*Improving Community Health through Planning and Partnerships*

Charlottesville/Albemarle Community Health Assessment Council

June 7, 2016

Location: Charlottesville/Albemarle Health Department

Attendees:

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| Andrew Baxter *(Charlottesville Fire Department)*  Elizabeth Beasley (*Thomas Jefferson Health District* (TJHD))  Denise Bonds (*TJHD*)  April Carman *(TJHD)*  Erin Callas *(TJHD)*  Gretchen Ellis *(Charlottesville Human Services)*  Kathy Galvin (*City Council Member)*  Putnam Ivey *(TJHD)* | Colleen Keller *(Charlottesville Free Clinic)*  Rebecca Kendall *(Community Mental Health and Wellness Coalition)*  Jackie Martin *(Sentara MJH)*  Ian Pasquarelli *(VA Cooperative Extension)*  Jillian Regan *(TJHD)*  Caroline Stout *(Boys and Girls Club of Central VA)*  Diamond Walton *(UVA HS)* |

1. **Community Themes and Strengths Update** *(Facilitated by Elizabeth Beasley)*

* April Carman, Community Health Workers and volunteers attended several in-person events to administer the community health survey, which is also available online and in several waiting rooms within the community
* Online responses: Albemarle – 361, Charlottesville – 206; please help us spread the word by sharing the online link with your networks, and don’t forget to take the survey yourselves.
* In-person: Albemarle – 155, Charlottesville – 220; no more in person events are scheduled at this time
* Plan to wrap up survey collection by June 12th.

**II.****Section III, Part 2 Data and Discussion** *(Facilitated by Elizabeth Beasley and Jillian Regan)*

* **What is our Health Status? 🡪** PowerPoint and handout for more information available online
* **Opiate Use**:
  + Overdose Deaths and Ambulance calls: It can be hard to pull out from where data comes from, calls can be filtered by ESN. This data just shows location of call. Includes all overdoses; use has been increasing for several years
  + Unintentional Heroin overdoses are increasing by month in ’16, including May is greater than April
  + Would change to ICD-10 affect change in opioid use? Use is increasing dramatically, for many reasons. Other districts have it much worse than we do. Learning curve associated with the change, but not very influential.
  + Grant to use medication-assisted detox and rehab 🡪 Fluvanna and Orange have a drop box. Soon we will hear about putting a standing drop box in Charlottesville. Upcoming pain and addiction symposium sponsored by UVA in August, then we can work on trying to put disposal sites in pharmacies
* **Maternal Child Health**:
  + Infant mortality rate is decreasing by 5-year averages, especially for African-Americans. Gap is shrinking
  + Pregnant women receiving prenatal care is improving, but numbers have not yet been broken down by race
  + How has immigration and refugee population affected number of mothers without a 12th grade education?
  + Many improvements across the board
  + Allegations of substance-exposed infants has increased since 2005, when it became mandatory to report exposure
* **Ambulatory Care Sensitive Conditions**
  + Prevention Quality Indicator (PQI) discharges are higher in Charlottesville than in Albemarle, but still under national benchmark
  + Looking at discharge rate for certain conditions that could be preventable. Look for certain factors in in-patient data; data based on where patients live
  + What do we take away from the fact that Charlottesville’s rate is much higher? These data indicate that more people wait until crisis stage to go to hospital. There may be less of a support structure in Charlottesville which can prevent conditions from going too far. We know that there are correlations with socioeconomic data.
  + Outcomes not only dependent on having a primary care provider. It can be hard to communicate and put recommendations into action for some patients. Though Charlottesville does have a large number of providers, there seems to be an abnormally large number of people who do not report have primary care. Many people struggle to complete care that is given to them; it can be very complex.
  + Would be useful to look at PQI data breakdown by age, working with MJH and UVA to get data broken down; should keep in mind - there is chronological age and then there is health age.
  + Many issues come down to needing case management assistance. Not many of these services are paid for, just for those with serious mental disorders. Need more funding. Training CHWs to help link people to services. Not currently enough funding to have CHWs on the ground daily.
  + What’s the confidence that the data is being coded correctly? How much of Charlottesville spills over into Albemarle? The data is being coded as accurately as possible. 2014 data was delayed for this reason.
  + Hospitalization rates are consistently higher in Charlottesville than in Albemarle. Albemarle has some of the lowest rates in the district, Charlottesville some of the highest.
* **What stands out?** 
  + Diabetes rates are strikingly high in Charlottesville, almost as high as Louisa, but a much higher rate of activity and access to healthy food. Must be some other cause
  + We should break this data down by demographics. We can ask for that. Tease out any disparities. Perhaps look at built environment disparities and these health conditions. Map out both. Could be problematic with HIPAA but could use census data or zip code. Students using GIS and Census Track.
  + Why does Greene have low hypertension rates but high diabetes rates?
  + Cost effects on emergency calls for preventable emergencies. Preventing this can save money.
  + We can put as much access in place as possible, but it won’t make people use it. Need to have people guide them to it
  + Free access to fruits and vegetables, good relationship with site provider, feedback was incredible. They would continue to use it, if it was still available. Trust was already there; hard to establish that kind of connection from nowhere.

1. **Next Steps & Discussion** *(Facilitated by Elizabeth Beasley)*

* In August – review the health survey together, begin prioritization after review of leftover data
* Council will meet monthly until priorities, strategies are identified, hopefully finish by December.
* Question 🡪 How do we get local elected officials to work together, connect the dots, and actually implement the plan? Some local governments actually adopt the plan, like Charlottesville did. Success means agencies in the council agreeing and working as one as well as achieving community buy-in.

**Next Meeting: August 2, 2016**