*Improving Community Health through Planning and Partnerships*

Charlottesville/Albemarle Community Health Assessment Council

April 5, 2016

Location: Charlottesville/Albemarle Health Department

Attendees:

Andrew Baxter (*Charlottesville Fire Department*)

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

Denise Bonds (*TJHD*)

Jacki Bryant (*Ready Kids*)

Erin Callas (*TJHD*)

Ramona Chapman (*VA Dept. of Housing*)

Sarad Davenport (*City of Promise*)

Dan Eggleston (*Albemarle County Fire*)

Putnam Ivey (*Community Health Worker Program, TJHD*)

Jackie Martin (*Sentara MJH*)

Mike Murphy (*City of Cville*)

Norm Oliver (*UVA, Dept. of Family Medicine*)

Jillian Regan (*TJHD*)

Caroline Stout (*Boys and Girls Club of Central VA*)

Diamond Walton (*UVA HS*)

1. **Introductions & Welcome – Aaron Pannone**
2. **Vision and Values** - *Jackie Martin*
   * As you’ll recall, we’ve been asking some of our community members, “What does a healthy community look like to you?”, and created several word clouds.
   * **Vision: Together we support equitable access to resources for a healthy, safe community.**
   * **Values:** We also used the word cloud to pull out our values.

* Teamwork
* Accountability
* Inclusivity
* Respect

**III. Community Themes and Strengths Assessment***— April Carman*

* This is our chance to get out into the community, to talk to residents and hear from them as to what our strengths are in the community and what impact areas need attention.
* **Timing** – We’re aiming to get this finished before the summer kicks off
* **Three questions** – Where do you live, What makes the community a healthy place to live, and what impact areas need more attention?
* **Logistics -** Survey needed to be simple, available in several formats (hard copy, online, in English, Spanish and other languages as identified by IRC and LEPC), recruiting Medical Reserve Corps Volunteers, Community Health Workers, Student volunteers, MAPP Core Members
* **Locations –** Churches (IMPACT, African American Pastors Alliance), Housing developments (Ms. Grant is working in Piedmont Housing Alliance, Westhaven, Friendship Court Alliance, Southwood), Markets (Market on 250 in Crozet (reaches a lot of Hispanic community), Avon St. Market, Brown’s, the Old Rock Store), Grocery Stores (Reed’s, Food Lion, Wal-Mart, Kroger), Downtown Mall (Friday’s After Five, City Market), Meetings (City Council and BOS), First Responders (Dan Eggleston can get contact list)
* **Other suggested Locations –** Contact April Carman ([April.Carman@vdh.virginia.gov](mailto:April.Carman@vdh.virginia.gov))

1. **Section II, Part 2 & Section III, Part 1 Data and Discussion** *–Jillian Regan*
   * **Chronic Conditions:**
   * Why do we calculate age-adjusted rates for diabetes? To account for the notion that as you age, diabetes is more likely, so by accounting for age, one can get an idea of the true estimate of diabetes prevalence among a population
   * Question from Kathy Galvin—is there information on diabetes, heart disease etc. in 5th grade students in Albe-Cville (we have obesity from the schools)
     + Boys and Girls club rep said they have some data that they can send us
   * Request for trend data for prevalence of disease
   * Comment: adverse childhood events/ trauma can impact later health
   * **Infectious Disease**
   * Question from Chief Baxter about differences in race in HIV—is there also data broken down by race for the other STI’s?
     + Erin Callas says that Claire has a spreadsheet might have those numbers
   * Question from Katy Galvin—why is chicken pox / vaccine preventable diseases higher incidence in Albe-Cville compared to VA?
     + Elizabeth responded that there are many who opt out of vaccines and we may have a more sensitive surveillance system in our region (i.e. many providers reporting and testing)
     + Meningococcal- also that we are a college town can impact why this rate is higher than VA average*; TJHD* works with providers to make sure they know about which diseases to report and they report them
   * Questions-Are there other mosquito borne disease that we track?
     + Yes there are other mosquito borne disease, most of these were acquired abroad
   * Question from Kathy Galvin
     + Lyme disease and ticks correlate with deer population?
     + Elizabeth said the CDC has graphics of how these tick borne disease have made their way south
     + The more deer 🡪 increase in tick borne disease risk
   * **Healthcare Associated Infections** –
     + Since we have two hospitals, why can’t we access their HAI data? Would need to adjust for confounding variables (i.e. sicker patients access one health system over the other, which can lead to higher death rate for one hospital’s outcomes compared to the other)
     + Medicare reports data by hospital
   * **Injury Data** – - presented by Diamond Walton, UVA HS, Trauma Program
     + Examining unintentional injuries (accidents)
     + Most common cause of injury-related hospitalizations is falls (age 65 years and older)
     + Motor Vehicle Crashes are number one cause of death
     + Question from Sarad Davenport 🡪 Are there any informed trauma and violence prevention within UVA Health System? UVA doesn’t see nearly as many gunshot wound hospitalizations as other larger cities, despite the fact they’re a level one trauma center. Would like to hear more about Drexel’s program.
     + Motor Vehicle Fatalities Question - Is there anything that relates to speed? Visit DMV’s website to break down data by speed, age of driver, etc.
     + This would be good information to look at MVA fatalities on the maps.
       - Asked the CHA council if they have any other ideas for places Kasey should go to test people
2. **Next Steps and Discussion**
   * HIV numbers = the one thing that really stuck out to everyone
     + Especially disparity in race in HIV incidence
     + Elizabeth mentioned that we took over some of Thrive’s programs
       - CHT Program provides testing outside of health dept (goes to clubs, bars, etc.) & works to reduce stigma around HIV
     + Kasey is also offering condoms, and let us know if there are any groups she should go to
       - Goal is to get people tested to get them into treatment
       - Erin added that now we have an after-hours clinic 4:30-7:30 on the first Weds every month—just for STI testing *and* Is provided for free, no charge
   * Question from Mike Murphy—did we take over Thrive’s program that was a support group for African American population?
     + Dr. Bonds Answer: no, but we want to do a support /outreach group
     + Dr. bonds says numbers for HIV falling for African American women, but increasing for African American men and LGBTQ men
     + Dr. Bonds says we’re trying to provide HIV prophyalaxis-talking with the state about this
       - We want to provide because is not being provided
   * Question from Mike Murphy about injury data what is the n for the % of firearm injury/death data
   * Elizabeth-for next time will arrange room in U shape since there are fewer
   * Kathy Galvin also asked for data on adverse child events / trauma and brain health

**Next Meeting:** May 3, 2016, 8:30 – 10 AM, Health Department