*Mobilizing for Action through Planning and Partnerships*

Charlottesville/Albemarle Community Health Assessment Council

**September 6, 2016**

Location: Charlottesville/Albemarle Health Department

1138 Rose Hill Drive, Charlottesville, VA 22903

**Attendees**

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| --- | --- | --- | --- |
| Name | Organization | Name | Organization |
| Andrew Baxter | *Cville Fire Department* | Jackie Martin | *Sentara MJH* |
| April Carman | *IPO* | Jillian Regan | *TJHD* |
| Colleen Keller | *Cville Free Clinic* | Julie Dixon | *The Planning Council* |
| Denise Bonds | *TJHD* | Karen Osterhaus | *Region Ten* |
| Diamond Walton | *UVA Health System* | Lynanne Gornto | *The Planning Council* |
| Emily Pelliccia | *Cville Fire Department* | Pete Thompson | *Senior Center* |
| Erin Callas | *TJHD* | Phyllis Savida | *ACDSS* |
| Fran Lavin | *Cville Free Clinic* | Putnam Ivey | *TJHD* |
| Gretchen Ellis | *Cville Human Services* | Rebecca Kendall | *CMHWC* |

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

1. *Q:* Do you have more recent data on homelessness? *A*: 2014 data from TJACH available, included in previous discussions, not sure why not included in this presentation.
	1. Update: Jillian added the graphs with the most recent (2015) data to the PowerPoint that will be uploaded to the website

**Community Themes and Strengths Assessment Results**–*Jackie Martin*

1. English and Spanish-speaking CHWs assisted with survey collection.
2. Started with 50 questions, narrowed down to 3 questions. For 3rd question, choose answers identified on last assessment (prenatal care/disparities, mental health care, tobacco use, obesity) then asked this council to choose responses remaining options from among ~20 different answer choices.
3. One thing we’d like to know from you all – where can we go next time, who might like to partner with us on the survey? We’ll collect feedback from you at the end of the meeting. Use agenda to jot down notes, how to improve for next time?

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

1. From Planning Council, have done 6 MAPP processes previously, mostly in the Hampton Roads area. Idea is to step back from major issues identified in area and think strategically about what you can do to address these areas.
2. Our vision: *together we support equitable access to resources for a healthy, safe community.* To get to that, what are your biggest barriers?
3. Strategic issues:
	1. Not a health condition
	2. Needs to be a tension or conflict to resolve
	3. Needs to be something that the local health system (not just HD, all part of the system) is able to address
	4. Provides foundation for the CHIP (community health improvement plan)
	5. San Antonio example: questions included … how do we affect the really big changes? How do we affect public policy? How do we provide a safe environment? How do we track changes?

*Discussion:*

1. Racial disparities, broad outcomes, people of color have poorer outcomes, history of racial tension (education, jobs, healthcare, housing).
2. Mental health is a component of every single call we run [fire-rescue]. Overwhelming confusion about education on this, almost too many sources. Maybe strategic issue is providing clarity about what issues are/what’s available? Consistent collaborative educational strategies. Lots of people working on this together; there are initiatives working on this.
	1. Education about mental health vs. education about community resources; define “mental health.” Includes conditions people are managing such as depression or anxiety. Region Ten target population is people with serious mental illness.
	2. Example: on a recent cross-country flight, took care of 3 different people on one flight with massive anxiety. Maybe need a change in dialogue so it’s OK to talk about things like anxiety and depression? Often, people call 9-1-1 with “chest pain” instead of stating they have anxiety.
	3. Do we need more prevention?
3. Also an issue of unequal access which could be racial but also by neighborhood. Tied to lower income and geography. Even within city very serious disparities. This is a third issue but also affects mental health and transportation too.
4. Very closely related to that is generational poverty. Rural and urban. Families have been in poverty for 40 years. Need job training and access; a pathway to self-sufficiency (transportation, supports, etc.).
5. People not managing chronic conditions because of the price of pharmacy. Very significant number of uninsured people who may or may not be accessing care (CFC/NFHC). Not connected to care –there are pockets of the community that don’t know how to connect to care. 1/3 of residents that don’t have a medical home and that’s huge.
	1. New federally qualified health center (FQHC). Mandated that must take Medicare/Medicaid, required to have a dental clinic (here, in partnership with free clinic), provide prenatal care up to 28 weeks.
6. Substance abuse, some really bad drugs out there making their way to our community such as carfentanyl and increasing use of heroin. Mental health coalition has discussed more need for treatment but also wider issue of prevention, early intervention, building capacity, and treatment resources. Also need to be aware of other social consequences (violent crime, increase in gang activity). Is there any particular population for substance abuse? Probably across the board.
7. Aging: alcohol abuse, a vulnerable population, can be hidden, social isolation kills (leads to medical conditions … also a mental health, poverty, rural issue).
	1. Transportation in Cville/Albemarle: cycle of not enough people use it so can’t provide as many services. JAUNT does a great job but limited services. If think about your day, not just door-to-doctor, have lots of errands to run and multiple stops may be needed.
	2. Social isolation could be seen in and of itself as a problem, depends on how you frame it. In Lynchburg, there is a volunteer driver program; we could bring that to our community in an affordable way. Programs have figured out to manage insurance liability.
	3. People falling in homes, older adults with multiple medications. If not capable of adjusting house to your aging body and don’t have anyone there to support you, then calling 9-1-1. Often in the hospital.
8. Motor vehicle crashes due to alcohol, often young men. Alcohol also contributes to domestic violence.
9. Limited English proficiency. Availability (or lack thereof) of resources in the primary language, access to resources, social isolation (note, not just an issue in rural areas).
10. Trust and also housing. Relationships with people and agencies and how do we improve trust?
11. Education – listed as top 5 to improve in Cville. There is definitely a racial divide in education, classes are self-segregated; also, kids don’t graduate because can’t pass SOLs due to limited English.
12. In era of Amazon/Walmart, people think you go to one place and fix everything. If things can’t be fixed in one place, go to the ER. Don’t realize it takes a couple steps to get where you’re going; health doesn’t have a quick fix. Process/hard to navigate resources. Although we’re a resource-rich community, it is confusing for people who need to access it.
	1. *Comment:* that’s why we need more CHWs to navigate.
	2. What about in more rural parts of Albemarle? In Southern Esmont, more community leaders to navigate. If living in Old Trail, won’t have a community leader who can help you navigate if you have a problem. Important to bear in mind hidden resources.
13. Looking at community survey top areas to improve in Cville, what is difference between *children &* youth and *education*? Juvenile arrest rate is low so probably related to education, maybe workforce development/training as part of education? Another area, housing in Cville already came up in other areas.

Voting (ranked by number of votes):

1. racial disparities (13)
2. Socioeconomic disparities/generational poverty (11)
3. Mental health (8)
4. Language barriers (7)
5. Process requires multiple steps (6) and substance use increases (6)
6. Transportation (5)
7. Affordable medication + care (4) and aging (4) and trust issues all agencies (4)
8. Social isolation (2)

**Next steps**

1. Take these issues and move them into goals/objectives in the next meeting.

**Next Meeting: Tuesday, October 4, 2016 @ 8:30 am**