2019 MAPP2Health

MAPP Best Practices Work Group Meeting Minutes

# Friday, January 25, 2019, 9:00–11:00 am

Sentara Outpatient Care Center, Kessler Conference Room

595 Martha Jefferson Drive, Charlottesville, VA 22911

# Our MAPP Vision:

*Together we support equitable access to resources for a healthy, safe community.*

# Our MAPP Values:

|  |  |
| --- | --- |
| *Accountability* | *Respect* |
| *Inclusivity* | *Teamwork* |

**2019** **MAPP2Health & Equity Overview**

* *See the attached presentation for further details and an overview of the process.*
* Have you seen these depictions of health equity before?
  + [Baseball](http://interactioninstitute.org/illustrating-equality-vs-equity/)
  + [Apple tree](https://i.pinimg.com/originals/65/ae/84/65ae84479462450b798f3d59ce022cd5.png)
  + [Bicycle](https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html)
* Infographic from the CDC’s Community Health Improvement Navigator is a succinct way of explaining and understanding the idea of assessing and improving health and well-being for all (e.g. MAPP2Health).
  + *See also the attached handout: “Who, What, Where, How of Improving Community Health” from the CDC’s Community Health Improvement Navigator. Also available here:* [*https://www.cdc.gov/chinav/index.html*](https://www.cdc.gov/chinav/index.html)*.*
* Since 2007, our district has used the MAPP framework. *Mobilizing for Action through Planning and Partnerships* (MAPP) is a strategic framework to engage community stakeholders, key organizations, and citizens to come together to review health indicators and determine community health priorities for focus and improvement. In the 2016 MAPP process, 105 community partners and 10 community coalitions reviewed and discussed quantitative and qualitative data and 2,885 community members provided feedback on strengths and areas for improvement. These discussions led to the adoption of four priorities, described in the 2016 MAPP2Health Report:
  + Promote Healthy Eating and Active Living
  + Address Mental Health and Substance Use
  + Reduce Health Disparities and Improve Access to Care
  + Foster a Healthy and Connected Community for All Ages
* The 2019 MAPP2Health process will build on the work of the 2016 process by diving deeper into each of the priorities through the lens of health equity.
  + *See the attached handout for further details:* “*MAPP Overview + What’s New for 2019 MAPP.”*
  + Core Group is Thomas Jefferson Health District (TJHD), Sentara Martha Jefferson Hospital (SMJH), UVA Health System (UVA HS), and UVA Department of Public Health Sciences (UVA DPHS). Group meets regularly for planning, logistics, and coordination.
  + The Core Group is partnering with the MAPP Leadership Council (district-wide organizations and community coalitions), Charlottesville/Albemarle MAPP Council, Fluvanna Interagency Council, Greene Agencies Coming Together, Louisa Interagency Council, and Nelson Interagency Council for a series of three MAPP meetings.
  + There are also two new groups: the MAPP Data & Evaluation Committee and this group, the MAPP Best Practices Work Group. If you are interested in learning more about the data group, please contact Putnam Ivey de Cortez at [putnam.ivey@vdh.virginia.gov](mailto:putnam.ivey@vdh.virginia.gov).
    - *See the attached flyer “Join the MAPP2Health Best Practices Work Group” for meeting dates, times, and locations. Feel free to share with others that might be interested or send Putnam an email.*
  + Community engagement builds on the 2016 process that included input from almost 3,000 residents on areas of strength and areas in need of improvement to help with prioritization. For 2019 process, looking for more in-depth information on areas of strength and community + cultural assets through Photovoice projects. Photovoice is a qualitative research method that uses photography to capture community voices and gather community input. Photovoice projects will help identify cultural and community assets for organizations to build on to improve health equity.
  + There will also be MAPP funding available to each locality to move forward selected strategies around the MAPP priorities. Goal is that work of the Best Practices Work Group will provide actionable recommendations to each locality in order to select implementation strategies that will work in their community.
* Played selected clips from the four-hour *Unnatural Causes* documentary.
  + [Trailer](https://www.youtube.com/watch?v=bXBkOYMCAro&index=1&list=PLayHb3ehfKbfxdMAmIkFm2wlRikR4Ka6f)
  + [Kim Anderson’s Story](https://www.youtube.com/watch?v=FPCpB8zZP20&list=PLayHb3ehfKbfxdMAmIkFm2wlRikR4Ka6f&index=17)
  + *To learn more about racial and socioeconomic inequities in health, visit* [*https://www.unnaturalcauses.org/*](https://www.unnaturalcauses.org/)*. The website contains descriptions of each episode, discussion guides as well as other tools and handouts, resources, and an action center.*
  + Additional clips that share key concepts from the series are available here: <https://www.youtube.com/playlist?list=PLayHb3ehfKbfxdMAmIkFm2wlRikR4Ka6f>.

**Public Health Frameworks**

* *See the attached presentation for further details and depictions as well as practical examples for each framework.*
* How do we impact health? What strategies and/or interventions will have the greatest impact? How do we improve community health?
* **CDC’s** [**Community Health Improvement Navigator**](https://www.cdc.gov/chinav/index.html) – the who, what, where, and how of improving community health
  + The factors that affect health are socioeconomic factors (40%), the physical environment (10%), health behaviors (30%), and clinical care (20%)
    - Recommend starting with interventions that cut through all of these factors (“a balanced portfolio”) and eventually increasing investment and focus on socioeconomic factors in order to have greatest impact on health and well-being for all
* **Health Impact Pyramid** 
  + The further down the pyramid, the more impact occurs
    - Counseling and education at the top of the pyramid
    - Socioeconomic factors are at the base of the pyramid
* **Policy, Systems, and Environmental Change**
  + By changing policies, systems, and environment, have a greater impact (reaches more people, spreads more widely) than if working with individuals on behavior change
  + Policies: at legislative (law) or organizational level
    - E.g. crafting a school policy that prohibits the sale of soda in vending machines, student stores, and cafeterias
  + Systems: rules within an organization (changing infrastructure, processes, procedures); often goes hand-in-hand with policy change
    - E.g. school district switches procurement and cooking systemsto incorporate fresh, local produce and other foods into school meals and integrates it with classroom based education about healthy eating.
  + Environment: built or physical environment
    - E.g. garden built on vacant water district land adjacent to school exposes students to fresh produce while teaching them about how food is grown
* **The Social Ecological Model**
  + Concentric circles show the complex interplay between individual, interpersonal, community, and societal factors that determine behavior. The overlapping rings in the model illustrate how factors at one level influence factors at another level.
  + To affect prevention, necessary to act across multiple levels of the model at the same time.
* **Primary, Secondary, and Tertiary Prevention** 
  + Primary = reduce susceptibility or exposure to health threats (prevent condition before it occurs)
  + Secondary = detect and treat in early stages (e.g. screening, working with people with prediabetes)
  + Tertiary = alleviate the effects of injury and disease (working with individuals who already have a health condition)
  + Not included on slides but another way to picture this more simply is upstream and downstream. If you’re trying to get something out of the water, do you wait downstream to get it out or go upstream to find the source and stop it from getting in the water in the first place? (Might actually have to do both at the same time, at least until upstream is completely solved)
* Things that are missing in these frameworks:
  + Trauma-informed care
  + Impact of age on the models

**Group Discussion by Priority**

* Recognize that systems changes go hand-in-hand with policy changes.
* For access, it is a difficult topic as can name a variety of programs that provide access. However, the primary barrier to consider is if people can get to them and use them.
* The second activity was easier as were able to identify a bunch of things that are happening (which provides a sense of hope however recognizing that there is still inefficacy)
* In the small group discussion, missing the county voices and what is happening in the counties.
* There are many individuals and clinical level interventions. It is more complicated when you go down further on the health impact pyramid.
* Recognizing the challenges with the SEM model:
  + As providers, we separate ourselves from the community(ies) we serve; suggest one thing but do not follow recommendations. Need to change the way that we interact with our world to make sure equity is attainable. For example: recommend patients/clients go to free clinics or FQHCs to receive care, but we do not use them ourselves.
* Overlap in the information/resources in the different priority areas

**Large Group Activity: Who or What is Your Go-To Source?**

* *See the attached handout “Best Practice Ideas”*

**Evidence based Sources:**

* [National Child Traumatic Stress Network](https://www.nctsn.org/)
* [National Institutes of Health](https://www.nih.gov/)
* [WHO (World Health Organization)](https://www.who.int/)
* [CDC (Centers for Disease Control and Prevention)](https://www.cdc.gov/)
  + [CDC's Community Health Improvement Navigator](https://www.cdc.gov/chinav/index.html)
  + [CDC’s High Impact Five](https://www.cdc.gov/policy/hst/hi5/index.html)
  + [CDC’s 6/18 Initiative](https://www.cdc.gov/sixeighteen/index.html)
* [APHA (American Public Health Association)](https://www.apha.org/)
* [Robert Wood Johnson Foundation](https://www.rwjf.org/)
* [SAMHSA (Substance Abuse and Mental Health Services Administration)](https://www.samhsa.gov/)
* [Penn Center for Community Health Workers](http://chw.upenn.edu/about/)
  + UPenn, Impact Model + data
* [National Low Income Housing Coalition](https://nlihc.org/welcome) (or, National Welcoming Housing Coalition?)
* [Urban Institute](https://www.urban.org/)
* [AARP](https://www.aarp.org/)
* [NACCHO (National Association of County and City Health Officials)](https://www.naccho.org/)
* Strategic Alliance
* [Federal Reserve](https://www.federalreserve.gov/)
* Academic literature:
  + [Health Affairs](https://www.healthaffairs.org/)
  + [New England Journal of Medicine](https://www.nejm.org/)
  + [Brookings Institution](https://www.brookings.edu/)
* [Raj Chetty’s work](http://www.rajchetty.com/)
* [Dayna Matthew](https://www.law.virginia.edu/faculty/profile/dm5e/1188391) @ UVA
* [National Prevention Strategy](https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html)
* [PEW Charitable Trusts](https://www.pewtrusts.org/en)
  + Social mobility research
* [UChicago Chapin Hall](https://www.chapinhall.org/)
* [American Heart Association, Empowered to Serve](https://www.empoweredtoserve.org/)

**Community Based Sources:**

* Peers
* [Charlottesville Area Alliance](http://www.charlottesvilleareaalliance.org/)
* People we work with
* Target audience
* State community of practice (COP)
* Coalitions in the area / community workgroups
* [PHAR](http://www.pharcville.org/)
* [Jefferson School](https://jeffschoolheritagecenter.org/)
* Community gate keepers (e.g. Latara Ragland, Barb Yager, Jackie Martin)
* [Sisters Keeper Collective](https://www.sisterskeeperdoulas.org/)
* Funders
* [MACAA](https://www.macaa.org/)
* Community leaders
* Faith based leaders and communities
  + [IMPACT](https://impactcville.com/)
  + Customers
  + [Charlottesville Clergy Collective](https://www.cvilleclergycollective.org/)
* [International Rescue Committee](https://www.rescue.org/united-states/charlottesville-va)
* Housing
  + Sunshine ([Piedmont Housing Alliance](https://piedmonthousingalliance.org))
  + [TJACH](http://tjach.org/)
* Health Promoters (Southwood)
* [JABA](https://www.jabacares.org/) and [The Center](https://thecentercville.org/)
* [Center for Nonprofit Excellence (CNE)](https://www.thecne.org/)
* [NAACP](http://www.albemarle-cvillenaacp.org/)
* Legal Aid ([Legal Aid Justice Center](https://www.justice4all.org/) or [Central Virginia Legal Aid](http://cvlas.org/))
* [Habitat for Humanity](https://www.cvillehabitat.org/)
* [Region Ten](http://regionten.org/)

**Next Steps & Homework**

Homework: consult colleagues, review the literature, research the evidence base and promising practices for your priority area. Come back in February ready to discuss and share.

* *Question:* do we aim for the stars (the best practice ideal) or consider constraints such as budget? *Answer:* Great topic for next meeting. We are intending to put together recommendations that will go out to the counties for decision-making so we’re trying to create options for the different counties. (But, might also be helpful for decision-making to know what most effective/impactful options would be, even if funding not currently available)
  + *Suggestion:* it would be really helpful next time to bring in examples of community programs and how they’re funded as ultimately can’t do anything without funding
* *Question:* as we think of initiatives and best practices, how do we make sure to focus on the health equity piece? Is there a tool or resource that walks through whether different initiatives will improve health equity? *Answer:* Great point. Will incorporate this into the next meeting.
* *Comment: c*ould end up with many things that are skewed toward personal interventions. *Follow up:* we will be presenting a tool for putting together the best practices to ensure that we fill out recommendations and ideas across the different levels.

**Next meeting:**

Friday, February 22, 2019

9:00–11:00 AM

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