

PATH Minutes

April 12, 2016

Birthing Center Classroom, Lewis Gale Hospital-Montgomery

11:30-2:00

PRESENT:

Michelle Brauns, CHCNRV, convener

Amy Michals, Carilion Clinic

Aaron Boush, Carilion Clinic

Kenneth Schor, VCOM

Juliana Leckszas, Y at VT

Jenny Schwanke, Y at VT

Arlean Lambert, Y at VT

Ryan Martin, Y at VT

Stephanie Whited, NRVCS

Sheryl Helm, NRCA

Vicky Collins, RCDSS

Beth O'Connor, VRHA

Molly O'Dell, NRHD

Wanda Wylam, NRHD

Rhonda Seltz, DMAS, RU

Marsha Myers, LGH-M

Tina King, NRVAoA

Sophie Wenzel, CPHPR/VT/NRHD

Ameila Bandy, CPHD

Pam Ray, NRHD

Laura Guilliams, NRV CARES

Josh Clark, CNRV

Alicia Bales, CGCH

Melanie Smith, VICPP

Holly Lesko, WDB

Dave Nutter, VHHA

WELCOME/INTRODUCTIONS: Michelle Brauns, co-convener, welcomed the group. Michelle thanked Marsha for the delicious food and the meeting space. Sign-ins were encouraged and the PATHways Sharing sheet was distributed.

A TRIBUTE to Bob Hendrickson was given by Vicki Collins. She mentioned how his career in social work was similar to his personal life as he was authentic and passionate about improving the lives of those less fortunate than himself. She honored his great sense of humor in all things and his impact on those he impacted throughout New River.

DELAGATE JOSEPH YOST addressed the group about legislative updates which impact health and health care. 3000 pieces of legislation were considered in 59 days this year. He highlighted:

- COPN reform was discussed extensively but no issues were brought to vote
- Mental Health Gap improvement was addressed so that now 80% of those at Federal Poverty level will be eligible for insurance for mental health services.
- Catawba, the only geriatric hospital in VA, was not closed
- Medicaid expansion: it's hard for him to see a path forward at this point. There are some serious questions and considerations to be deliberated including how to keep the budget balanced. Rhoda Seltz passionately expressed her disappointment that our GA will not use our VA money for our VA citizens, and she and Beth O'Conner expressed disappointment that the federal money which could come to VA will not come to our citizens.

Michelle reiterated the success of the GAP program on the CHC population and asked if there were other populations that could benefit from carved out expanded Medicaid. Del. Yost affirmed that strategy as a more appropriate approach than full-scale Medicaid expansion effort.

Dave Nutter came forth to contextualize the block that exists in the GA regarding health care access and many states who have expanded Medicaid underestimated the cost to the state because the number of people using the expanded services is higher than had been anticipated.

He, too, encouraged a strategic approach to expand access for services in Va. The "O" word creates a block in most conversations but access to services is much more acceptable approach. There is an agreement over the complexity of issues surrounding healthcare access issues to the general populace plus the realities of budget implications for full-scale expansion of Medicaid. History shows the feds have never actually cut Medicaid funding which, in Va., has gone from 5-25% of the state budget.

Rhonda offered to hold Del Yost's hand to lead the other 16 delegates to vote for more expansion.

Marsha asked more about the COPN process. She says most of the application process is antiquated. He concurred the process was developed 3 decades ago. A workgroup with Secretary Hazel studied the COPN process and the House members never saw the entire package and it was held over till next year.

Dave defined COPN and explained the process and gave examples of the 5% of the applications that have not been granted recently. The Senate recognized the need to develop some monetary components to the COPN process and, literally, ran out of time to complete the work. Dave reminded the group about the fact that healthcare is not a free market since the government sets the rates and may become more of an uber-care context.

Del Yost encouraged PATH to invite his other colleagues to address PATH.

Tina King asked, regarding Catawba, Del Yost to remember how the de institutionalization of the elderly back-fired in the 60's and 70's. Specific community services, in the community, must be assured before Catawba closes. He realizes the services at Catawba are NOT available in the community and that's one of the reasons he supported the continuation of Catawba and long term nursing homes can't handle the level of need that Catawba provides. He believes that in 20 years, most of our state hospitals will be closed. Vicki explained that public guardians were appointed for patients at Catawba who could not leave Catawba for another service site. Del Yost likened this to our training centers' closing, as planned in spite of the fact that there are only 100 waivers issued annually for 12,000 slots.

ADVOCACY: Dave mentioned that 7 million dollars was allocated for substance abuse treatment services in southwest VA, first, due to work from ONE CARE. He gave Beth O'Connor credit for helping to move this rollout forward. New money for Graduate Medical Education was allotted. There continues to be challenges. Rural health care is in crisis and we are in rural Virginia. Health readiness impacts economic development. Holly asked how health care costs are analyzed with more utilization and whether there is a case to be made for better outcomes or well-being in those populations who are now covered with a payment source. The Virginia Healthcare and Hospital Association holds a virtual forum of all vested stakeholders, to get and give feedback about legislative directed issues within the Commonwealth. He offered us to all sign up to join.

GILES COMMUNITY HEALTH IMPROVEMENT PLAN: Aaron Busch addressed the group and reminded this plan is Giles specific. This plan is now a public document on the website. This document was drafted by the local hospital. The number one need is wellness so 0.6 of an FTE will be designated for community outreach for wellness. Tobacco is another top need and will expand tobacco cessation for all inpatients and expand NA and AA meetings at the hospital. Other specific hospital efforts can be found on the website at: www.carilionclinic.org/about/chna. Aaron reminded the group to access the grant monies available to address the needs documented in the community health needs assessment.

NEW RIVER COMMUNITY HEALTH ASSESSMENT: Amy Michals announced the kick-off of the New River Community Health Needs Assessment process for 2016. The first meeting is April 21 to look at secondary data and plan the rest of the process, distribute the updated survey for customers (goal is 1000) and discuss focus group locations/populations. Second meeting will do a stakeholder focus group (and close survey at beginning of June.) and present data. Third meeting will be strategic planning and full plan with implementation plan for hospital and community by August.

Aaron says Carilion is more interested in social determinants in health and wants to continue to engage with the community by the most effective means. Molly reiterated the lack of significance in 1000 surveys from all of New River.

WORKGROUP UPDATES:

Healthy Citizens NRV- Pam Ray reported on the Obesity Prevention initiatives in NRV. She presented the draft Obesity Prevention Plan backbone including Vision/Mission and 5

Goals for each community and sub-community within NRV. This Framework is attached. Radford Youth Adult Partnership created a graphic novel, *Opening the Door*, (on behalf of local youth and organized by RU students) to share the vulnerabilities that children/teens and young adults are experiencing in our communities. Pam distributed sample copies of the graphic novel (yet to be distributed) for review today.

Advocacy – already covered with Delegate Yost was in attendance

Perinatal Substance Abuse – Rosemary Sullivan is in Richmond working to become a certified community mental health center. Stephanie White presented on her behalf and, because of our support of NAS issues, Special Deliveries is working hard to keep up the referrals. Vicki reported CAPE is planning to visit Horizons in North Carolina April 19. This program has a continuum of care and is tied to a University Hospital. An assessment of screening tools used in NRV has been completed for how patients are identified as substance use during pregnancy.

Dr. Cooke's clinician group continues to meet to discuss protocols used in NRV to address needs of using pregnant women in NRV. Representatives from both hospitals are participating. A state panel of CSB related issues convenes on June 22. Our CSB will be discussing NAS.

PATHWAYS SHARING: Tina King announced two events: Caregivers Guide to Caring workshop is planned in cooperation with AOA, Christiansburg Parks and Recreation and the Alzheimer's Association on April 19 at 6 pm at the Christiansburg Rec Center. Dr. Bill Thomas, founder of the Greenhouse Project, will present *In the Age of Disruption* about "what if everything you heard about aging is wrong?" This is scheduled for Saturday, April 23, at 10 am.

Julianna Leckszas reported from VT -YMCA on the Diabetes Prevention Program and implementation of the education sessions for community members.

Melanie Smith announced the next meeting of The Re-entry Council, (coalition of folks who support prisoner re-entry) next Wednesday. Currently members are going into the Montgomery jail to interview those who are to be released and find out what they need to be successful. Housing and transportation are consistent needs. Judge Long will be speaking at the next meeting.

Michelle Brauns paid tribute to Wanda Wylam who has been the glue for PATH since 1996 and reported on her 44 years of service in the workforce. Wanda's last PATH meeting is today. She plans to retire in August and will be on vacation until then.

Our next meeting is PATH July 12 at LewisGale Hospital Pulaski, and the Steering Committee will meet June 28.

Healthy Citizens NRV: Strategic Plan Framework for Obesity Prevention

VISION:

A community where all citizens are empowered to achieve and sustain a healthy lifestyle.

MISSION:

To mobilize community resources and engage citizens to reduce obesity, increase physical activity, and increase healthy, nutritious food consumption.

OVERARCHING GOALS:

Goal #1: Engage and empower citizens to develop healthy lifestyles and neighborhoods. Build community coalitions to work together to promote healthy eating and active living.

Goal #2: Assess the community/region/geographic needs, assets, and barriers to healthy eating and active living throughout the New River Valley, specifically in the New River Health District.

Goal #3: Promote healthy eating habits, create and increase access to affordable, healthy, and nutritious foods. Provide nutrition education to meet current government food guidelines.

Goal #4: Create and maintain a safe, walkable and bike friendly community to promote and increase physical activity of the citizens.

Goal #5: Build capacity and sustainability by increasing awareness and garnering financial support for active and healthy living policies, systems and environments in the New River Health District.

DESIRED LONG-TERM RESULTS:

1. Increase the number of New River Valley citizens who have a healthy weight
2. Decrease the risk of obesity-related chronic illnesses and diseases that are preventable by supporting a healthy weight
3. Create local and regional policies, systems and environments that support healthy eating, active living and accessible choices for a healthy lifestyle for the residents

Please contact Pam Ray at Pamela.Ray@VDH.Virginia.Gov or drpamray@vt.edu, or by phone 540-585-3296, if you would like to share specific information about ongoing or proposed obesity prevention programs in your locality.

