*Mobilizing for Action through Planning and Partnerships*

Nelson IAC & Community Health Assessment Council

**Monday, September 19, 2016**

Nelson Center, 8445 Thomas Nelson Highway, Lovingston, VA 22949

# Meeting Minutes

**Attendees**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | *Organization* | Name | *Organization* |
| Aaron Pannone | *UVA MPH* | Martha Tucker | *BRMC* |
| Barbara Hutchinson | *United Way – Thomas Jefferson Area* | Michael Lachance | *VA Cooperative Extension* |
| Betty Sharp | *PACE* | Morgan Lanier | *Region Ten* |
| Brian Cohen | *JAUNT* | Peggy Whitehead | *BRMC* |
| Emily Harper | *NC Recreation* | Putnam Ivey | *TJHD* |
| Jillian Regan | *TJHD* | Randy Rodgers | *JABA* |
| Julie Dixon | *The Planning Council* | Sara Pennington | *RideShare/TJPDC* |
| Lynanne Gornto | *The Planning Council* | Susan H. Huffman | *Nelson Memorial Library* |
| Mark Travis | *Nelson County Social Services* |  |  |

**Blue Ridge PACE** *– Betty Sharp*

1. Three-way partnership with JABA, UVA, and Riverside.
2. Center open M-F, 7am-6pm but also have a home care team and doctor access on weekends as well.
3. Intent to provide coordinated care so clients can age-in-place (at home).

**Roundtable Updates** *– All*

1. *Randy Rogers – JABA*
	1. JABA providing Medicare insurance counseling, open enrollment coming up.
	2. Generally, 87% of people on Medicare Part D on wrong prescription plan.
	3. In our area, 26 different plans; 1,150 clients seen by JABA last year, $0.50 million saved for these clients.
	4. 28.5% of population in Nelson on Medicare. For open enrollment, 4 days of counseling (see flyer: twice at Nelson Center, once at BRMC, once at Rockfish Community Center)
2. Please email other announcements to Barbara Hutchinson (United Way).

**Community Health Assessment Highlights** –*Jillian Regan*

1. *See handout on data highlights*
2. Will replace Charlottesville/Albemarle data with correct data from Nelson/Greene motor vehicle crashes in PowerPoint uploaded with these minutes.
	1. Note: Replaced with the correct data

**Community Themes and Strengths Assessment Results****–** *Aaron Pannone*

1. *See handout on CTSA Nelson County Results.*
2. Community Themes and Strengths Assessment (CTSA) is one of four MAPP assessments; also Community Health Assessment data, Forces of Change Assessment (what other forces affect health?), and Local Public Health Systems Assessment (how is everything tied together? What is available?).
3. CTSA survey purpose to reach out as many people as possible, find out about people’s ideas about health, but also to widen exposure to MAPP and the process of the community needs assessment.
4. Narrowed down to three questions. UVA MPH students looked at other research and CTSA projects to see what had been done in other communities. Leadership Council reviewed the methods twice. Q3 answer options: some areas from previous MAPP assessments, a few areas important to everyone, a few indicators selected locally for Nelson (by this group via a SurveyMonkey about categories of health).
5. Total 359 surveys completed in Nelson County.
	1. Q2 strengths in Nelson were outdoors, healthcare, recreation, food options, local schools/spiritual life.
	2. Q3 areas for improvement in Nelson were children and youth, aging, transportation, alcohol and drug, and access to medical care.

**What are our priority areas for health improvement? –** *Julie Dixon & Lynanne Gornto*

1. Strategic issues are:
	1. Not health conditions
	2. Tension or conflict to resolve
	3. Local PH system must be able to address it
	4. Provide foundation for a CHIP
2. Strategic issues are tensions, problems that are behind the bigger issues and should loop back to supporting/addressing our vision: *“together we support equitable access to resources for a healthy, safe community.”*
3. Transportation
	1. People can’t get to where they need to get (to healthcare or healthier food options.)
	2. Have JAUNT but the ride can be long because have to go on a long route (especially when have a 45 min ride and no bathroom stops).
	3. Also, part of local culture in Nelson not wanting to try anything new. However, new people who just moved to Nelson are more likely to try something new like JAUNT, than are people who have lived in Nelson a while so new neighbors can be a good word-of-mouth resource for new services.
	4. JAUNT sets routes based on input from local government/constituents, have to wait until the local gov’t requests new route.
	5. JAUNT about 50% door-to-door and other half are commuters.
	6. Possible solution: could be education/awareness/marketing that people need to tell Board of Supervisors what they want in regards to JAUNT
4. Recreation
	1. Youth involvement: might be involved in schools, but not outside. Youth participation also depends on the parents, if parents think that kids should be involved in organized sports or just go play in the yard
	2. Nelson Parks & Rec does most of their education outreach through the elementary schools
	3. Gyms are mainly in the schools, not open to the public generally. There is the Rockfish Community Center (not Parks & Rec) and some classes at the Nelson Center.
	4. Biking and walking: not sure if the public health system could address this?
		1. Biking and walking trails are not connected; have to drive to get to a trail.
		2. Roads are often mountainous and curved with not enough safe shoulder or easement to put a bike lane on; also, roadways aren’t locally maintained.
		3. In town of Amherst, added more sidewalks and lighting, trashcans, etc., which has increased pedestrian traffic at night.
		4. Trail at Piney River is well-used but have to drive there and for day-time use only.
		5. People walk around in front of the high school, not sure if track is used by public.
5. Disparity in health outcomes by race/ethnicity/socioeconomic
	1. Disparity racially and ethnically in things like infant deaths.
	2. More influenced by income than race; hard to engage people in being interested in their health when they’re worried about paying their bills.
	3. Could focus on improved outcomes, better patient experience, and improved cost especially for lower-income uninsured folks.
	4. United Way: people often are asking for long-term shelter repairs, food, and childcare. Primarily low income.
6. Transportation/employment:
	1. People have to travel for longer distance to get to work which goes back to transportation as an issue.
	2. Use a Rideshare concept to provide transportation for health care?
		1. What about a volunteer driver program?
		2. This would depending on having the resources and funding to run this program. Currently receive a lot of phone calls about something like that.
7. Less community-oriented, have less small neighborhood stores now so people driving further to Lovingston, have less free time, it’s not as accessible.
8. Large % of population on Medicare
	1. Nelson residents often have more challenging issues with Medicare situation/set up
	2. Lack of resource to refer people to JABA to get their Medicare set up when people are 64 turning 65; if had connections, could get set up correctly from the start with less health issues.
9. Lack of quality, affordable childcare
	1. Only two licensed facilities
	2. High cost of care
	3. Can translate to issues with school readiness
10. Absence of nursing/rehab care in county.
	1. Lovingston Healthcare Facility (nursing home/rehab) closed per needs assessment (not enough need in Nelson to have those beds).
	2. There is a facility in Amherst but nothing in Nelson.
	3. Declining population in Nelson can affect tax base, which can then affect funding for things like nursing home.

Voting

1. Transportation (12)
2. Lack of quality, affordable childcare (11)
3. Nursing/rehab care (10)
4. Parks & rec (9)
5. Large Medicare population (8)
6. Jobs (5)
7. Racial/ethnic/economic disparities (4)

**Closing Items**

1. Suggest a CNA-type focus program in the county.
	1. If people aging-in-place, overview of what a CNA does, which could segue to developing a program, grow ability and confidence in caring skills for the household, also job skills.
	2. Barbara to add to minutes so can discuss in a future meeting. Invite someone to attend and speak to this idea.

**Next Meeting:** Monday, October 17, 2016