*Mobilizing for Action through Planning and Partnerships*

Leadership Council Meeting

City Space - 100 5th St NE, Charlottesville, VA 22902

August 17, 2016

**Attendees:**

**Charlottesville/Albemarle CHA Council Reps:**

Gretchen Ellis; *Charlottesville City*

Putnam Ivey; *TJHD*

Kathy Galvin; *Charlottesville City Council*

Colleen Keller; *Charlottesville Free Clinic*

Sue Moffett; *Charlottesville DSS*

Mike Murphy; *Charlottesville City*

Dr. Norm Oliver; *UVA Family Medicine*

Karen Osterhaus; *Region Ten*

Phyllis Savides; *Albemarle DSS*

Caroline Stout; *Boys and Girls Club C. VA*

**Fluvanna CHA Council Reps:**

Bertha Armstrong; *MACAA*

Mozell Booker; *Fluvanna Board of Supervisors*

Stephanie Brown; *Region Ten CSB*

**Greene CHA Council Rep:**

Deborah Chesley; *Community Health Worker/*

*UVA*

**Louisa CHA Council Rep:**

Susan Colvin; *VA Cooperative Extension*

Crysti Hopkins; *VA Cooperative Extension*

Eric MacKinnon; *Healthy 4 Life*

**Nelson CHA Council Reps:**

Sylvia Coffey; *Sentara Afton Family Medicine*

Vanessa Hale; *Blue Ridge Medical Center*

**MAPP Leadership PD10 Council Reps:**

Carol Bell; *Jefferson Area Board of Aging*

Eboni Bugg; *The Women’s Initiative* (*Representing* Elizabeth Irvin; *The Women’s Initiative / Community Mental Health & Wellness Coalition*)

Deborah Conway; *Community Member*

Erin Briggs Yates; *TJ Area Coalition for the Homeless*

April Carman; *Open Knowledge Collaborative / Improving Pregnancy Outcomes (IPO) Workgroup*

Alvin Edwards; *Mt. Zion African Baptist Church*

Susan Friedman; *Alzheimer’s Association*

Brennan Gould; *Charlottesville Area Community Foundation*

Kathleen Hudson; *PVCC*

Marta Keane; *JABA*

Jane Lewis; *Region Ten CSB*

Amanda Palmer; *Central VA Health Services, Inc.*

Marcus Martin; *UVA Office of Diversity and Equity*

Amanda Martinez; *Community Member*

Jon Nafziger; *Jefferson Area CHiP*

Tiffany Neal; *Move2Health Planning Committee*

Pam Sutton-Wallace; *UVA Health System*

Peter Thompson*; The Senior Center, Inc.*

Kathryn Whitestone; *TJHD, Tobacco-Free Coalition*

Sharon Veith; *UVA School of Nursing* / *IPO*

**MAPP Core Group Planners:**

Elizabeth Beasley; *TJHD*

Denise Bonds; *TJHD*

Julie Dixon; *The Planning Council*

Ruth Gaare-Bernheim; *UVA Dept. of Public*

*Health Sciences/UVA HS*

Lynanne Gornto; *The Planning Council*

Jackie Martin; *Sentara MJH*

Jillian Regan; *TJHD*

Aaron Pannone; *UVA Dept. of Public Health Sciences*

**I.** **Community Health Assessment Data Review**-*Elizabeth Beasley*

* Visit [www.tjhd.org](http://www.tjhd.org) to view associate PPT presentation and handout
* For future – Correlate ACSC Diabetes/Hypertension w/ Income Level (requested by Ms. Galvin)
* Diabetes-question why no benchmark for PQI and ACSC? Response: No benchmarks for ACSC data and the diabetes PQI measure was congregated data
* Group should note there is a correlation between COPD/asthma & smoking (Dr. Martin)
* Suggestions:
  + Use local data from Free Clinic, data called PHQ9 (data examined in previous meetings) (Ms. Bugg)
  + To better understand aging in our community, should consider adding data from 2 BRFSS modules around caregiving & cognitive health (suggested by S. Friedman)
  + Prof. Bernheim shared that UVA Department of Public Health Sciences can help get additional qualitative data from Center for Survey Research: A strategy for this group could be to seek more local data; last time did a social norms survey around tobacco use control policies and e-cigarettes
  + Examine more causation in trends (root-cause) (Ms. Galvin)
* Discrepancies Noted:
  + Poisoning Slide Error updated: Poisoning exposures by age (all kids vs under 5) 🡪 years are off on graph
    - Correction was made to the graph
  + Handout Section 4. MCH🡪 Table B. Percent of Low Birth ~~Rate~~ Weight Births
    - Correction was made to the handout
  + ACE chart percentages don’t add up to 100%
    - See updated graphic as last PowerPoint slide
    - The ACE’s percent’s don’t add up to 100% in either of the ACE’s pie chart because:
      * It is the %’s out of the whole study who had an ACE of that type
        + For example, 11% of the study population (n = 17,337) experienced emotional abuse as a child
      * Not everyone in the study sample had an ACE
        + (36.1% of sample did not have any ACE’s)
      * Some people in the study had multiple types of ACE’s
        + (12.5% had 4 or more ACE’s)

**II. Community Themes and Strengths Assessment Survey Results**-*April Carman*

* Visit [www.tjhd.org](http://www.tjhd.org) to view associated PPT presentation and handouts.
  + Note: For Nelson’s Q2 healthy strengths responses, local schools & spiritual life had the same number of responses (99), so both should be included in table and ranked as 5th.
  + Survey recruitment attempted to reach people whose 1st language is not English
  + Feedback & opportunities for improvement:
    - Due to time and lack of resources🡪didn’t get to as many places as we wanted to
    - also not good timing for if we wanted to do survey through the schools
    - next time want to do it during school year and do survey through schools
    - met with IRC, but not able to get to resources/places/people in the immigrant survey
    - April noted that Mrs. Booker and Mrs. Armstrong helped survey team reach communities in Fluvanna
    - CTSA Teams not allowed to go to places like Food Lion / Wal-Mart
    - Additional suggestions can be written down and shared with April/Elizabeth
    - Considering if having 5 separate surveys is best way to do this or another way
    - Methods should include indicator list and choices for each locality
      * Localities asked for community specific survey; discussed process for how the UVA Dept of Public Health Sciences grad students and Core Group developed survey questions and indicators, and how the CHA councils made the final selections
      * Dr. Bonds and Elizabeth Beasley informed Boards of Supervisors and City Council of methods and process; Locality councils include community members and agencies who represent community voice; this is the heart of MAPP process – Community Driven approach
      * Important to include in report that these choices were already selected as options (S. Friedman)
      * Discussed CTSA sample methodology in more detail. CTSA used a convenience sample, not a representative sample.
    - From a qualitative point of view, this is a humungous sample, could look for themes in write-in answers which could provide qualitative community point-of-view, if add the qualitative to the quantitative, it makes this a very powerful source of data (Dr. Oliver)
    - Get a larger sample from Albemarle since it has twice the population (Ms. Friedman)
      * Note: Not many events in Albemarle that would allow survey team to visit or didn’t get responses from “asks”, so not able to survey at those locations
    - Would like to be able to break down where within Fluvanna—would be useful for her to present to the other BOS members (Ms. Booker)
    - Set up a subcommittee focusing on other locations / data we can collect for the future (Prof. Bernheim)
    - Look for strategic partnerships, including students (Ms. Martinez)
    - Partner w/ community leaders (Ms. Armstrong)
      * April asked if we could get an introduction to those leaders / list of names and contact info

**III. September-December Plan**-*Jackie Martin*

* Jackie introduced the Planning Council – Julie Dixon and Lynanne Gornto
* Visit [www.tjhd.org](http://www.tjhd.org) for PPT presentation
* Introduced organization’s background, previous work with CHA/CHIPs, and noted their work often focuses on the social determinants of health
* Next steps for Leadership: Identify priorities (based on feedback from Localities CHA Councils), define goals, objectives and strategies for an ACTION plan

Next Meeting: