

PATH Minutes
January 12, 2016, 11:30 noon – 2:00 pm
The Cascades Room
Carilion Giles Community Hospital

Present:

Harvey Barker
Aaron Boush, Carilion Clinic
Michelle Brauns, CHC NRV
Josh Clark, Carilion Clinic
Kim Collins, VT IPG
Vicky Collins, Radford City DSS
Shenika Dillard, Carilion Clinic
Jeff Dinger, County of Giles
Mary Beth Dunkenberger, VT IPG
Deena Flinchum, NRV Agency on Aging
Laura Guilliams, NRV CARES
Andrae Hash, Virginia Organizing
Katie Hundley, Carilion EAP
Holly Lesko, NRMRWDB
Leah McFarren, CHC NRV
Hannah Menefee, VT MPH & CPHPR
Marsha Myers, HCA LGHM
Laura Nelson, VT IPG
Patrick O'Brien, NRVRC
Molly O'Dell, NRHD
Carlin Rafie, VCE
Pam Ray, NRHD & VT CPHPR
Kenneth Schor, VCOM
Jenny Schwanke, VT Y
Rhonda Seltz, RU Social Work & DMAS
Stephanie Spencer, Carilion Giles Community Hospital
Maja Vukajlovic, VT Dietetic Internship
Lisa Webb, Americare Plus
Wanda Wylam, NRHD

WELCOME/INTRODUCTIONS

Harvey Barker, retired Executive Director of New River Valley Community Services and currently in practice in Blacksburg, welcomed the group. Harvey and Michelle Brauns, Executive Director of Community Health Services of NRV, will serve as 2016 PATH co-conveners. Thanks were extended to Carilion Giles Community Hospital for hosting the meeting and providing lunch. PATH members introduced themselves. Harvey noted that PATH has been meeting since 1995 and that the mission is to maximize access to healthcare for all residents of the NRV.

LEGISLATIVE UPDATE

Rhonda Seltz gave a legislative update provided by Dave Nutter. The General Assembly convenes on Wednesday, January 13. Governor McAuliffe introduced his proposed budget that includes Medicaid expansion. However, there is no Republican support in either the House or Senate to expand Medicaid as we know it. Locally the proposal to close the Catawba Hospital has generated a lot of media attention. This is not the first time closure of the hospital has been proposed. Delegate Yost has spearheaded the effort to eliminate funding in the Governor's budget to close the hospital. There is effort to repeal Certificate of Public Need (COPN) laws which would have a devastating impact on rural hospitals. Molly O'Dell explained that the VA Certificate of Public Need program requires that medical care facilities secure a COPN from the State Health Commissioner prior to initiating projects. No certificate of public need is issued unless the Commissioner has determined that a public need (avoiding

unnecessary duplication of medical care facilities and services) for the project/equipment exists and has been demonstrated.

GILES FOCUS GROUP INITIATIVE

Jeff Dinger reported on initiatives by Giles FOCUS (Focus on Communities Utilizing Services) in the areas of economics, health and education. A number of programs have been initiated over the last 6-7 years that looked at social issues and tried to find ways to intervene. The Day Report Center seeks to reduce jail recidivism. It is built on voluntary participation by offenders and provides an opportunity for sentences to be reduced or eliminated. Recidivism has been reduced from 26% to 18.2-18.3%. A Summer Youth Work Program for 16-19 year olds provides an opportunity for students to gain work experience while in high school and has a dramatic impact on job success and lifetime earnings. The program is in its fourth year and has been very successful. ACCE (Access to Community College Education) makes it possible for any Giles County High School graduate to receive a free Associate degree. A student must be a Giles County resident, maintain a 2.5 GPA and do 80 hours of community service per year. For the first semester, 64 applied—only a few backed out. Charlie Mullins was hired to oversee the Community Service Program. Community service has to be court ordered, and it helps individuals who are in a vicious cycle. It is difficult for them to find jobs; they can't pay off their fines or get a driver's license. The Community Service Program provides meaningful work experience, and they are able to pay off their fines. They learn accountability and good work habits and have increased self-confidence. Molly O'Dell noted that the County has driven this—25% of the dollars they spend supports 1% of the population. The goal is to identify the 1% earlier and help them to be successful so funding can go to other needs.

Molly explained that a mapping project was done in the fall to look at health, economic and education indicators in the multi-jurisdiction health district. The indicators were put on GIS overlays and all of the places that have issues were clearly visible. We realized the way to make the most impact is to focus community services, establish relationships and trust, identify needs and coordinate with services. We can intervene in multi-generational issues and make an impact. There has been great interest and response from the faith community. Relationships with employers are very good, and the positive impact will make the workforce more attractive to industry.

CARILION GILES CHNA IMPLEMENTATION PLAN PRIORITIES – Aaron reported that the Carilion Giles Community Hospital Community Health Needs Assessment (CHNA) was completed in 2015. The IRS and ACA require a hospital CHNA every three years, resulting in the adoption of an implementation strategy to meet identified community health needs and a report as to how the hospital is addressing the identified needs and a description of needs that are not being addressed and why. Carilion is currently working on implementation strategies for the Giles CHNA. The most recent community health needs assessment reports are available online at <https://www.carilionclinic.org/about/chna>.

The Carilion NRV Medical Center CHNA will be completed in 2016. A data analyst will be hired to lead this CHNA. Aaron stated that it would be helpful to work with a subcommittee of PATH as was done for the Giles CHNA. He introduced Josh Clark who will be an integral part of the upcoming CHNA. Josh said that he is interested in outcomes; his role is accountability. Using a western regional approach, he looks at things that overlap and that can be addressed collaboratively.

Carilion Clinic is interested in funding health safety net programs (physical, mental, dental and medication assistance programs) identified through CHNAs. Carilion likes to see community collaboration. There are two application cycles—April 15 is the due date for the Spring cycle and October 15 for the Fall cycle. Funding is based on available resources and impact on addressing a documented community health need. More information can be accessed at: <https://www.carilionclinic.org/about/community-outreach>.

Shenika Dillard explained that she is working with Stephanie Spencer and Kristie Williams to focus on outcomes from the CHNA in Giles. Stephanie spoke about taking the hospital to the community and said to let her know if there is anything the hospital can do to assist partner agencies.

There was discussion about the fact that the Office of the Inspector General says a hospital may waive or discount self-administered drugs. Deena Flinchum reported that an individual may be observed in the hospital 2-3 days but

not admitted. Medicare does not cover self-administered drugs. The individual may leave the hospital with a bill they have difficulty paying. Josh stated that this is out of the hospital's control. They are trying to do a better job informing the patient and are working on this issue.

ONE CARE UPDATE - Vicky Collins gave a brief history of One Care and its different missions over time that focused on substance abuse in Southwest Virginia starting with the Oxycontin epidemic. Several PATH members participate in One Care. One Care has struggled financially and with personnel. For a couple of years One Care didn't have an executive director but gained some momentum under Sarah Melton's leadership. Just recently, Beth O'Connor, Executive Director of the Virginia Rural Health Association and past co-convenor of PATH, agreed to serve as Operational Director of One Care. This move will be what's needed to take One Care to the next level. Beth's vision for One Care is to increase community and name recognition, identify private and public funding opportunities and advocate for public policy. We would like to strengthen the relationship between PATH and One Care.

UPDATE ON LIVABILITY INITIATIVE TRACKING - Patrick O'Brien discussed/displayed the data dashboard for Livability. They started with public data and are working to track regional metrics. The dashboard will be in web friendly format that is easy to update. The public dashboard uses Tableau cloud-based software. Interactive graphs show population trends in the NRV. Metrics can be isolated by counties. It currently includes basic demographic data (<https://public.tableau.com/profile/patrick.o.brien#!/vizhome/NRVPopulationDemo/Story1>). The goal is to include Livability metrics for the February 29 Livability Regional Exchange. Patrick stated that the NRV Regional Commission (NRVRC) is happy to work with an agency/organization's data as well as serve as a repository for that data. Storybooks can be put on agency websites making data more accessible to everyone.

Holly Lesko asked PATH members to hold the date for the 2016 NRV Livability in Action Regional Exchange from 2:30-5:30 p.m. on February 29 at the Event Center in Christiansburg. The event provides an opportunity to share and learn about work underway across the region that supports the goals and priorities of the Livability Initiative.

MEMBERSHIP DISCUSSION – The current PATH membership list and update of Steering Committee and terms were distributed via email along with today's agenda. PATH members were asked to suggest other peers they would like to see join PATH. Names and contact information can be given to Wanda as well as any updates/edits to the membership list. The PATH Steering Committee is a two-year term and currently has an open position. If you are interested in serving on the Steering Committee, contact Michelle, Wanda or a member of the Steering Committee. The next Steering Committee meeting is March 29 at which time the agenda for the next meeting will be created. The Steering Committee may discuss other alternatives to the current PATH meeting schedule because legislators are unable to attend PATH meetings during our current meeting day/time.

WORKGROUP REPORTS

Perinatal Substance Abuse - Mary Beth Dunkenberger reported that prenatal substance abuse data was collected from NRHD, NRVCS and NRVRC. Data was also collected from interviews with Carilion and LewisGale women in recovery. The task was to develop a data dashboard to establish community awareness and track change and to use the data to identify target areas for intervention. Work is being done with stakeholders on screening and referral tools for physicians. A group from PATH traveled to Beckley, WV, to look at a residential treatment program for pregnant and postpartum women with substance use or co-occurring substance abuse and mental health disorders. The CAPE II grant took the issue of Perinatal Substance Abuse that was identified in CAPE I and specifically focused on Neonatal Abstinence Syndrome (NAS). NRHD data shows that NAS is increasing in the NRV. The CAPE process has been used to help strengthen our ability to make the case for a treatment program for pregnant women in NRV, and we think we are ready to apply in 2016. Molly noted that the NRHD has a contract with NRVRC for data mapping and analysis. She now has access to an all payers claim database and can slice and dice on any insurance claim in real time. The database shows that for women 14-44, the most dollars spent on a drug was for opioids.

Advocacy – Before convening a meeting, Rhonda stated that the workgroup is waiting to hear from PATH members regarding projects they want Advocacy to work on. The workgroup has advocated on behalf of PATH on

issues such as Medicaid Expansion. Molly suggested working against the repeal of Certificate of Public Needs laws and closure of Catawba Hospital. Send notes to Rhonda and she will draft letters to the editor.

Healthy Citizens NRV (HCNRV) – Pam Ray reminded PATH members that this workgroup started out as Healthy Kids NRV with the focus to reduce childhood obesity. A VDH Obesity Prevention grant was received to address obesity in all age groups so the workgroup was retitled Healthy Citizens NRV. A partnership with the Town of Christiansburg was developed for infrastructure improvements for safe biking and walking. Pam distributed a listing of projects from the Christiansburg Bikeway/Walkway Committee (made up of staff, citizen representatives, Planning Commission members and Town Council members) that detailed projects completed in 2015 as well as ongoing, in progress and future projects. The list reflects that one funding stream led to another. The PATH members viewed a visual presentation prepared for the Town Council that showed pictures of the various improvements including a bike fix-it station and a shelter (built as an Eagle Scout project) at the Recreation Center, bike racks, improvements to crosswalks, bike rodeo in partnership with the Police Department, bike art contest, thermal detection system upgrade, Bike 76 signage and Huckleberry Trail extension. VDOT and HUD saw the impact of ADA curbs to increase access to sidewalks and are funding expansion. Pam noted that the 2015 Farmers Market was very successful. It will be more fully funded in 2016, and they are looking for a permanent location. A feasibility study is in progress for a downtown Christiansburg enhancement project. The HCNRV's strategic plan framework will be used throughout communities in the NRV. Sustainability funding (\$25,000 grant) has been extended to support the work of the coalition to evaluate the impact of the interventions in Christiansburg and to focus on a comprehensive NRV prevention plan. Each community will develop its own Healthy Citizens coalition under the larger umbrella of the HCNRV. Pam is currently working with partners in Pulaski to develop their coalition (Healthy Citizens Pulaski County) focusing on healthy living, access to local foods and obesity prevention for all ages. She also noted that Healthy Citizens Pulaski County and the New River Health District received a two-year VA Foundation for Healthy Youth grant (2016-2018) for childhood obesity prevention.

PATHways sharing concluded the meeting.

PATH's webpage is hosted on the NRHD website: <http://www.vdh.virginia.gov/LHD/newriver/Path.htm>

PATH Steering Committee Meeting: March 29, 12:30 pm

Upcoming 2016 PATH meetings:

April 12 - LewisGale Hospital Montgomery, Birthing Center Classroom

July 12 – LewisGale Hospital Pulaski, Education Building

October 11 – Carilion NRV Medical Center, Fireside A Conference Room