

**NCC Annual Planning Meeting
Minutes
Rochester, NY
October 20-21, 2011**

Attendance:

Theresa Rudder – CO	Katie & David Barnes – UNC
Jorge Madrazo – WA	Robyn Keske – BU
Liza Marron – CO	Debra Jackson – Columbia
Anna Huff Davis – AR	Catherine Haywood – Tulane
Suzanne Randolph – Maryland	Michael Ballue – UCLA/Rand
Jose Antonio Tovar – FL	Alicia Heim – CDC/PRC
Albert Ramirez – TX A&M	Sharon Bradford – Yale-Griffin
Rose Marie Rodriguez-Hager – MN	Jorge Cruz – UT @ Houston
Darlene Leysath – UNC	Chikezie Maduka – Maryland
Sylvia Stevens-Edouard – Harvard	Imogene Wiggs – St. Louis
E. Hill DeLoney – MI	LaShawn Hoffman – Morehouse
Darrell Sabbs – Emory	Joann Malumaleumu – OR
Margarita Holguin – San Diego	Laurel Ruggles – Dartmouth
Sharon Shad – U Mass	Frieda Gonzales - NM
Arlene Sparks – MI	Elizabeth Hill Neri – CDC/PRC
Tim Tramble – Case Western	Linda Pekuri – SC
Nancy Cunningham – Pittsburgh	Katrina Brooks – Johns Hopkins
Vicki Garrett – Ohio	Carol Smathers – Ohio
Jenny Oliphant - MN	Paul Gilmer – WV
Rucha Kavathe – NYU	Chuck Conner – WV
Jean Frank – Case Western	Helen Dumski – Case Western
John T. Reid – Rochester	Matt Starr – Rochester
Ella Greene-Moton – MI	Susan Kunz – AZ
Linda Lee – NYU	

Day 1

The Annual Planning Meeting was called to order by Chair, Jose Antonio Tovar.

Welcome and Introductions - KUDOS AND THANKS TO THE UNIVERSITY OF ROCHESTER PRC, NATIONAL CENTER FOR DEAF HEALTH RESEARCH AND THE DEAF HEALTH COMMUNITY COMMITTEE FOR ORGANIZING AND HOSTING THIS ANNUAL PLANNING MEETING.

A roll call was taken and 33 PRCs were in attendance. Absent: University of Iowa, University of Kentucky, UC Berkeley, and University of Alabama.

A motion to approve the minutes of the October Conference Call was made by Chuck; there was a 2nd and the motion carried.

Report of Leadership Team Retreat – Jose Antonio Tovar, Chair

Jose Antonio presented the following information to the NCC membership:

- Improve our ability to make quick decisions in line with our mission
- Structure our leadership and policies to be more responsive and proactive
- Streamline our work in light of diminishing resources – look at ways to do that
- Revise our Mission to state why we are unique – “bridging the gap between community and research”
- Provide approval of competency as CBPR practitioners (certification; improve visibility and promotion of PRC through dissemination)
- Sustainability of the NCC (exploring avenues)
- Participate in the hiring of the new PRC Program Director
- Formation of the new Education and Outreach Subcommittee
- Recognize success of NCC via the 2 SIGS (Genomics and Oral Health)

NCC PPO Subcommittee – PPO Guidelines 2011 – Robyn Keske

The following information was detailed:

- Added a Preamble. There was a request to provide some detail about the purpose of the PPO guidelines.
- In Article II – Membership - major revision that happened over this past year and we had discussed at length having the designation of alternates that didn't capture what was happening. Removed the term “alternate” and now it's just NCC members and PRCs are invited to send at least one member. However, they have the option to send or identify as many representatives as they can support. Revisions in the roles and responsibilities of the NCC were made and included encouragement to participate on a subcommittee. Article also includes “guidelines for participation”
- Section 2: Added NCC Affiliation - Provide guidance for affiliate membership, including nominating process and role on the NCC (reminder that we will be voting on this issue this year and the structure will take place next year).
- Article III: Leadership – Signatory responsibilities: A section under the Chair and a section under the Treasurer that clarifies who can sign and who should be signing off on official NCC documents.
- Article IV: Added the terms of offices for affiliate members and added a grievance process.

A discussion was held and questions were answered. A roll call vote was taken. The PPO recommendations were passed unanimously.

Another discussion was held regarding the need to have the definition of CBPR included in our guidelines. It was noted that this needed to be done as a resolution. The resolution states: “Be it resolved this day at a meeting of this body that all references to Community Based Participatory Research be defined as the definition utilized by the Prevention Research Centers Program and Centers for Disease Control and Prevention”. A motion was made by Suzanne Randolph and seconded to adopt this resolution, as a body, aligning our definition of CBPR as per the CDC. The motion carried. **(Note: The definition is accessible at <http://www.cdc.gov/prc/research-projects/community-partnership.htm>.)**

Election of Vice-Chair was held by ballot vote. Chikezie Maduka and Sylvia Stevens-Edouard were the two nominees and a ballot vote was taken. Chikezie Maduka was elected.

A discussion was held regarding the 2012 Annual Planning Meeting. Due to budget problems, there was lots of discussion regarding whether to have the meeting – it was suggested that we look at other areas for funding not just the PRC. It was announced that the University of Maryland would like to host the annual planning meeting in 2012, pending funding. There is discussion to move the time of the NCC annual meeting; in part, because it's just right after the beginning of the federal fiscal year. However, September is not a good time either because it is the end of the fiscal year. Chikezie also discussed his interest in having the meeting prior to the presidential election next year.

Jose Antonio recognized Sandy Good and Sharrice White-Cooper for their help through the year as he served as Chair.

The meeting for today was adjourned for subcommittee meetings, Regional Meetings and SIG meetings.

Day 2

Subcommittee Reports:

PPO – Robyn Keske, Chair – Work plan for this year includes:

- Formalize Executive Committee;
- Update leadership procedures in decision making process;
- Add Education and Outreach Committee;
- Streamline guidelines/revision process;
- Add CBPR definition in the guidelines;
- Formalize our meeting process i.e., Robert's Rules;
- Create guidelines for the establishment and review of our committees;
- Identify a process of selection for NCC members to serve on subcommittees;
- Discussion of future of NCC structure (i.e., what happens if we do not get funding – how would this work).

Communication – Chuck Conner & Rucha Kavathe

Names and pictures in the binder was such a good idea! The pictures are valuable and will be made available for membership.

- New orientation for this meeting;
- Provided new members with a mentor and then provided them with links to the NCC Archives so they could check things out prior to coming to the meeting;
- 5 new people attended;
- Request feedback from the new members as to their experience;
- Disseminate updated information on special interest groups prior to their joining so they have a better understanding of what they are joining;

- Facebook page will be used as another communication tool – pictures, etc.; Jorge Cruz is the contact for this Jorge.cruz@uth.tmc.edu ;
- Discussed the Work Plan - need clarity from Education and Outreach Committee;
- Use the resources from the PRC office for advertising;
- Asked membership to send pictures and news releases;
- Review the turnaround time for posting information on the archives;
- Create an asset map of the NCC (i.e., member of CCPH, etc);

Content – Margarita Holguin

- Discussed Community Participation Engagement Awards; tools to explain the process but connects what it means to assure you are doing community participation/engagement; use this as a tool for CBPR. For those who didn't apply, will send a short survey to ask why didn't apply;
- Application for the CBPR award will be sent out;
- CBPR training as a webinar (to include our community groups) and then receive a certificate for having received the training in Seattle and in North Carolina to begin the process of building these credentials in CBPR;
- Morehouse School of Medicine PRC will be the experts providing the CBPR training; Question: Will there be sign language and interpretation services?
- Developing tool kit per work plan. Build in a piece where PRCs who have won the CBPR award will/can mentor those who did not receive the award;
- The award should have meaning from the CDC/PRC level – project officer could look at that for the site visit. The PRC Program office has asked for the application process and what the questions are to assist in making this part of the process in the site visit. Use the questions as a measurement tool – keep as a live document.

Fund Development – Chikezie Maduka/Catherine Haywood

- Talked about looking for funding in other places;
- Talked about writing grants;
- Start thinking about a registration fee;
- Keep our eyes open for money that is available;
- Build capacity for in-house grant writing;

Financial Report – Paul Gilmer

Mid-Delta Community Consortium is our fiscal agent. All requests for payment should be through Paul, then presented to the Leadership Team and then get paid.

Ending Balance as of 12/31/2010 is \$2,196.76

Revenue: Donations - \$7,000 (from the Genomics SIG)

Expenses: Plaques/Engravings - \$444.95; Travel - \$693.54; Account Maintenance Fees - \$219.17;

Community Campus Membership - \$300.00. Total Expenses: \$1,657.66

Closing Balance as of October 2011: \$7,539.10

Paul noted that the \$7,000 is restricted and to be used for Genomics SIG travel. A discussion was held regarding whether we can put it into an interest bearing account. A question was raised as to whether the restriction on the \$7000 would preclude the NCC from placing the funds into an interest bearing account. It was noted that the restriction was put in place by NCC leadership, not the donors of the funds. Upon further discussion, Paul will follow up on the feasibility of creating an interest bearing account. Paul also reminded the group that the current arrangement with the NCC's fiscal agent states

that if the account balance is higher than \$50,000, the fiscal agent will retain 10% of the funds. The financial report was approved.

Education and Outreach Ad-Hoc Committee – Liza Marron

Rosemarie Rodriguez-Hager, Chair

Jean Frank – Secretary

- Coordinate with PPO and Communication committees.
- Talked about the pyramid of change and how important to advocate for policy making.
- Talked about publications and what interactions we have within the health departments;
- 5 Objectives have been identified:
 1. Improve visibility
 2. Highlight policy changes – including aggregate data from PRCs
 3. Create broad sweeping media campaign; Talk about what effect CBPR has on our community
 4. Survey and bridge the gap between community and research;
 5. Interact with Dr. Freiden at the CDC and educate our legislators about our value

Special Interest Groups Report:

Update on the NCC Genomics Special Interest Group (SPIG): Ella Greene-Moton

Each region was represented at the meeting. This SPIG came out of the Genomics Think Tank in St. Louis. This SPIG was approved at the Annual Meeting in 2010. The purpose of this group – developed goals and objectives: To provide an opportunity to create Genomics activities in NCC participating communities; to create an informed National Voice (we would be the go to folk) to provide information to those funding agencies when they want to do an RFA to help them develop the language to assure community is involved with this discussion; work to integrate Genomics into the PRCs. We have already been called on to help design what Public Health and Genomics will look like in the next 5 years. The only other funding opportunity is the Templeton – Faith Leaders and Genomics.

Next steps: Continue to try and become as Genomic literate as possible; sharing with the NCC; then NCC sharing with community boards and then with the PRC. Conduct discussion groups and help communities understand about Genomics and position ourselves to try and leverage additional funding.

DentaQuest Oral Health Initiative: Paul Gilmer

NCC has committed to: 2011-2012

1. Facilitate access for communities to oral health education, training, resource sharing and technical assistance opportunities that encourage and enhance participation in Oral Health research and dissemination activities.
2. Nurture a supportive and culturally competent environment in which community and academic representatives can share oral health successes, concerns, and other lessons learned.
3. Share methods and opportunities for communities to advocate for oral health policy change.
4. Support advancement of work in individual communities and local oral health programs and centers, while engaging the research community through local PRCs and the national PRC Program.

Paul reported that we have an opportunity of a RFQ of \$500,000 for two other partner community organizations to expand community-based oral health initiatives. The funds will come through NCC. We are considering ways to have our regions and PRC communities as participants. Request that the Regions begin thinking about what policies that can effect change and have the regions be active and involved in this process. The Community Health Workers are a key partnership in this initiative.

Community Health Workers – Rucha Kavathe

Will be working on the following:

- Community Health Workers are interested in exploring CBPR
- Will be designing a Mission Statement
- Looking at issues around certification

New NCC Leadership:

Katie Barnes, Chair; Susan Kunz, Chair- Elect; and Chikezie Maduka, Vice- Chair.

Katie recapped what we did at this Annual Planning Meeting:

- First time we had a Leadership Retreat
- Joint strategic planning with our PRC Directors
- Success stories shared
- New funding opportunities – using as partnership within our region
- A list of all of the meetings, dates and times will be sent out
- Rochester Deaf Community – Role Play was a true learning experience.
- Susan presented Antonio with a framed thank you signed by the NCC representatives. All expressed appreciation for Antonio’s hard work as Chair over the past year.
- Susan reminded NCC members to apply for the National Community Partner Forum to sponsored by the Office of Minority Health and CCPH in Boston December 6-7. The deadline was extended and NCC reps are encouraged to apply. Expenses except airfare will be covered for accepted applicants.

Next Year – Maryland!

There being no further business to come before this group, the meeting was adjourned.

Theresa Rudder
Secretary

2011 NCC Annual Meeting at Rochester University

Meeting Evaluation Summary

NCC Roles and Participation at the NCC Annual Meeting

- 33 PRCs were represented at the 2011 NCC Annual Meeting
- 28 of 43 meeting attendees completed the evaluation survey
- 82% of respondents were NCC representatives, 11% were community liaisons, and 7% were PRC community committee members

NCC Subcommittee, Special Interest Groups, and Regional Committees

Figure 1. Percentage of members in each SIG

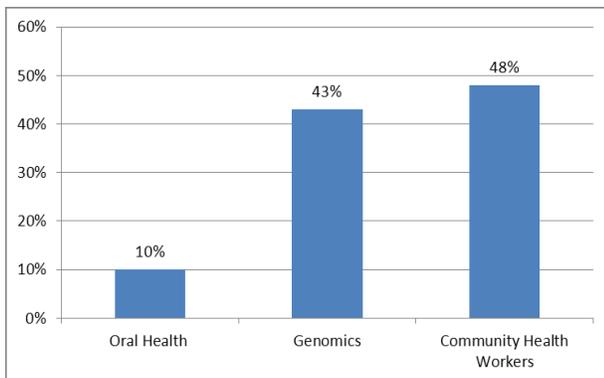
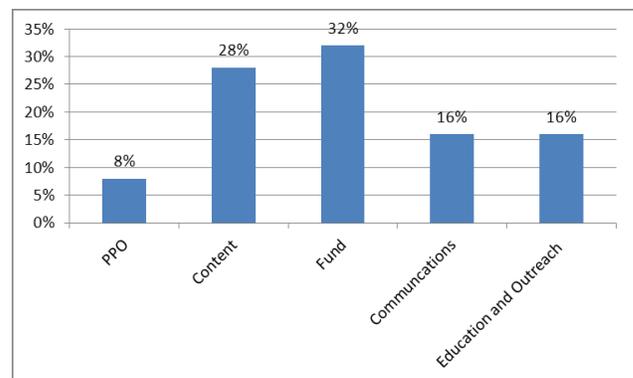


Figure 2. Percentage of members in each subcommittee



- 93% of participants reported that they belonged to a Subcommittee and 71% reported that they belonged to a Special Interest Group.
- 92% of subcommittee members agreed or strongly agreed that they were satisfied with the progress they made in their respective subcommittee meetings
- 89% of special interest group members agreed or strongly agreed that they were satisfied with the progress they made in their respective special interest group meetings
- 67% of regional committee members agreed or strongly agreed that they were satisfied with the progress made during their respective regional committee meetings

2011 NCC Annual Meeting Satisfaction

Relevance

- 88% of the attendees either agreed or strongly agreed that the meeting was relevant to the work they do with their PRC or community

Organization

- 86% of attendees either agreed or strongly agreed that the meeting was well organized

Timing of presentations

- 52% of respondents agreed that the length of presentations was the right amount of time

Deaf Strong Hospital

- 100% of respondents either agreed or strongly agreed that the Deaf Strong Hospital role-play exercise was useful
- 93% of respondents either agreed or strongly agreed that they would share the lessons learned from the Deaf Strong Hospital with their community members

Highlights, Reflections and Suggestions for the Future

Highlights

- Participating in the Deaf Strong Hospital and learning about deaf culture
 - Respondents described their participation as “life changing”, “humbling”, and “empowering”
- Well organized and well planned conference

Reflections and Suggestions for the Future

- Have more breaks for physical activity, site seeing, or down time
- Wrap-up the meeting earlier to allow people to catch flights
- Shorten the meeting time
- Have a specific time for new members to meet
- Have more break-out rooms, space for small group meetings, and ensure meeting space has enough table space for people to write
- Prior to the meeting, assess PRC’s greatest challenges then have a workshop or discussion forum to address common challenges
- Review Robert’s Rules