*+Improving Community Health through Planning and Partnerships*

Charlottesville/Albemarle Community Health Assessment Council

March 1, 2016

Location: Charlottesville/Albemarle Health Department

Attendees:

Andrew Baxter, *Charlottesville Fire Department*

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

Tara Blackley, *TJHD*

Denise Bonds, *TJHD*

Jacki Bryant, *Ready Kids*

Erin Callas, *Charlottesville/Albemarle Health Department*

Dan Eggleston, *Albemarle Fire Rescue*

Gretchen Ellis, *City of Charlottesville*

Kathy Galvin, *Charlottesville City Council*

Putnam Ivey, *TJHD, Community Health Worker Program*

Colleen Keller, *Charlottesville Free Clinic*

Rebecca Kendall, *Cville Mental Health & Wellness Coalition*

Jackie Martin, Sentara Martha Jefferson Hospital

Sue Moffett, *Charlottesville Dept. of Social Services*

Norman Oliver, *UVA Family Medicine*

Karen Osterhaus, *Region Ten Community Services Board*

Aaron Pannone, UVA Dept. Public Health Sciences

James Pierce, *Boys and Girls Club of Central Virginia*

Jillian Regan, *TJHD*

Karrin Temple, *VA Cooperative Extension*

Diamond Walton, *UVA Health System*

1. **Introductions & Welcome** – *Jackie Martin*
2. **Community Themes & Strengths Survey** – *Aaron Pannone*

* To understand perceived assets and strengths in the community, we have to ask the community
* Reviewed [MAPP definition of the Community Themes and Strengths Assessment](http://archived.naccho.org/topics/infrastructure/mapp/framework/phase3ctsa.cfm)

Process – UVA’s public health students developed some questions to ask; the MAPP Core Group then finalized impact areas to ask council members about, circulated survey to all council members

* Cville/Albemarle Council Results – 24 provided input; mental health care, alcohol/drug use, children and youth, education, housing
* Discussion – Who is the group conducting this assessment? What should we be called?
* We’re all service providers/care givers/stakeholders. Intro paragraph could describe us as a group of service providers/care givers.
* Are we going to say – we’re concerned about the well-being of our community.
* There should be an authoritative body to give the survey some credibility and trust; i.e. The Health Department and their partners.
* We’re developing a team charter, it has to be concise enough to help the respondent understand what we’re getting at here.
* Will we include the vision statement?
* Who helps with implementation of the plan? Is there some type of oversight body? Four responsible coalitions helped oversee the action in conjunction with the health department and the MAPP Leadership Council (governing)
* Is there any way to build in the notion of ownership in the cover letter? Your input will contribute to the well-being of our community. Explain the purpose of the survey. Explain the importance of their input. Raise awareness.
* Who are we asking? The goal is to reach as many people as possible. We want to reach people where they’re at in our communities.
* We want to fold their input into the strategic planning process.
* Do you want to get input from young people? We could incorporate questions into the Charlottesville Youth Task Force – could add 1 or 2 questions to ask CHS students and Buford M.S.

1. **Data Updates & Highlights, Sections I and II** – *Elizabeth Beasley*

* See attached presentation for details.
* Don’t have time to go over all details today, will include them in the slides in the ppt we send out so the CHA council can review them
* Highlights from previous meetings, transportation, provider availability
* Interesting point: although Charlottesville has more primary care providers per population, 33% say they do not have a PCP (in 2011-12), which is higher than in Albemarle
* Food stores - question/point: would be interesting to separate the urban vs rural part of Albemarle county, there are food deserts in rural parts
* Pilot programs working with convenience stores to offer more healthy options
* Suggestion from Dr. Oliver 🡪 Can students map that out using GIS
* Comment from Ms. Osterhaus: Region 10 now has updated version of convenience stores GIS data (from when they did the tobacco in convenience store study)
* Comment from Ms. Galvin: Geography matters-she’s noticed a loss of 3 grocery stores in the past decades, hard for those without cars to get to the grocery stores, they have to use public transit
* Comment from Ms. Osterhaus: Also price, the unhealthy food is cheaper
* Comment from Ms. Kendall: The FDA is working on regulations for SNAP-authorized stores, more strict guidelines on what is actually healthy
* Elizabeth mentioned our Fresh Farmacy pilot program, which we hope to be able to expand with additional funding
* WIC-working on adding farmer’s markets to accept WIC benefits

**IV. Section II, Part 2 Data and Discussion** – *Jillian Regan*

* Youth & Tobacco - can get YRBSS local level data from School Climate Surveys
  + Neither the School Climate survey available from the Virginia Department of Education nor the Secondary School Climate Survey Technical report from the Virginia Department of Criminal Justice Services report local level data, only state level
  + If there is a different School Climate report available with local level data, please send it to us
* See Tobacco Use Report Card, which provides information on policy actions for decreasing tobacco use
* Mr. Pearce from Boys & Girls Club-thought that the higher % who have ever smoked (at least 100 cigarettes) that was higher in Charlottesville stood out—priority
* Obesity 🡪
* Research details on sample size for National Citizen Survey for Cville/Albemarle areas.
  + Charlottesville n = 269
  + Details on survey methods: <http://www.charlottesville.org/departments-and-services/departments-a-g/budget-and-performance-management/the-national-citizen-survey>
  + Albemarle n = 375
  + Details on survey methods: <http://www.albemarle.org/department.asp?department=ctyexec&relpage=2657>
* Physical activity in youth—Dr. bonds says it would be interesting to see if there was difference in gender participating in physical activity (sports, etc.) outside of school (since fewer girls participated in PE)
  + More female high school students (45%) reported not playing on at least 1 sports team (either school or community league) during the past year than male high school students (34%) in 2013 in Virginia. (Source: Centers for Disease Control & Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS))
* Alcohol and Substance Use/Abuse 🡪
* Any association between the low speed limits in Charlottesville?
* Percent of food at home expenditures – define how they collected the data
  + Nielsen’s consumer data methodology can be found here:

<http://www.tetrad.com/pub/documents/cbpmethodology.pdf>

* Would like to see the arrest type of substance use charge
  + The annual Crime in Virginia reports from the Virginia State Police’s Uniform Crime Reporting system do not break down type of substance use charge at the local level, only the numbers for category “Drug/Narcotic Offenses”
* Climate Survey – data around perception of harm
* Comment: Private schools have more prevention programming than private schools
* Discussion - What stood out?
* Comment from Mrs. Walton - Alcohol related MV crashes/fatalities- see decrease in this, but increase in teen distracted driving; important to look at young drivers, old drivers, & distracted drivers
* Comment from Dr. Oliver: the % reporting depression stood out to him, especially the gender difference
* Comment from Chief Baxter: Would like to see this on a map, if there is geographic hotspot or populations to target
* Comment from Dr. Bonds: Perception that some southern Albemarle school districts (Keene, Skylar, Esmont, Scottsville) are not as affluent as other school districts
* DSS has info on poverty in southern Albemarle-EMS got this data & used to target prevention, were having more fire loss in this area
* Comment from Ms. Galvin: Obesity, especially among children and racial differences and how this hasn’t improved over the past years, has gotten worse; need a strategy to reduce this
* Elizabeth brought up that it’s not always the lack of knowledge, it can be social determinants of health that contribute; there is a need to present the data questions and priorities to the city council
* Health in all policies approach, making it an ongoing thing
* Elizabeth mentioned having a health in all policies summit in summer / fall
* can provide resource / info to our policy makers
* Comment from Ms. Galvin: City council gets the MAPP report, but it’s a boat load of data, need actionable items; would be valuable if we could operationalize this info and make it actionable
* Elizabeth discussed how after we look at all this data we develop an action plan, who are we going to ask to support action as a governing body

**Next Meeting:** April 5, 2016