*Mobilizing for Action through Planning and Partnerships*

Charlottesville/Albemarle Community Health Assessment Council

**November 1, 2016**

Location: Charlottesville/Albemarle Health Department

1138 Rose Hill Drive, Charlottesville, VA 22903

**Attendees**

**Minutes**

* Q: how many strategies are we going to for each goal?
* A: we’re asking for lots of possible strategies, but then want to narrow it to three
* Discussed re-wording some of the goals
* Recommendation: City school yard garden is network of 15 partners
	+ Would be good for the food part of obesity prevention
* Note: a lot of those community partners are part of Move2Health
* Fresh Farmacy is still on-going
* Discussed next step will be deciding which group will be responsible for
* MHWC is working on stigma reduction, reducing opioid use,
* Are discussing what the MHWC will do vs. other strategies
* Q: in terms of each coalition’s capacity, is coalition going to be connected to something bigger in order to implement the strategies, etc.?
* A: the existing MAPP leadership group will be the overarching group
* TJHD will be responsible for keeping it going
* For mental health & substance abuse, this goal has been something that’s already being worked on, especially in C’ville-Albe, so it will be easier than the goals that are new this MAPP
* Comment: the goals & strategies are something that will be worked on, but coalitions and groups would still keep on thing
* Mental Health & Substance Use
	+ Would be good to align with the MHWC’s current strategies
	+ Increase the number of providers for medically assisted substance abuse treatment
	+ MHWC currently doing: Increasing substance abuse treatment capacity over all
	+ MHWC currently doing: Stigma reduction and public awareness campaign
	+ Targeting general population, will be multi-year campaign, may get more targeted
	+ Issue is mental health, people not getting jobs or not able to hold a job
	+ Linking workforce development to MH services
	+ City and county are both part of a pilot program where SNAP beneficiaries can get referred to PVCC and also getting MH services
	+ C’ville works provides MH counseling to those they served
	+ Barrier: often is restriction on what funding can be used for, and it’s not for MH services
	+ So have health care system part of this
	+ MH America report, VA ranked low, 40th out of the states in terms of MH and workforce development
	+ Increase service system capacity for both mental health and substance abuse treatment
	+ Strategy could be developed around handoff once identified w MH issue
* Age and Family-friendly Continuum
	+ Comment: a lot of these strategies that relate to children are also related to health disparities as well
	+ Comment: there is C’ville Area alliance working on some of this already
	+ Idea of looking at both for young children and older adults
	+ There is already a group that is looking at ACE’s
	+ Already addressing enrollment of 3 to 5 year olds
	+ There is a network working on this
	+ Looking at things that are possible to do
	+ This goal is very broad, maybe narrow it to one thing
	+ Such as reducing social isolation through community integration
	+ Could start a new program, but not have it a senior center, because that would leave out other age groups
	+ Promoting healthy relationships
	+ More support for reducing sexual assault
	+ Starting early with training /education about reducing sexual assault
	+ Promote trauma informed approach to care
	+ Trauma informed network could host this part of it
	+ See the 6th strategy on the handout
	+ Comment: may not be able to get these programs into schools
	+ Comment: C’ville working on mixed income communities
	+ Decreasing social isolation and community integration across each of the WHO’s categories
	+ Community integration through housing and recreation policy
	+ Zoning and land use planning
	+ Increasing more mixed aged group housing, integrating the age groups
	+ Also having disability accessible housing
	+ Is policy, but is also reality about groups that are already isolated
	+ Such as suburban and rural populations who can no longer drive
	+ Also, need data on things in the aging population
	+ How to measure the wellness across the age continuum
	+ Example: in other communities, there are ways of monitoring activity
* Health Disparities / Access to Care
	+ Forming a coalition
	+ Looking at the 3 specific health issues, then focusing on that
	+ Need to also incorporate health disparities in pregnancy outcomes, keep the IPO workgroup in the mix
	+ Comment: if there is a coalition that is formed 🡪 link it to the plan, be the group that is tracking the progress on this plan, etc.
	+ Bringing in the movers and shakers who work in areas such as areas that lack access to healthy food
	+ Or maybe this could be a sub-group out of the MAPP leadership group
	+ Because health disparities are part of the other 3 priority areas too
	+ Comment: would be difficult to have a coalition operating by itself, it would already be interconnected
	+ Next leadership meeting will be more about deciding which community partners/ groups are part of coalition, etc.
	+ 1. Discussed expanding the workforce to represent the community it serves
	+ 2. Also the issue of understanding and addressing the issue of why 1/3 of C’ville residents don’t have a medical home
		- Medical home for everyone
		- Comment: in Norfolk, the federally qualified health center worked on expanding access to it, getting people to their appointments, improved scheduling of appointments
	+ 3. Reducing the health disparity within two or three medical conditions (to be determined)
	+ Strategy: start a coalition to develop best practices / achieve those objectives
	+ Both hospitals could be the ones to host or start this coalition, or spearhead the coalition together
* Obesity and Lack of Recreation
* Promoting fresh food at corner stores
* Especially in rural areas
* Use example in Richmond
* There is a way to do, just need funding
* Zoning might need to be changed, building it into the new models of community revitalization
* Suggestion: taxing sugar sweetened beverages
* Could do this in C’ville, like did with cigarettes
* Integrating nutrition & physical activity standards into early childhood programs
* Example that Dr. Bonds has heard of
* Discussed reducing smoking in public
* Signs that have a softer message such as “protect the lungs of the children”
* SMJH & UVA are both smoke free
* SMJH has policy of not hiring people who smoke
* California has smoke free policy in public places, because have changed social norms