "health equity" for Iowa's minority and multicultural communities.

In discussing "Our Power" the group recognized the impact of working collaboratively across the many cultures and minority groups that make up the Iowa populace. Our Power comes from our:

- Making a difference as a unified force for communication,
- Ability to network and collaborate,
- Direct access to representatives and organizations,
- Advocacy, communications, networking,
- Making our community voice strong,
- Grassroots advocates,
- Knowledge, data, partnerships and services,
- Shaping the direction of care by building consensus around healthy populations.

Our “Proof” comes from:

- Diverse Council
- Activities/events
- Information distributed
- Legislative notice
- Improved listening
- A second strategic plan
- Engagement
- Recognition of OMMH
- Development of trust
- Data/statistics on health status
- Tracking success
- Engagement & attendance at meetings
- Survey of needs of diverse populations
- Collections of health professionals who belong to multicultural communities
- Public awareness
- Success stories

This meeting brings together Iowa Department of Public Health Office of Minority and Multicultural Health and The OMMH Advisory Council in facilitated processes using the Technology of Participation Methods: Focused Conversation; and Consensus Workshop. The workshop question: ***“Over the next three years what community coalition building strategies continue to move us toward our vision?”***



Best practices are defined as those actions that are successfully undertaken and make a difference in the target population. They are studied, documented and can be prescribed for others. For groups who seek to make a difference the study of best practices from other similar communities and populations offers the best opportunity to successfully make change.

To help our Council identify ours and others best practices, we began by identifying the Elements of Best Practices – ours and others.

OUR BEST PRACTICE

- Communication using all levels of media
- Collaboration and Inclusiveness
- Using marketing tools to reinforce health messages
- Adapts health message campaign to the culture
- Programs: Pink Shawl and AA Prostate Cancer Screening
- Evaluate and grow programs for specific and diverse communities.

In continuation of this work the group identified **Our Best Practices:**

ELEMENTS OF BEST PRACTICE

- Measurable
- Repeatable
- Can be duplicated
- Defined/goal-oriented
- Generates enthusiasm
- Successful
- Proven

Our Council best practices are measured both in concrete terms such as number of events, number engaged, number of services offered.

But also Council best practices are measured in terms of the processes employed, the consensus achieved, the engagement and depth of our dialogs which serve to guide the IDPH OMMH and other programs.

Through OMMH communication processes we engage each other, share information, build conversations and achieve consensus for direction.

The efficiency with which the Council has achieved this infrastructure and work demonstrates growth in the internal processes.

Once best practices are identified, a set of strategic actions to increase the best practices was created with the following actions to become part of the call to action...



In conversation the Council identified some specific **achievements** that occurred over the last couple of years working together: They have....

1. Developed action plans,
2. Improved capacity through education,
3. Built confidence,
4. Used resources/guidances,
5. Increased dialog and consensus through group processes,
6. Built regional resources/partnerships/coalitions,
7. Developed Unique Initiatives, and
8. Built best practice.

**STRATEGIES to
INCREASE
BEST PRACTICE (BP)**

- Collaborate and Network
- Promote
- Enlist Champions
- Active Listening
- Listening/Hearing to Develop Data
- Tell Success Stories
- Use Proven BP/Adapt to Minority and Multicultural Populations
- Optimize Resources/Partnerships
- Use of all Mediums

In continuing discussion about how to measure this work the group identified the following elements relevant to the numbered list above: **These elements could be built into program evaluations for the OMMH office and the Council.**

1. Data gathered for plans; Usability of the plan developed and the extent to which the plan actually provided guidance for the Council.
2. Assessed need for need-based educations and training; increase in trainings provided and in people attending; assessment of increased group capacity as a result of group trainings.
3. Measures of visibility; productivity and the pro-active nature of learning and evaluation. The influence upon projects and programs that result in changes and improvements.
4. Printed materials; number and level of technical assistance and counseling contacts; involvements and invitations in venues where it is possible to inject our message of inclusion and health; the number of times that UNNATURAL Causes is checked-out,

5. An increased level of decision making; creation of group vision; design of health events and messaging; built unique ways to address barriers.
6. Assessment of how effective the infrastructure was at meeting program goals; the level of engagement in the regional organization – partnership, coalition, or working group. The number of regional events or projects. The number of regions and their organization; the quality of the regional partnerships contributing or partner engagements.
7. Number of unique or adapted programs; the number of new ideas generated for future development for Iowa; Descriptions of these programs – Pow Wow Health Fair, Latino Men over 50 Soccer, etc. regional structure description to creatively address diversity; Use of preparedness work to include diversity planning and communication.
8. Several best practices were identified that can become success stories; models; or other examples of the joint effort that results in effective programs:
 - a. Tribal Pow Wow and health fair – using tribal partnership
 - b. Expanded Lora’s Grace – using pillow/quilt bags with health stories for children and provided to Ronald McDonald House, Children and Families of Iowa and Red Cross for use with kids in crisis.
 - c. Documentation of events, stories, and successes
 - d. Built translation and interpretation network and services
 - e. Latino Men over 50 years Soccer Program and Tobacco Awareness campaign
 - f. Colon Cancer Awareness Campaigns, Prostate Cancer Screenings.

The Technology of Participation **Consensus Workshop** was used to brainstorm ideas and build agreement for the following workshop question: **“Over the next three years, what community coalition strategies would help move us toward our vision?”**

The attached table identifies the ideas generated by the group working first as individuals and then in teams to produce their specific ideas. The ideas were grouped (clustered) on the sticky wall by similar actions to implement. The next step was to put into columns and name with the action title that relates back to the workshop question.

The **consensus strategies** are listed below in rank order by the number of individual ideas supporting the action:

1. Build/Develop Health Equity Partnerships.
2. Educate and Consult on Health Equity.
3. Challenge the Champions.
4. Promote the Work of OMMH.
5. Implement Best Practices.
6. Advocate for Health Equity.
7. Cultivate Communication.

Over the next 3 years what community coalition strategies would help move us toward our vision?

Advocate for Health Equity	Promote the work of OMMH	Educate and Consult on Health Equity	Build/Develop Health Equity Partnerships	Challenge the Champions	Implement Best Practices	Cultivate Communication
Universal Health Care	Improve Reach	Educate through events	Partner with existing coalitions & projects	Develop leaders & champions in healthcare & elected officials	Show Results Data & Stories	Communication Public & Stakeholders
Educate key stakeholders & Legislators	Promote: healthy minority communities = everyone healthy	Cultural awareness training	Collaborate & network with other sectors	Involvement Engage Champions & Leaders	Identify health needs & Disparities with in communities	Communicate: Interpretation Health literacy Information Global Understanding
Advocate	Publicize & Market OMMH	Educate on healthy lifestyles	Network with more groups	Delegate	Set Reachable Goals	
	Awareness Promote Ourselves	Health Care Summits	Create Partnerships	Build capacity & nurture leaders with in ethnic communities	Celebrate Success!!!	
		Provide Consultation	Learn from each other (share)	Gather healthcare professionals together (directory, association)		
		Address civic groups re: OMMH & diversity with in communities	Make Coalitions More attractive			
		Guide – help show direction	Establish groups to meet regularly			
			Supply resources through partners			