*Greene Agencies Coming Together &*

*Community Health Assessment Council*

**Monday, August 22, 2016**

*Location: Region Ten Conference Room*

# Attendees:

Betty Sharp *(Blue Ridge PACE)*

Carroll Lawson (*Feeding Greene Inc.*)

Cathe and Russ Myers *(The Gate of Heaven)*

Chastity Meade *(Skyline CAP)*Sara Hall *(Skyline CAP)*

Elizabeth Beasley *(TJHD)*

Jack Howell *(Greene resident)*

James Howard *(Dept. of Social Svcs)*

Janet Call *(Greene Care Clinic)*

Jenn Scott *(OAR – JACC)*

Jillian Regan *(TJHD)*

Julie Dixon *(The Planning Council)*

Kevin Morris (*Dept. of Social Svcs*)

Lynanne Gornto *(The Planning Council)*

Michael Jackson *(Emmanuel Christian Center)*

Mike Allen *(Youth Development Council)*

Norm Holland *(SARA)*

Putnam Ivey *(TJHD)*

Ron Morris *(Commonwealth’s Attorney)*

# Minutes

1. **Introductions & Welcome** *(facilitated by James Howard)*
2. **Community Health Assessment Highlights** *(facilitated by Jillian Regan)*
* Ambulatory care sensitive conditions (vs. PQI indicator) = progressed to point where getting hospitalized for diabetes so may not have gotten/sought care
1. **Community Themes and Strengths Assessment Results** *(facilitated by Elizabeth Beasley)*
* Community perspective; wanted surveys to be community-specific and get community response (image of CTSA vision drawn by 7-year-old girl)
* CTSA another data point to consider in prioritization process
* Survey designed to be non-invasive, confidential, quick, and able to fit on one page; 25 indicators available, locality CHA councils surveyed as to which indicators to include in the Greene CTSA
* Greene was lowest total # of survey respondents
* *Q:* have you compared # of participants who responded vs. population of each locality? *A:* No, this was a convenient sample, so knew that if compared to population, this wouldn’t be a statistically significant sample. One of the limitations of this type of survey.
* *Q:* children and youth is a demographic, so what exactly needs improvement? *A:* great question, left broad on purpose. Want community to help decide focus areas for improvement. Some indicators related to youth outcomes included in highlighted data review; if children and youth selected as a final indicator, may have to get a group together to discuss further what needs improvement or do focus groups, etc.
* *Q:* Poisoning as a self*-*inflicted injury vs. firearms? *A:* poisoning includes drug and alcohol overdoses.
* *Q:* high rate of diabetes, is there a specific target population? *A:* age-adjusted ACS hospitalization rate. Diabetes a disease can impact anyone day-to-day. If had all of access and knowledge needed to control diabetes (e.g. good primary care, access to medicine and healthy food, being able to pay bills), then maybe would be able to prevent hospitalizations. *Q:* how is this decided? *A:* decided at a national life, not all T2 diabetes hospitalizations included, only certain ones that fit criteria. *Q:* Could you look further into this information? *A:* Don’t have access to further details but could look at related information such as access to primary care, medications, etc.
* Highlight handout: *Q:* areas on handout don’t seem to correspond to other data. *A:* this council noted certain areas that stood out. Survey was input per community members. Up to this council to decide how these relate.
1. **IV. What are our priority areas for health improvement?** *(facilitated by Julie Dixon and Lynanne Gornto from the Planning Council)*
* Suggest 3-5 priority areas. Usually suggest 3 areas but since district-wide, recognize that localities may have some priority areas that are local and not district-wide.
* Purpose of strategic areas is so that all residents can achieve the vision of “together we support equitable access to resources for a healthy, safe community.”
	+ What are the key challenges this community needs to overcome?
	+ Not health conditions (e.g. diabetes or cancer)
	+ Usually center around a tension or conflict that needs to be resolved in this community
	+ Something the local public health system can address (in 3-5 years)
	+ Provide foundation for final Community Health Improvement Plan (CHIP)
* Ex. from San Antonio, they posed 6 questions
* Think about some issues that are district-wide strategic issues and perhaps some that are local to Greene

*Discussion*

* 25% of all women (1 in 4) sexually assaulted. Noticed in data shared most things were between 10-20%. 1 in 4 only ones reported, maybe not being talked about? Awareness of sexual assault.
* Obesity and mental health biggest problems at Free Clinic with more focus on obesity. Patients are poor, lack access to food (food insecurity). Noticed uninsured rate in Greene higher as well. Multi-factoral (obesity, food insecurity).
* Young people need to know that are part of ownership of county; often put to the side and don’t claim ownership. Establish ownership. Youth involvement.
* Disconnected youth, shows up in substance abuse, suicide. Lack of youth recreational activities. Made huge strides in addressing this through Youth Development Council but still lots of opportunities to do more.
* Alcohol, drug abuse, affects youth and families. More disregard of children from families. Insufficient parental supervision.
* *Q:* sexual abuse toward women/children/teen boys, serious crime but least reported from fear, shame, and stigma. Thought about a youth initiative, with counselors that they feel safe they can go to when something comes up. SARA in Louisa offers program similar to nat’l green dot program, intervention strategy aimed at middle school to early HS, focuses on de-gendering of society, seeing people as people (not boys/girls). Louisa has a gold dot program, students take accountability for themselves, encouraging youth to recognize each other, so when see something, report it. Average college rapist is their 6-7th offense so getting youth to recognize and report earlier …
* Youth Development Council: 3 years, after school program. Need place to go after school that fits their needs (prevention program, somewhere to go when parents are working; may need an intervention, tutoring and support). Ratio of 1 teacher: 3 students. Almost like Big Brother Big Sister. Mentorship. Get teenagers more involved (more than just mandatory community service, etc.).
* Change thinking: renewing of your mind, change thinking, let them know that they’re an important part of society, what they think is important.
* Housing. Without affordable and stable housing, makes hard to have equitable access to resources.

*Voting Categories (ranked in order of highest votes)*

1. Youth connection/involvement (13)
2. Mental health (12)
3. Insufficient family supervision of youth (8) and substance use (8)
4. Awareness of sexual assault (6) and obesity / food insecurity (6)
5. Mentorship (5) and stable, adequate housing (5)
6. Change thinking (3)
7. **Next Steps**
* Next time, will bring strategic issues back as questions. Reminder that these are the suggestions for district/locality issues.
* *Q:* what about disconnect between what we selected and community survey with jobs as #1? *A:* there might be a disconnect, or it wasn’t something we felt public health system could address, or might be something we want to add back to the agenda later.

**Next Meeting:** September 26, 2016