

**PATH**  
**October 1, 2013, 12:00 noon – 2:30 pm**  
**Fireside Conference Room B**  
**Carilion New River Valley Medical Center**

**Present:**

Ramine Alexander, VT MPH Student  
Harvey Barker, Cooper House  
Michelle Brauns, Free Clinic of NRV  
Kevin Byrd, NRV Planning District Commission  
Cathy Callahan, VCOM  
Jay Christiansen, VT MPH Student  
Lauren Clement, VT MPH Student  
Vicky Collins, Radford City Department of Social Services  
Mary Beth Dunkenberger, VT Institute for Policy and Governance  
Amy Epperley, Carilion NRV Medical Center  
Deena Flinchum, RSVP/NRV Agency on Aging  
Elizabeth Fontaine, NR Health District  
Patrick Halpern, Mental Health Association NRV  
Tina King, NRV Agency on Aging  
Holly Lesko, VT Institute for Policy and Governance  
Suzanne Lo, VT Institute for Policy and Governance  
Matt Mathias, LewisGale Hospital Montgomery  
Marya McPherson, Mental Health Association NRV  
Molly O'Dell, NR Health District  
Trina Porterfield, NRCA Head Start  
Shelly Rasnick, VT MPH Student  
Rhonda Seltz, RU School of Social Work/Every Child Matters  
Melanie Smith  
Amy Sorensen, CHIP of NRV  
Deb Suddarth, Free Clinic of Pulaski County  
Bev Walters, NRV CARES  
Wanda Wylam, NR Health District

**Welcome and Brief Introductions**

Vicky Collins, Co-Convener, thanked Carilion NRV Medical Center for hosting PATH and providing lunch. The PATH attendees introduced themselves.

**Approval of Minutes**

The minutes from the July 9<sup>th</sup> meeting were approved.

**Proposed Organizational Structure**

Vicky gave an overview of PATH. PATH began in 1995 after a health and human services needs assessment revealed that access to affordable health care was the NRV's number one unmet need. Mark Cruise (former Executive Director of the Free Clinic of the NRV) and Jody Hershey (former Director of NR Health District) were

the first co-conveners. PATH has proactively sought strategies and projects to maximize access to health care for NRV residents and provided support letters for grants written by member agencies/organizations. The local hospitals have hosted PATH meetings on a rotation basis since its inception.

In 2011, the PATH Steering Committee conducted a PATH Membership Survey to assess interest and level of time commitment. Members were interested in national healthcare reform, state-level health care reform, advocacy/legislation, mental health issues, FQHCs, dental access, elderly/aging health and PATHways sharing. They liked action-oriented committees formed around a particular issue and ending when work on the issue is completed. Assessment projects that don't generate a product/project were considered least helpful. Members would like to advocate on the grassroots level. They like meeting on a regular basis and serving on work groups that end when work is completed.

The Steering Committee met after the last PATH meeting and decided that operational guidelines for a more formal structure were needed. Cathy Callahan presented the proposed structure for the PATH Steering Committee including the development of operational guidelines.

Purpose:

1. Set agenda
2. Recommend co-conveners of Steering Committee
3. Facilitate progress of working groups
4. Membership review (review membership list and solicit recommendations at September PATH meeting for new members)

Structure of Steering Committee:

Membership:

- 2 co-conveners
- Members, up to 4 individuals

Term Limit:

- Two-year terms
- Solicitation for new members will occur at the September meeting
- \*however steering committee members may continue for an additional term
- (Note: Initial year, some Steering Committee Members will remain on the Committee for one year to establish staggered terms for members)

Proposed Working Groups:

- Perinatal Substance Abuse
- Advocacy
- Healthy Kids NRV

Meeting Structure:

- Provide an opportunity for the proposal of new work committees
- PATH sharing will be based on a sign-up sheet available at the beginning of PATH meetings
- Sharing will be held at the conclusion of the PATH meeting

Cathy asked members interested in serving on the Steering Committee to notify Vicky. Rhonda stated that she is interested in serving. Cathy noted that the working groups will be very fluid. Members may bring concerns, needs or interests to the group. Cathy noted that the Steering Committee will move forward with the membership list.

Wanda will send out the membership list for review. Send suggestions for new members to Wanda. Rhonda suggested Legal Aid and Virginia Work Force Centers.

Molly reported that permission is being sought to have a PATH webpage on New River Health District's website. Ideas of topics to include were discussed at the last Steering Committee meeting. Holly suggested including a link to housing data.

### **Community Health Needs Assessment**

Amy Epperley reviewed Carilion NRV Medical Center's (CNRVMC) 2013 Community Health Needs Assessment. The service area included those living in the NRV, and the target population included vulnerable populations such as low income, uninsured and/or underinsured, older adults, and those with chronic disease. A 24-member Community Health Assessment Team (CHAT), inclusive of community agencies broadly related to health, oversaw the assessment activities and performed primary research (focus groups with target populations, stakeholder surveys and community surveys). Carilion Clinic Planning team compiled secondary data. The CHAT prioritized issues identified by research and developed implementation strategies for the Board's approval.

The final report contains the findings of the 2013 needs assessment including data on the target population and service area, as well as primary and secondary data. The findings revealed a very diverse population in regard to overall health, access to medical care, financial standing and educational attainment. The NRV is a cultural hub with a large population of college students and professionals. When compared to Virginia, the NRV had a larger percentage of the population living in poverty; this has increased rapidly over the last few years. The NRV also had a larger percentage of individuals on Medicaid, Medicare, Dual Eligible and Uninsured compared to Virginia. One in four NRV residents had no health insurance. Unemployment rates in NRV were well above the average while median household income was significantly lower. Pulaski and Floyd Counties had a higher percentage of home ownership with median value much lower. A lower percentage of individuals in these counties had a college education.

There were higher than state average rates for deaths from malignant neoplasm, heart and vascular disease, chronic lower respiratory disease and diabetes. Radford City and Pulaski County had higher rates of prevention quality indicator discharges from angina bacterial pneumonia, COPD, CHF, hypertension and drug/poison. Pulaski County had a higher rate of low birth weight births and higher rates of teen pregnancy. Pulaski and Floyd Counties had higher five-year infant mortality rates.

Focus groups identified the following as health-related factors in the community: availability of primary care, affordable insurance, expensive dental care, underutilization of mental health care and no services to support the home-bound. Stakeholders identified these factors: access to dental care and mental health care, language barriers and inability to get away from work and childcare responsibilities to take care of health issues. When asked the top three most important health problems in the community, 70% chose alcohol and illegal drug abuse, 36% overweight and obesity and 34% prescription drug abuse.

When asked the three top risky behaviors in the community, the highest responses were drug abuse, alcohol abuse, cell phone use while driving, poor eating habits and lack of exercise. The following areas of focus emerged: access to mental health and substance abuse counseling/psychiatry (high prevalence of substance abuse), improved coordination of care across the health and human services sector, chronic disease management and access to affordable services for the uninsured.

To address the needs of the community, CNRVMC will develop a multi-disciplinary team to address issues identified, continue work with current community collaborations (PATH) and ongoing tracking of progress of improvements. Data will also be used in planning activities with support from Carilion Clinic Strategic

Development, community health education programs, population health management, community development, applications for grants/funding opportunities and to inform Carilion Clinic on priorities for resource allocation.

The final reports are available at Carilion clinic.org under “About” and on CNRV’s website. Partner agencies are welcome to post the final report of their websites.

### **Present Ideas from MPH Students**

The PATH Steering Committee was contacted about the possibility of hosting a training workshop and wanted to provide PATH members an opportunity to weigh in at this meeting. Ramine, Shelly, Jay and Lauren explained that they are MPH students on the Public Health track. For their Community Health Education class, taught by Susan Marmagas, they are required to design and conduct a 2-3 hour training workshop focusing on an issue or skill. Topics suggested during the discussion were perinatal substance abuse, ACA, poverty simulation, skills for advancing public health issues, policy analysis, integration of mental health in primary care and advocacy. It was decided that the training topic will be on the integration of mental health in primary care including best practices and assessment in NRV. Harvey noted that there are some innovative practices in Virginia. The training will be held on December 3 at 11:30 am. Wanda will send out a Save the Date notice to PATH members.

### **FQHC Update**

Michelle reported that the Free Clinic of the New River Valley has been awarded designation as a Community Health Center by the U.S. Department of Health and Human Services. The Free Clinic was one of three in Virginia to receive the designation. A public announcement will be forthcoming. There will be a name change and ribbon cutting ceremony in the spring. PATH helped by providing letters of support and participated in the planning. Both the Christiansburg and Pearisburg clinics will convert to the Community Health Center model in January, 2014. The Center will provide comprehensive primary, preventive and enabling health services to people of all ages for both the insured and uninsured and will promote access to care to medically underserved communities and vulnerable populations. All of Giles County and parts of Montgomery County are formally considered federal medically underserved areas.

In the past, those who needed medical care but didn't have insurance have turned to the Free Clinic for help. In January people who have coverage through Medicaid, Medicare and private insurance can be seen. Along with primary medical care, extensive behavioral health care and dental care will still be provided.

**PATHways Sharing** – Those who signed up shared updates about their agencies/organizations.

The meeting adjourned at 2:30 pm.

Upcoming meetings:

January 7, 2014

April 1, 2014

Respectfully submitted,  
Wanda Wylam  
New River Health District