**Community Health Assessment Partner Meeting**

**Thursday, January 12, 2017 12 PM**

**Salem Church Library, 2607 Salem Church Road, Fredericksburg, VA 22407**

**Meeting Minutes**

**Start Time: 12:15**

**Introduction of attendees:**

Dr. Brooke Rossheim, Rappahannock Area Health District

Saba Lemma, Virginia Department of Health / Rappahannock Area Health District

Philip Brown, Mary Washington Healthcare

Dr. Thomas Tomzak, Rappahannock Area Health District

Mary Catherine Greenlaw, Mayor, City of Fredericksburg

Michael Clark, CEO, Spotsylvania Regional Medical Center

Karen Dulaney, Director, Moss Free Clinic

Naomie Murdock, Rappahannock Area YMCA

Marva Moore, Community Wellness Coalition

Glena Jenkins, Fredericksburg Regional Transit

Michelle McGinnis, Community Engagement, Spotsylvania County

Kathie Bramlette, Nurse at Hazel Hill Nurse

Jamia Crockett, Mary Washington Healthcare

Pamela Steinkoenig, Fredericksburg City Public Schools

Donna Powell, Fredericksburg Area HIV/AIDS Support Services

Tim Ware, George Washington Regional Commission

Linwood Thomas, King George County

Janel Donahue, Rappahannock United Way

Jane Yaun, Rappahannock Area Community Services Board

Christen Gallik, Fredericksburg Department of Social Services

Whitney Watts, Fredericksburg Regional Chamber of Commerce

Sheri Wikert Fredericksburg Regional Chamber of Commerce

Freda Williams, Virginia Department of Health

Paige Phillips, Virginia Department of Health / Henrico Health District

Khalida Willoughby, Virginia Department of Health

Sid Dallas, Rappahannock Area Health District

Brent McCord, Rappahannock Area Health District

Jamie Pritchett, Rappahannock Area Health District

Jordan Zarone, Rappahannock Area Health District

Stephanie Goodman, Rappahannock Area Health District

Meghann Cotter, Micah Ecumenical Ministries

Xavier Richardson, Mary Washington Healthcare

**Opening Remarks** – Dr. Rossheim:

* Explained that Virginia Department of Health (VDH) is focusing more on population health – new focus for Rappahannock Area Health District (RAHD)
* Population health looks at foundational items like education, income, housing stability, employment – these are known as the social determinants of health
* Introduced community health assessment (CHA) and community health improvement plan (CHIP)
* CHA/CHIP requires collaboration between many entities and organizations
* 1st goal of process is to create community collaborative for health where all participants have a voice and provide input; 2nd goal is for improvement program to be self-sustaining
* Today is first step towards achieving goal of CHA/CHIP
* Today’s agenda

1. Provide overview of current health indicators and introduce CHA/CHIP
2. Answer questions about the CHA/CHIP process
3. Determine level of engagement each organization would like to have in the process
4. Establish meeting schedule

**Presentation Part 1 – Dr. Brooke Rossheim:**

* Shared demographic information for Planning District 16 (PD 16) – population of each locality
* Discussed County Health Rankings ([www.countyhealthrankins.org](http://www.countyhealthrankins.org)) – discussed relationship between policies/programs, health factors (and various contributors), and health outcomes
* Discussed health rankings in PD16 looking at Health Outcomes and Health Factors—lower numbers are better
  + Health Outcomes: Caroline 64, Fredericksburg 51, King George 23, Stafford 7, Spotsylvania 26
  + Health Factors: Caroline 78, Fredericksburg 81, King George 33, Stafford 25, Spotsylvania 54
* Discussed social and economic factors in PD16; provided percentage in each PD16 county for the following factors
  + Unemployment
  + Children in Poverty
  + Severe housing problem
* Provided statistics for reported violent crimes per 100,000 population in each locality in PD16; gave baseline for VA overall and US overall – Fredericksburg is about 2x state and national rate
* Median household income for each PD16 locality; pointed out discrepancies among localities; income and health closely tied together; Fredericksburg with lowest median household income
* “Zip code can be more important than your genetic code” – highlighted importance of environment on prevalence of health disparities
* Referenced PBS documentary *Unnatural Causes: Is Inequality Making Us Sick?*  Showed brief clip from documentary series
* Discussed Health Impact Pyramid – socioeconomic factors have the largest impact on health; people’s health decisions and health policies have next largest impact; preventive measures have next greatest impact on health; clinical interventions have next greatest impact on health and counseling and education tend to have the smallest impact on health
* Discussed Virginia Plan for Well-Being – provided website and encouraged attendees to read plan; compared tree diagram to aspects of health impact pyramid
  + Healthy, connected communities as the “roots” of the tree
  + Strong start for children as the “trunk”
  + System of health care as one major branch of the tree
  + Preventive actions as another major branch of the tree
  + If all working together, greater chance of achieving a state of well-being in Virginia
* Opened floor for questions

**Presentation Part 2 – Saba Lemma**

* Defined Community Health Assessment (CHA)
* Posed question to audience - When do we think about health?
  + We should think about health before sickness
* To have a clear understanding of the impact social determinants have on health, we must conduct a community health assessment
* Discussed benefits of a CHA
  + Informs decision making by policy makers, social service agencies, and local businesses
  + Prioritizes health problems
  + Assists in development and implementation of a Community Health Improvement Plan (CHIP) – unlike other assessments which simply identify needs and make no attempt to address them
* Jane Yaun question – Are we looking at city of Fredericksburg or whole PD16?
  + Deferred until end of presentation
* Overview of CHA process
  + Trying to form steering community now
  + Next collect and analyze data
  + Develop report and disseminate findings
  + Then develop and implement CHIP
* What is the CHIP? Long term systematic effort to address public health problems based on results of CHA; typically done on a 3-5 year cycle (Year 1, collect data, analyze, issue report; Years 2 through 5 = build and implement CHIP)
* Benefits of CHIP – based on CHA findings specific to the community being evaluated; in this case, Fredericksburg City
* CHA/CHIP summary – we chose Fredericksburg City because of the lower health rankings/outcomes compared to other counties in PD16; information used during CHA will come from surveys, vital records, program and facility data, surveys of residents, focus groups
  + This is one area in which partners can contribute -- Have you already done work to gather this data/information? Can you share?
* CHA is unique in its involvement of ground level community members. Community members are involved to share lived experience. Purpose of CHA is to engage community members in process; leads to greater sustainability
* The current CHA/CHIP approach maximizes impact through collaboration among all agencies; creation of partnerships; synergistic contribution
* Why now?
  + This is a new RAHD effort
  + The health district recognizes that population health improvement is central to public health improvement

Building Our CHA Team

* Each attendee was asked to complete a form in their packet to indicate the level at which they would commit to being involved in the CHA/CHIP process. The following roles were explained.
  + Steering committee – oversee whole process, agree to meet regularly, advocates of CHA process, review data and other information
  + Work groups – meet with subcommittees as needed, perform data collections, develop community health action plans, ensure interventions are implemented and evaluated
  + Project facilitator (Saba Lemma) – CHA planner, organize meetings, provide technical support, function as contact person

**Questions/Comments**

* Dr. Tomzak – expressed concern because of stonewalling surrounding family planning, cultural norms feeding into social issues
* Mayor Mary Catherine Greenlaw – City of Fredericksburg is an urban center of a larger metropolitan center; worried about getting skewed results if focus is only on Fredericksburg
  + Dr. Rossheim – goal is to move CHA/CHIP process to each locality over time, not to extrapolate Fredericksburg challenges across entire PD16. Each locality has its own challenges
  + Khalida Willoughby – this is not a clinical effort, it is community owned and needs to be taken outside the doors of hospitals and clinics; overall community approach should reduce stonewalling obstacles specific to clinical/medical issues
* Jane Yaun – What is the overall expected outcome? Is the steering committee developing measurable objectives? 1 year is a short period of time to make impact
  + Khalida Willoughby – 1 year is assessment period. During the first year the CHA Team will work to identify foundational issues, ascertain citizen perceptions, conduct assessments, collect data, and present findings to steering committee. After that initial 1 year research period, the steering committee looks at data to identify goals for inclusion in CHIP.
* Janel Donahue - How will it be different than the Mary Washington Healthcare Community Health Needs Assessment?
  + Dr. Rossheim – This CHA/CHIP process will build upon the MWHC community health needs assessment. The MWHC document contains valuable information that will be used and supplemented with additional information. The CHNA focused on all of Planning District 16—the goal of this CHA is to focus on Fredericksburg City specifically. Another thing we want to do is gather more data from people on the ground—more qualitative data.
* Janel Donahue - Who is in charge of the data collection and CHA process?
  + Steering committee will guide and provide direction, but RAHD has the tools and skeleton plan
* Janel Donahue - What is RAHD going to do if the results come back and are not “health related” in that they are not VDH responsibilities?
  + VDH is here to help facilitate but not to direct or define the CHIP; steering committee will provide leadership; goal is community ownership of the CHA/CHIP process, VDH/RAHD serves as a consultant role going into the future
* Karen Dulaney – Moss Free Clinic was founded in response to a community health assessment. The clinic is a great piece of evidence in support of the positive results that come from a CHA.
* Xavier Richardson – This is a tool that has proven to be effective and infective – could easily be carried over into other localities. Very relevant to Fredericksburg City - small enough, enough resources, enough motivated citizens willing to make a change. Health indicators are calling for action; Fredericksburg has tools to make this successful. Reiterated that we are going to need to look outside of the committee once we determine what issues are identified, as they might not relate directly to the specialties represented on the CHA Team.
* Phil Brown – One key challenge when we look to implement is that everyone owns it and nobody owns it. There needs to be someone or some organization that takes ownership of CHIP. Regional cooperation around this will be key factor for success.

Commitment Forms and Meeting Availability forms collected

Meeting Adjourned – 13:40