*Greene Agencies Coming Together &*

*Community Health Assessment Council*

 May 23, 2016

Location: Region Ten Conference Room

Minutes

**Introductions/Attendees:**

Elizabeth Beasley *(Thomas Jefferson Health District, (TJHD))*

Janet Call *(Greene Care Clinic)*

Charlotte Gilbert *(Volunteer)*

Paige Hornsby (*UVA Public Health Sciences*)

James Howard (Dept. of Social Svcs)

 Michael Jackson *(Emanuel Christ Church)*

Carroll Lawson (*Feeding Greene Inc.*)

Kevin Morris (*DSS*)

Jillian Regan (TJHD)

Betty Sharp (*PACE)*

Shannon Wright (*Region Ten*)

1. **Community Themes and Strengths Assessment Update** (*Facilitated by Elizabeth Beasley)*
* Staff and volunteers have attended a few Greene events, including the Strawberry Festival (over 100 survey completed in person)
* Survey is also available online ([www.surveymonkey.com/r/healthy-safe-together](http://www.surveymonkey.com/r/healthy-safe-together))
* Hard copies of surveys available at DSS, Health Dept., Feeding Greene, Emmanuel Christian Center, Region Ten, Greene Care Clinic
* If anyone else would like copies to distribute, email Elizabeth Beasley (elizabeth.beasley@vdh.virginia.gov)

**II. Section III, Part 2 Data and Discussion** *(Facilitated by Elizabeth Beasley & Jillian Regan)*

* **PowerPoint** and handout for more information available online
* **Maternal & Child Health**:
	+ Why is teen pregnancy rate down? There are multiple factors, could be due to access to birth control and education increased education/family planning
	+ Why include Nelson with Greene? We wanted to pick localities that
* **Mental Health Outcomes:** Voluntary Hospital Admissions – will clarify at June’s meeting – mental health data(check)
* **Leading Causes of Death:**
	+ What constitutes a premature death? Leading causes of death comes from Vital Records registry. Physician on the death certificate identifies the primary cause of death.
	+ It’s interesting that mortality rate is higher between AA and White. Do we know why? We can attribute some to social determinants, like living conditions, genetic predisposition, and we know there are differences between black and white for those reasons and also because of racism.
* **Cancer:**
	+ Deaths from prostate cancer has decreased over time
	+ Melanoma higher because of rural area? Could also be the University population.
* **Unintentional Injury Deaths:**
	+ Violent deaths- The number in the graph shows the total rate for violent deaths, then they are broken down by rate for each type of violent deaths in the same graph

**III. Next Steps & Data Re-Cap** 🡪 What Stands Out? (*Facilitated by Elizabeth Beasley)*

* + Comment: It seems like everything is too good.
	+ Comment: Cancer and heart disease outcomes
	+ Comment: Mental Health is a negative for Greene, believe it’s stigma, but people seeking services has increased; now easier for people to seek services within the system more privately; primary care physicians seem to have a really good awareness of referring people; Region Ten sees uninsured but have to pay; which is a barrier.
* Asthma rate seems high

**Next Meeting: June 27, 2016, 10 a.m.**