**RFSH Annual Meeting Minutes**

Monday, October 19, 2015

8:00 AM PST

1. Welcome – Yoshie
	1. Introduction of new and Executive Board Members
	2. Housekeeping – Suzanne Smith
	3. Icebreaker – Lori
2. Overview of Objectives and Accomplishments (see Appendix A)
	1. Objective Summary
		1. To conduct higher order analyses of higher order analyses
		2. To understand impact of ACA on rural low-income families
		3. To disseminate findings – papers, conference presentations, basebook, policy briefs
	2. Measurement of Progress and Results
		1. Comprehensive data set from NC1171 project
		2. Combined historical data set
		3. Case studies of ACA
		4. Peer reviewed publications
		5. Policy briefs
	3. 2015 Milestones/Objectives
		1. Develop Historical data set
			1. Lenna provided update. This is not practical for our datasets. According to Tom Scoffield at Iowa State who looked at the datasets, we do not have a critical mass of data to construct a meaningful combined dataset. The only way to do this would be census tract data (i.e., addresses). However, due to change in group membership this is not possible. His opinion was that we were better off running parallel analyses in data sets from two time points to effectively address questions about time. This decision was not made lightly.
		2. Purposely select rural, low-income families and stakeholders for studies and develop methods.
			1. The case study committee made recommendations
			2. Interview protocol is in process and we will talk about this in detail later in the meeting
			3. Pilot study on community health members is in progress
		3. Assemble welfare policies for each state
			1. Sheila Mammen’s team completed this document
			2. Policy briefs are forthcoming
				1. Sheila has completed profiles for MA & WA (Appendix B)
				2. Call for States to prepare similar profiles for themselves
				3. Workgroups will come up with templates and distribution plan for State-level worksheets
			3. Peer reviewed publications and presentations
				1. Each of the workgroups below met to enter workgroup accomplishments on the proposal tracking tool (Appendix C)
3. 2016 Proposed Milestones
	* + - 1. Analyze health and well being of families (remove 2nd sentence from powerpoint slide due to inability to combine dataset)
				2. Collect, code and clean data from case study families and stakeholders
				3. Distribution of selected policy briefs
4. LUNCH
5. Greetings
	1. Dr. Renny Christopher
		1. *Vice Chancellor for Academic Affairs, Washington State University, Vancouver*
	2. Greetings from the NC1171 Administrator Dr. Karen Shirer
6. Discussion on ACA Case Study Collection
	1. ACA comparison chart – Sheila Mammen
		1. Discussed eligibility of ACA for participating states
		2. See attached document (Appendix D)
	2. Background Information on ACA – Carolyn Bird
7. Interview Protocols
	1. Community Health Provider Survey (Mary Jo)
		1. See attached File (Appendix E)
		2. Mary Jo presented online survey made with Qualtrics
		3. Still needs to be approved by IRB
		4. Targeted toward direct providers of health care services
		5. Information about yourself (demographics)
		6. Knowledge of the ACA
			1. Change “heard/observed ” to “observed” on question about ACA premiums – response should be “I have not observed anything” – keep this consistent across survey
			2. Add zip code to demographics
			3. Change “are you aware of clinics” to “are you aware of health care providers in your community” who turn away patients
			4. Change “Comments” to “Do you have any more information you would like to share on this topic”
			5. Make sure that we have a good definition of what we mean by ACA (e.g., health care reform, Obamacare, Medicare, Medicaid, the Marketplace) in the survey) – define it at the beginning of the survey – apart from the informed consent
		7. ACA Organizational Impact
			1. Change “The ACA has made it harder for our organization to provide health services…..because” to an open-ended question
			2. Move Question 33 to before 31 & 32
			3. Reword question #33 to “The ACA has changed how our organization is able to provide health care and health related resources” and responses to “easier” etc….
			4. Add “neutral” option to “In your opinion, has the ACA had a positive or negative impact on your community…” BUT change question to “What type of overall impact has the ACA had on families you serve?” and “health providers in your community” score both on a Likert scale with 5 “very positive” and 1 “very negative”
		8. Discussion of procedure
			1. Committee’s Recommendation for Sampling Procedure
				1. Mothers are the focus of this study – the purpose of this survey is to add context
				2. Approximately 12 States will collect data - we should be thinking of an N of 3-5 for each state, make attempts to match areas to where mothers are interviewed.
			2. Add identical questions between mothers and health care providers to allow for more thorough comparisons?
				1. We may be able to add what we learn from survey providers to further develop the mothers protocol

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Tuesday, October 20, 2015

8:30 AM PST

1. Administrative Items
	1. Governance Document Update – Lori

Following language to be added to governance document at 9H (required technical notes)

“Data were collected in conjunction with the cooperative multi-state research project NC1171 Interactions of Individual, Family, Community, and Policy Contexts on the Mental and Physical Health of Diverse Rural Low Income Families (commonly known as “Rural Families Speak about Health”). Cooperating states are California, Hawaii, Illinois, Iowa, Kentucky, Massachusetts, Minnesota, Nebraska, New Hampshire, North Carolina, South Dakota, Tennessee, Texas, Washington, Wyoming.”

Ann Berry Allgood moved to approve – Sheila Mammen seconded

Unanimous to approve

* 1. NC1171 Directory – Lori

Members were reminded to update the contact information for themselves and their States (e.g., colleagues, students)

* 1. Vote to include new non-land grant Member from Western Oregon University, Doris Cancel-Tirado

Ann Berry Allgood Moved to Approve – Joe Wilmoth seconded

Unanimous to approve

* 1. Cybox Tutorial – Kim Greder
		1. Kim reviewed information on how to access Cybox (not dropbox)
		2. Appendix F
1. Skype Meeting with Rebecca Seguin
	1. She is an official member of the NC1171 team
	2. She’s currently working on a project on healthy eating and physical in rural communities in New York, Pennsylvania, Alaska, etc… with resident-led groups who are identifying built-environment barriers.
	3. She is looking for educators to help her understand this audience and believes that our work and her work are similar and complementary (will encourage collaborations)
2. Mothers’ Interviews
	1. See attachments G, H, I, & J (guiding principles, screener, interview, & skip pattern documents)
	2. Screener
		1. directs interviewers to look for families (if possible), or at the very least in same counties or UIC (i.e., meets original study requirements)
		2. make sure mothers are not on Medicaid – Medicaid Expansion and CHIP (for kids) is OK
		3. limit to 5-8 interviews per state
		4. footnote three under income table will be deleted
		5. States are free to give gift card or office supply incentives if they can – not to exceed $30 (cap)
		6. Add text as a contact option
	3. Data Management
		1. The group needs a plan for Data Management
		2. We are looking for someone with qualitative data expertise who can consolidate and (hopefully) code the data. The group will most likely fund a graduate student to put it into MAXQDA, but will need an experienced qualitative researcher to supervise them.
		3. Bradford Wiles will need to consult with a grad student, but is hopeful that he can take over this role. Doris Cancel-Tirado and Anisa Zvonkovic will help him with this. Data will most likely need to be converted among MAXQDA and NVIVo (this issue will be explored further)
	4. Sampling Issues
		1. In qualitative research, you don’t want to generalize – we’re describing the lived experience of people in our sample
		2. The point of our study was to give voice to people who aren’t so much heard, but there are many different aspects of diversity
		3. Sampling decisions might be based on PI’s knowledge of the area so their choices are most representative of their Counties/UIC. KidsCount has this information. Sheila will send us county data.
		4. In addition to screener data, we will also look at county-based criteria. Each PI will make decision/ have responsibility for ensuring this for their data.
	5. Mothers’ Interview
		1. For question #18 – please use state-specific name (e.g., “apple health”)
		2. Ask about previous employment in demographics
		3. Will need to ask if they have a say in healthcare decisions
		4. Question #34 may be difficult for IRB and HIPAA Reasons
			1. Data will be deidentified (e.g., pseudonyms) BEFORE data is sent across stateliness
		5. For section #4, ask about individual and family experiences
		6. For section #5, include probes that describe “technical terms” (e.g., “for premium I mean…..”). Also come up with friendlier term for “financial security”. In what ways has your money situation changed?
		7. Bridget to share **interviewer notes template** for interviewers to note their impressions
		8. Carolyn (or earliest available interested party) to consult with health literacy educator or low-income rural mother to make sure that interview is appropriate level of literacy and knowledge for study participants
		9. Change Question #50 - How has your family’s health and well-being changed, for better or for worse, because you are now insured, based on what we’ve previously talked about
		10. Last questions sound like prompts – Question #51 – What services did you receive that you might not have otherwise received?
		11. Remove Question #52 and use it as a prompt for Question #53
		12. Question #55 – change to has the cost been a burden for your family?
		13. Delete entire section – it is not related to central focus. Replace with “Is there anything else that you would like to tell us?

**LUNCH**

1. Continued discussion of Community Health Care Providers Survey
	1. Do we want to collect data?
	2. This should take second place to the mothers’ interview.
	3. We will table this discussion until next year. Potential schedule would be mothers’ interview in early 2016 and online community health provider survey in late 2016.
2. Data Issues
	1. Child Behavior Checklist
		1. Our current data set uses two versions of the Child Behavior Checklist (for childen younger than 6 and those older than 6). The current version incorrectly standardized the scores (not adjusted for age and gender). Currently, you must use summed scores and run separate models for older and younger kids.
		2. The group purchased the rights to the score sheets, but has not used them to date.
		3. In order to combine data from both ages, we need to use t-scores. Melissa and Melissa have students who can do this. No money necessary at this point.
		4. Lenna to write a proposal to document what we did and post it in Cybox.
		5. On a related note: Brianna will post syntax in Box for SF-12.
	2. Do “new” states want to collect Wave 1 Data Collection?
		1. If you have an interest in collecting data, please contact Bradford
3. Workgroup Meeting
	1. Review of 2016 Milestones
		1. Groups to discuss what we will accomplish for each objective and
		2. come up with an idea for a policy brief
	2. Economic Well-being Workgroup (see appendix C)
	3. Child/Family workgroup
		1. NCFR presentation moved to a paper
		2. Look at items at dataset that are stressors and explore latent classes & use ecological theory to describe that
		3. Heidi/Suzanne to write up presentation from Nat. Assoc of Rural Mental Health
		4. Exploring predictors of positive and negative family function
		5. Turn those stressors into policy brief
	4. Food/Nutrition/Health Workgroup
		1. **2016 Milestones: Food, Nutrition and Health Workgroup**

In attendance: Doris Cancel (OR), Brianna Routh (IA), Kimberly Greder (IA), Betty Greer (TN)

Priority efforts

* + 1. **Current projects underway**

\*Paper on barrier and enablers to good health across data set; preliminary analysis of wave 2 data has been done (e.g., TN- Ann, Betty, Janie and IA- Kim, Brianna). Revisit analysis that has been done and identify next steps for a paper. Doris Cancel (OR) interested in joining group. Kim send wave 2 protocol, then identify which transcripts/codes to send Doris.

- also created research or policy brief based on analysis

- explore training practitioners via webinar

Meanings of good health and strategies for good health- paper on IA data underway (Kim, Angelica)- revisit fall 2015; resubmit winter 2016

Paper underway using variables: food security, PAM (communication), SF12 (mental health) across data set (Ill- Ramona; IA- Kim, Dong, Cheng)- plan to submit spring 2016

Paper underway (IA data)- food security, family routines (specific items and created measure based on factor analysis), and mental health. Would like to expand the analysis to multi-state data set.

* + 1. **New projects underway**

\*2015 Presentation for NCFR (Brianna, Kim, Kimberly- IA)- right now examined CES-D relationship to BMI based on IA data set; want to look at full data set; Betty- TN as Co-author. Potential interest from Heidi and others.

One research brief across the data set focused on strong measures of health- determine specific topic during upcoming teleconference. Each member of workgroup will search for briefs based on measures of health that we collected on in NC1171.

Research brief across data set on health focused variables- CES-D; SF12; food security; mother rating of mother health and child health; split by racial ethnic group. Perhaps brief focused specifically on family stressors and its relationship to obesity/BMI and relationship to mental health

PAM and FNPA across data set (Brianna)- considering as a paper for her dissertation

Development of family mealtime behaviors and environment. Look at what WA has started (Yoshie, Suzanne) and consider applying to multi-state data set (interested- Brianna, IA; Kim, IA)

Explore Internet usage for health information to other variables for potential paper- poster presentations have been done at NRHA (Brianna, Kim) and NCFR (Kim, Yoshie, Sheila) conferences (want to look at implications for sharing information/providing education to families via Internet); perhaps descriptive paper (e.g., JOE, FCSR journal) and brief/Extension publication on how families use the Internet to seek health information to inform Extension and other practitioners (interested- Brianna, Kim (IA), Betty- TN)

Further explore/expand current NCFR presentation focused on FNPA and CES-D for potential manuscript (IA- Brianna, Kim; TN- Janie, Betty)

Policy brief- submit to NRHA (look at examples of briefs they have published); contact NRHA with manuscripts we have published and see if they would want to work with us to publish a policy brief disseminated through NRHA (same with NAMI and MHA)

Bradford- interested in PAM, CBCL, predictor of FNPA

Melissa – interest in FNPA predicting PAM

Lenna and others from famly/child workgroup- need to visit with about similar variables being examined (family conflict latent variable, FNPA)

* 1. Intergenerational Workgroup

Procedure

* Phone call once a month

Longitudinal Analysis

* Prevalence and demographic characteristics of MF Households/GP Care between NC1011 and NC1171 –
	+ Go beyond census data
	+ Will need same measures – maternal depression
	+ Lori find a codebook & send to Brittney

Publications/Policy

* Lori to figure out how to get multigenerational wave 2 data (if appropriate) to Brittany, Lori to sent interview protocol to Brittany – possible qualitative publication on intergenerational dynamics for health promotion – How can we use that information as a component of the intervention?
* Come up with a template and national level policy/information brief about multigenerational families
1. Miscellaneous
	1. Brianna/Lenna to post syntax/articles in Cybox
	2. There is a need for a standardized template for posters/powerpoints
	3. Each work team might consider hosting a webinar
2. Next Year’s Meeting
	1. California/Hawaii considering co-hosting a meeting