

# What's the DISH?

A Holistic Approach for the Entire Clinic  
and Inclusive Patient Care

**NaRCAD Conference | Boston, MA | November, 2023**

**Presenters: Rocko Cook, David Watt, Anaid Gonzalvez**

# Acknowledgements

This project was funded by a contract from the Office of HIV and Hepatitis C Services provided by the Strengthening STD Prevention and Control for Health Departments COVID-19 Workforce Development Supplemental Grant (STD PCHD Supplemental Grant) from Centers for Disease Control and Prevention (CDC) awarded to the Arizona Department of Health Services and an IGA to ASU per Agreement Number CTR056953.



ARIZONA DEPARTMENT OF HEALTH SERVICES  
*Health and Wellness for All Arizonans*

**ASU** Southwest Interdisciplinary  
Research Center  
Arizona State University

# Objectives



1. Gain an understanding of utilizing a whole clinic care approach to Academic Detailing.
2. Define and list examples of inductive and deductive sessions and how they can be utilized in Academic Detailing.
3. Apply new concepts and techniques to your own Academic Detailing program.

# Introductions



**Anaid Gonzalvez, MSW**

She/her/ella

Program Manager of  
Research



**Rocko Cook, BA**

They/them

Academic Detailing  
Program Manager



**Dave Watt, BS, CHW**

He/they

Senior Health Educator  
Team Friendly Founder

# Partnerships

**ASU** Southwest Interdisciplinary  
Research Center  
Arizona State University

*IN PARTNERSHIP WITH*



ARIZONA DEPARTMENT  
OF HEALTH SERVICES





## **SIRC OFFICE OF EVALUATION & PARTNER CONTRACTS**

Works in partnership with local, city, county, state, national, non-profit, and governmental agencies, to perform evaluations and disseminate findings that support effective research-based interventions aimed at preventing, reducing and eliminating health disparities.

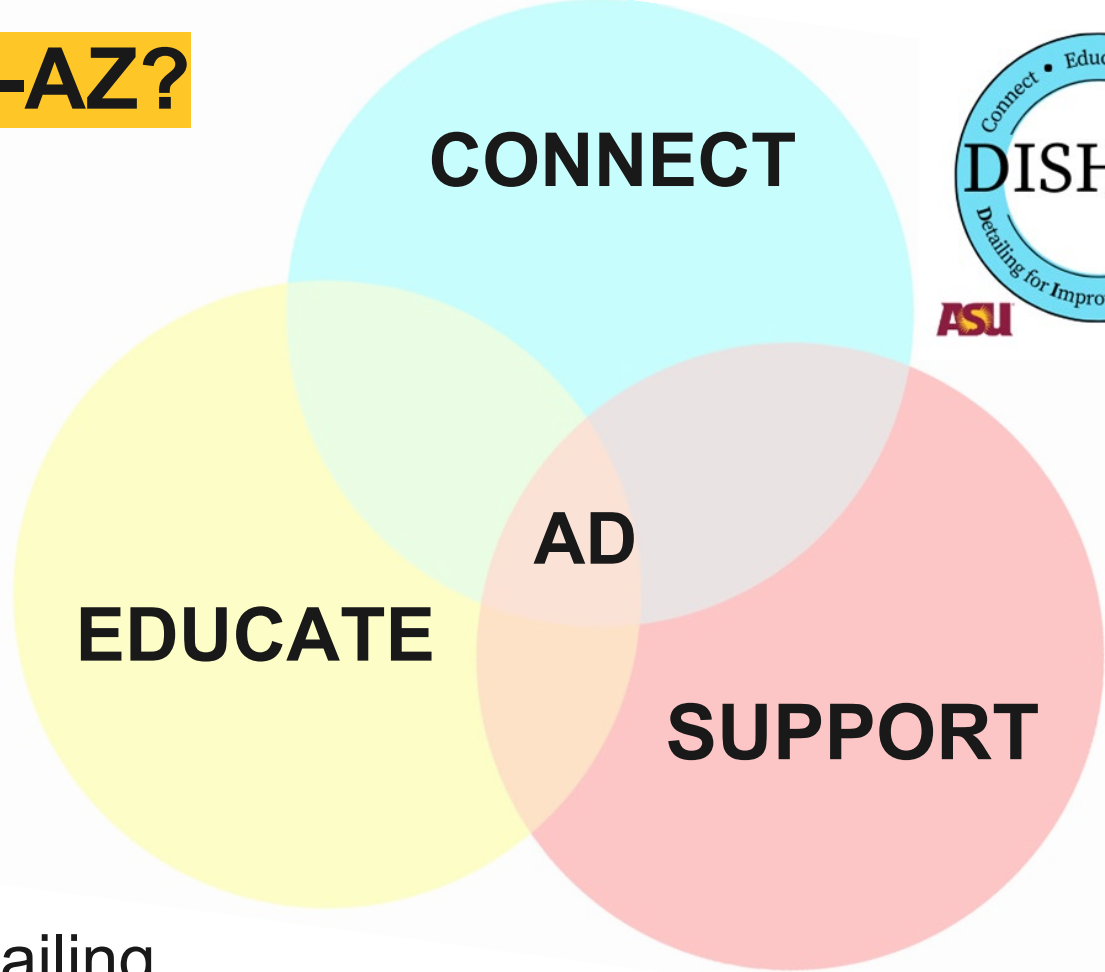
# An Introduction to DISH-AZ





# What is DISH-AZ?

**Detailing for  
Improved  
Sexual  
Health  
in Arizona**



**AD = Academic Detailing**



# The Details of Detailing

*How do you and your program detail?*

*And with whom?*

Think of five other people you can detail in a variety of positions.



# What makes DISH-AZ different?

- Partnerships
- Backgrounds and experience
- Approach focus vs. topic focused
- Flexibility in funding to ID gaps/needs
- AD as Workforce Development
- Whole clinic care



## Opportunities for improvement:

- Macro vs. micro
- Data collection

# WHOLE CLINIC CARE

We define “Whole Clinic Care” as detailing for a variety of different aspects of the clinic. For example, we may work with the outreach team, the administration, and the providers of a clinic.

- We know that PrEP prescriptions do not happen in a bubble, but it takes everyone working together to get the patient from point A to point P (for PrEP)
- Let’s examine a few case studies!

# Best Practices for Whole Clinic Approach

- Identify professional and lived experiences of AD team members.
- Encourage development of professional and expression of lived experience.
- Start with connections already established with local agencies.
- Conduct a thorough introduction with the clinic and members of their team.
- Show that your passion can meet with their passion (what's your anchor).
- Meet them where they are and focus on relationship building as well as skills building. Goal is to meet on an ongoing basis...



# Inductive vs Deductive in AD

## Inductive Approach

- Bottom up approach. Conclusion first, then data.
- Topical based AD session.
  - Based on statistics (i.e. incidence rate in a zip code).
  - Based on topical request (powerpoint).
  - Treatment rates are low at a particular clinic.

## Deductive Approach

- Top down approach. Data first, then conclusion.
- Exploratory based AD session.
  - HIV rates are high in our area.
  - PrEP usage is low in our area.
  - More PrEP prescriptions from your clinic could help lower rates of HIV incidence.

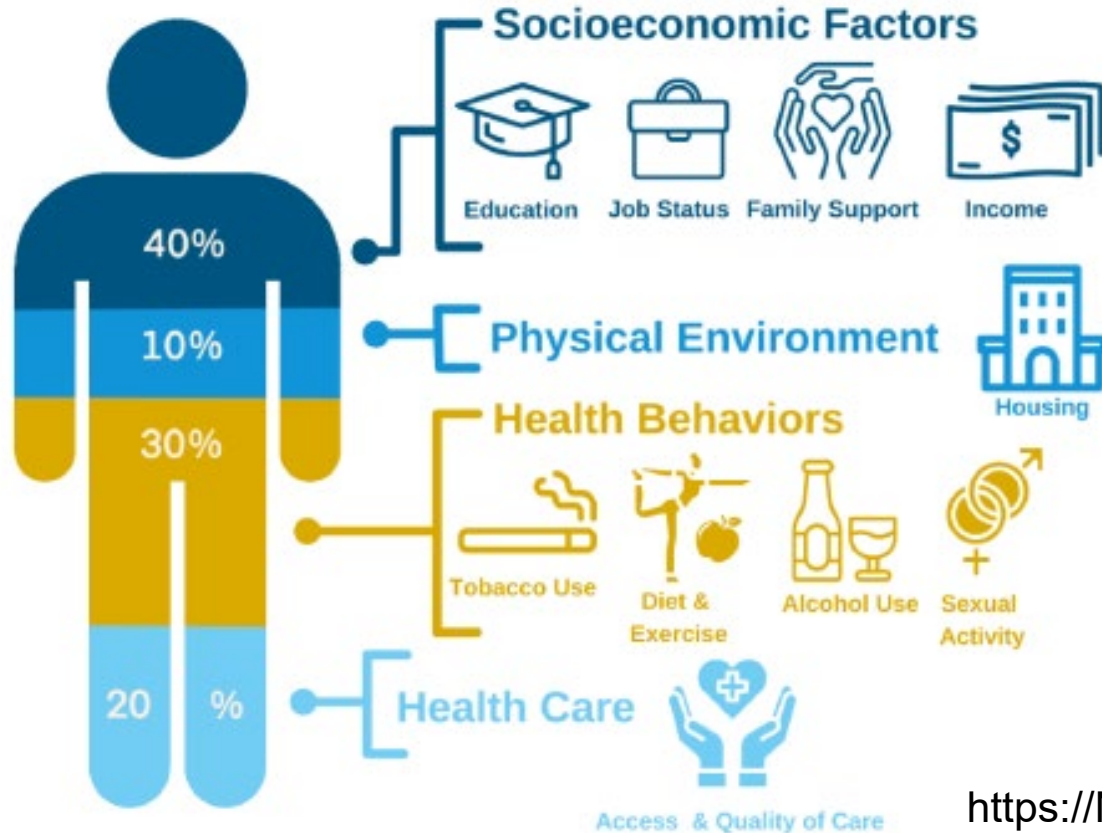
# Inductive and Deductive Methods for Whole Clinic Care

## So, why does it matter?

### Case studies:

- Site visit to a clinic to observe processes then share observations with the team. (Deductive)
- AD session with local health department who just hired new staff. (Inductive)
- Provider sessions often look different than front desk or outreach sessions. (Inductive vs deductive)
- Using different methods for various staff roles meets clients where they are and providing a context for the AD visit.

# Social Determinants of Health



<https://NOAHhelps.org/sdoh>



# Practical Implementations of Status Neutral Concepts for You and Your Team



# 12 Welcoming Space Indicators

1) Visible Status Neutral Material

2) Educational Materials

3) Nondiscrimination Policy

4) Inclusive Labels

5) History Taking

6) Support Groups

7) Acknowledgement

8) Intake Forms

9) Sexual History

10) Community Advisory Boards

11) Training Staff

12) Hiring Diversity

# Visible Status Neutral Material

1

## Visible Status Neutral Material

- Visible status neutral, gender, disability, and sexual minority inclusiveness in waiting room areas including Spanish\*
  - Magazines, posters, flyers in both Eng/Esp)  
*free magazines? (what do you recommend?)*

- Free posters:

U=U [preventionaccess.org](http://preventionaccess.org)

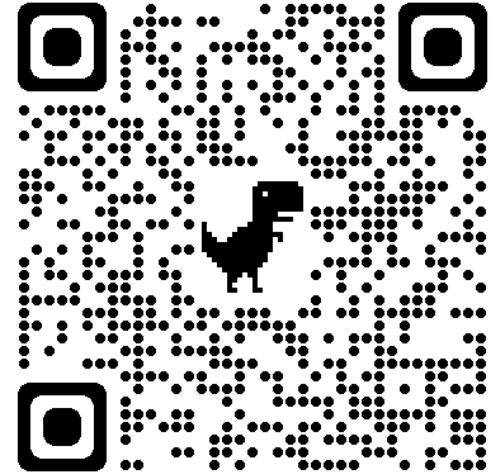
PrEP/PEP [www.cdc.gov/hiv/clinicians/materials/prevention](http://www.cdc.gov/hiv/clinicians/materials/prevention)

In AZ: [www.positivelyyouaz.com](http://www.positivelyyouaz.com)



# Welcoming Space Indicators

<https://docs.google.com/document/d/1o6o7DVF31Veo08UAxLoqQWkmkoLdT-Q878o4ae0L5xg/edit>



# How can you use the concept of “Welcoming Space Indicators” for your program?

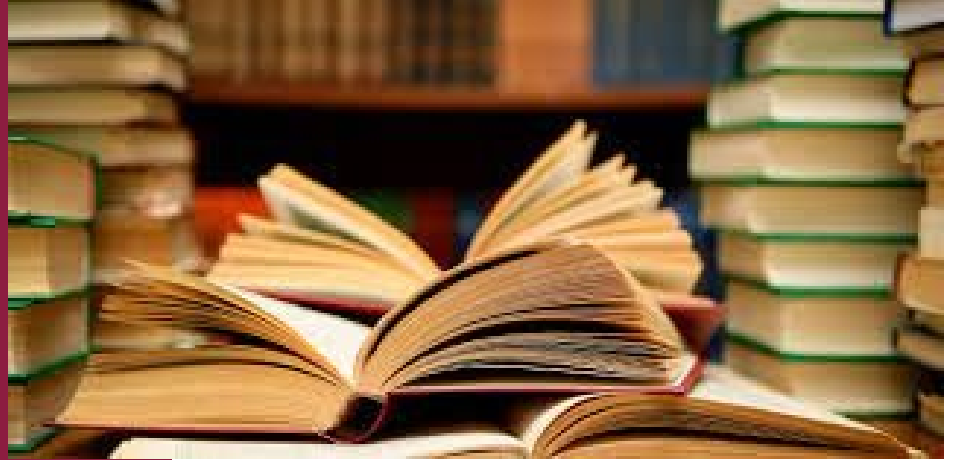




**How will YOU be the hero in your own adventure?**



**What did we  
learn today?**





شكراً جزيلاً  
ngiyabonga  
рахмат  
danke  
謝謝  
spas  
teşekkür ederim  
Баярлалаа  
спасибо  
faafetai lava  
merci  
kia ora  
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welalin  
tack  
mahalo  
tapadh leat  
vinaka  
спасибі  
blagodaram  
dank je  
misaotra  
matondo  
paldies  
grazzi  
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감사합니다  
তোসাকে ধন্যবাদ

# Let's Stay Connected!



Rocko Cook: [rockocook@asu.edu](mailto:rockocook@asu.edu) | [rocko.cook@azdhs.gov](mailto:rocko.cook@azdhs.gov)

Dave Watt: [david.watt@asu.edu](mailto:david.watt@asu.edu) | [david.watt@azdhs.gov](mailto:david.watt@azdhs.gov)

Anaid Gonzalvez: [anaid.gonzalvez@asu.edu](mailto:anaid.gonzalvez@asu.edu)

Contact us for further information  
[AcademicDetailing@AZDHS.gov](mailto:AcademicDetailing@AZDHS.gov) or call us at 480-407-7642





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