2019 MAPP2Health

MAPP Best Practices Work Group Meeting Minutes

# Friday, February 22, 2019, 9:00–11:00 am

Sentara Outpatient Care Center, Kessler Conference Room

595 Martha Jefferson Drive, Charlottesville, VA 22911

**First Meeting Recap (Frameworks & Group Activity)**

* *See attached presentation for corresponding slides.*
* In the first meeting, discussed a variety of public and community health frameworks for community health improvement and increasing impact. In addition to the frameworks presented in the first meeting, wanted to share two more frameworks provided by members of this group.
* In the last meeting, small groups (based on MAPP priorities + additional social determinants of health group) brainstormed where *current practices* (activities, programming, and initiatives) would fall on the health impact pyramid. Then, brainstormed policy, systems, and environmental (PSE) change *best practices* (could be currently occurring here/elsewhere or promising practices).
* **Activity:** the updated versions of the health impact pyramids and PSE change arrow posters with ideas from the first meeting were hanging on walls. Meeting participants walked around, looked at the ideas from each group, and used colored dots to identify the following:
  + **Pink:** Would like to learn more about this
  + **Green:** Likely to have a greater impact on health equity
  + **Yellow:** Top consideration for action/implementation (OK to include items that would be difficult to implement if likely to have a greater impact)

**Incorporating Health Equity into Best Practices**

* + - * *See attached presentation for corresponding slides.*
      * *See attached handouts on “PSE Change” and “MAPP’s Conventional vs. Equity Approach*.*”*
      * What is health equity? How to consider whether identified strategies focus on health equity (or not?)
      * **Activity:** In small groups by priority area, discussed the difference between a conventional approach and a **health equity approach**. Groups discussed both sets of questions.

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| Conventional Question 1: What types of services and resources do we need to improve health? | Health Equity Question 1: What fundamental policy changes do we need? |
| * Address friction between quantity and quality (appropriate caseloads) * Dental services * Easy access * Enough personnel / staff * Funding (!) * Hospitals * School-based health centers * See poster for ideas * Strengthen services when $ is a barrier --> Medicaid billing vs. care, insured vs. not insured, cash vs. affordability * Transportation | * Changes to policies that make services / care accessible * Coordination of services, community awareness / access * Focus on prevention -- including social determinants of health * Free culturally responsive healthcare for all * Free healthcare for all * Free transportation for all * Funding with same community priorities and agency partnerships * Hours of service * Housing 1st -- Transportation 1st * How does information get exchanged (HIPAA) and who manages the information? * Insurance for all * Living wage for all * Local school board & state board * Mandatory culture training for all staff * Prioritizing transportation services so they are more easily accessible (more bus stops, day-of services, hospital shuttles) * Restorative justice / jail diversion for all * Safe, sober housing for all * Some form of universal healthcare --> everyone has access to basic / adequate care * Zoning and access people have @ the school |

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| Conventional Question 2: What programs and services do we need to address health disparities? | Health Equity Question 2: What kind of collective action and structural social changes do we need to tackle health inequities? |
| * ??? to rural areas * Affordable housing * Culturally / linguistically appropriate * Education of community * Focus on ??? outcomes that reflect cultural disparities * Funding * Greater respect, recognition for helping professions * Increase # of qualified providers * Meet people where they are * Mobile health services * Transportation is always an issue * Workforce should reflect population served | * "Lobbying" interested legislators and uninterested * "Our communities are designed for health access" * ((Mental) Health) Revolution * Bus stop / transportation locations * Education for all * Health where we live, work and play and learn (e.g. access / food deserts, clinics @ schools, churches, community centers) * Intergenerational community centers * Living wage with opportunities for growth * Paid time off (family medical leave) * Pay-for-success models * Promote, encourage participation in helping professions * Robust funding for community, preventative care * Universal screening for all points of entry * UVA has to take responsibility for its impact on the community -- affordable housing, transportation, living wage |

* + - * + 3. Which government officials expert researchers, or media personalities best understand the issues? 🡪 **Which community members and grassroots organizations can best define the issue?**

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| Conventional Question 3: Which government officials, expert researchers, or media personalities best understand the issue? | Health Equity Question 3: Which community members and grassroots organizations can best define the issue? |
| * CEOs of health systems "should" | * People who the current system hasn't worked for * The families we work with |

**Best Practice “Menu” Tool & Group Activity**

* Watched a clip from the *Unnatural Causes* documentary:
  + [Diabetes Among Native Americans – Genes or Environment?](https://www.youtube.com/watch?v=uWurOLNUbkw&index=6&list=PLayHb3ehfKbfxdMAmIkFm2wlRikR4Ka6f)
    - * Building on the work from the first meeting, introduced the “Intervention Planning Matrix” tool developed by the Healthy Wisconsin Leadership Institute and available through the Robert Wood Johnson Foundation. The tool is a matrix of “spheres of influence” (left 🡪 right, at the *individual, organization/institution,* and *community* levels; a condensed version of the social ecological model framework reviewed in the first meeting) and “approaches” (top 🡪 bottom, *programming, policy change, system change,* and *environmental change*). For additional materials and background on the tool, visit:
        + <http://www.countyhealthrankings.org/intervention-planning-matrix>
        + <http://www.countyhealthrankings.org/intervention-planning-matrix-activity-to-support-learning>
    - Not discussed during the meeting, but a similar tool/matrix has also been developed by NACCHO for community health improvement activities using the social ecological model and primary/secondary/tertiary levels of prevention. To download an overview, a research brief, and a fillable template, click [here](https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/hp2020-and-sdoh#chim) and scroll to “Community Health Improvement Matrix: A SDOH Perspective.”
    - **Activity:** worked in priority area groups on the Robert Wood Johnson’s County Health Rankings “Intervention Planning Matrix” tool to identify a range of possible approaches used to address health issues at the individual, organization/institution, and community levels. Drawing on research since the last meeting, groups wrote down recommended best/promising practices on post-its (one/sticky) and placed them on the matrix.
      * + *Results will be shared at the third meeting.*

**Next Steps & Homework**

**Homework:** *After first meeting, we asked participants to conduct research and review evidence-based best and promising practices. In advance of the third meeting, we’d like to ask participants to now consider and consult community:*

* Which community members and grassroots organizations can best define the issue (your priority)?
* What might work in this community? Who in the community has been consulted (consider one-on-one conversations, community meetings, surveys, focus groups, group forums, Photovoice projects, etc.).
* What has already been tried and what are people most excited about? Where is there energy and momentum?
* Come back in March ready to discuss and share.

**Questions at the end:**

* *Question: Are we being pragmatic or are we going to talk about dream ideas?*
  + Answer: Ideally, there would be a balance of achievable shorter-term initiatives and changes as well as dream ideas, reach for the stars ideas. In considering dream ideas, what can we affect change on at the local level? State level? What needs movement at a national in order to change?
* *Q:**Are we synthesizing the dots to know what stands out as the most important initiatives to work on?* (Highlighting themes from the dots activity)
  + A: Yes, we will be pulling together what has been worked on in the frameworks that we used today – lot of things were talking about today have connections and linkages between them.
* *Q:**Are the groups working independently or cross-pollinating?*
  + A: For the third meeting, we will come up with a way to cross-pollinate ideas and dots. We also envision each smaller group sharing out with the larger group.
* *Q: What do you want from consulting the community?*
  + A: Focus after first meeting was pulling together evidence-based best and promising practices. We also want to make sure that community voice is considered and valued as part of the process. For example, if your group came up with the “10 best” evidence-based practices of all time – was community consulted in the development and implementation of one of them? Has that work already been done or would it need to be done? Have community members expressed a need that is filled by a particular best practice? Is there more interest and enthusiasm around one best practice area than others? In order to “do the homework,” reflect and refresh on work your organization has done around community engagement through door knocking, conversations, surveys, focus groups, projects, etc. – what have you heard that you could share back with your best practices group?

**Next meeting:**

Friday, March 22, 2019

9:00–11:00 AM

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