SE11EO-3 Interfaith Health Partnership Meeting Minutes

January 11, 2012

Attendance: Cyndy Wacker, RN (Penrose St. Francis), Steve Brown (Westside CARES), Amy Lindquist, CPNT (Walgreens), Bonnie Angiotti (Mission Medical), Barbara Joyce (UCCS), Ada Torres (LAHN), Kathy Rice (El Paso County Public Health), and Ruth Boling, RN (Penrose St. Francis).

Introduction to Interfaith Health Partnership – In 2007, a team of 5 collaborators from El Paso County, CO were invited to a week-long training toward a collaborative effort of eliminating health disparities with other organizations across the nation. The IHP partnership involved participating in capacity building efforts to assure to reach vulnerable populations in preventative health programs centered around influenza vaccines. The outreach has expanded over the years to extend beyond vaccinations to encompass health promotion in at-risk, people of culture, and vulnerable populations.

Goals: encompass faith, cultural diversity, and flu vaccines

 To build educational opportunities

To build relationships and trust

Synopsis on Voucher program with Walgreens

* 300,000 distributed nationwide
* Targeting uninsured/underinsured populations
* 1,200 distributed to Penrose St. Francis for further distribution
* 600 distributed through outreach sites and other locations; 320 distributed at various collaborative clinics in December 2011.

Insights from collaborative clinics

* Goal was to reach a minimum of 50 individuals at each clinic, disappointed because many clinics had less than fifty participants (Walgreens sites).
* Continue to build the communication networks and breakdown the silos, especially seen in El Paso County.
* Churches – may not be the best location
	+ Only members attend; difficult to encourage wider participation
	+ Commitment to own church
	+ Need to encourage an increased role in promotion of preventative health
	+ Need Pastor/Minister buy-in
* Media – partnering members felt it was a valuable asset to the project. Clinic participants noted that they heard it on television, in the newspaper, and on the radio.
	+ Continue promotions through collaborative organizational websites
	+ How valuable was the 211 collaboration/resource? Cyndy will check with them.
* What did we learn?
	+ Suggestions:
		- Introduce larger clinic sites in more public areas.
		- Have 3 large clinics – north, central, and south locations within city
		- Use a more visible site – Hispanic Market, Asian Marketplace
	+ Encourage increased marketing – what venues?
		- Newspaper, TV, radio
		- Flyers
		- Increased involvement from Walgreens with flyers for clinics at each location, and promotion materials – pens, etc.
		- Need visuals similar to HIV disease complications to stir emotion within community populations for influenza disease complications – person on a ventilator, long term sequelae. How can we bring this to the attention of the County and State Health Department, as well as, with our national partners – CDC, etc. in April and again next fall?
	+ Collaborative activities
		- Turkey giveaways
		- Other health promotion activities – health fair, promotoras/promotores
* Target groups – tweak those groups we are currently working with, target populations – ethnicity, uninsured/underinsured.
* How can we provide for those with insurance in collaboration with activities already in place:
	+ Have separate pools of vaccine
	+ Have capability to bill insurance, will need to be Walgreen’s compatible
* Do we really know the barriers? Why did/didn’t people show up at the clinics? Analyze data for deeper understanding.
* Larger clinics were in places where there was a larger group participating at another activity on site. Quality of our community not great in El Paso County (Steve).
	+ Vaccination against influenza not important, not a priority. Continue education promotions.
	+ Certain people will not participate unless it is offered at a certain site/location.
* Outcomes
	+ Educational – What are the responsibilities of collaborative entities (overseeing organization, site organizers, facilitators and individual stations)? What did we learn?
	+ Broaden survey to include other criteria other than flu (health promotion activities and data).
	+ Quality Improvement – need baseline criteria, then move toward increasing numbers and outcomes
* Vaccine needs
	+ purchasing vaccine and how can we minimize waste
	+ duplication of purchase and waste within community
	+ hoarding vaccine at beginning of season
	+ waiting too long for vaccine supply
* Site identification
	+ Critique this and previous years’ sites for what is most beneficial in the community outreach process to achieve our goals in numbers, collaboration, diversity, and functionality
	+ Regular sites:
		- Marian House Soup Kitchen – large attendance ~ 700/day, 130 vaccines distributed, PowerPoint capabilities on prevention education, trusted site.
		- A shift was made from Ecumenical Social Ministries to a collaboration with Marian House for similar populations, easier access, and trusted location.
		- Westside Community Center – shift from Westside CARES last year to facilitate easier accessibility, and to further collaborative efforts with the “Westside Pioneer” newspaper, Billie Spielman and other entities at Community Center. Outreach included the Lord’s Supper at Sacred Heart Church and Trinity Lutheran Church on Westside.
		- Northern Churches Cares – familiarity within community, strong partnership between organizations, and a trusted site.