**Caroline County CHA/CHIP**

**Steering Committee: Meeting 1 Notes**

February 25, 2020

**Introduction/Participation**

* Steering Committee Members in attendance:
  + Jeff Wick- Caroline County Public Schools
  + Lori Chapman- The Carmel School
  + Brandie Williams- Rappahannock Area Community Services Board
  + Cathleen Pessolano- Mental Health America Fredericksburg
  + Erin Southworth- Caroline County Fire, Rescue & Emergency Services
  + Wendy Sneed- Caroline DSS
  + Angela Bush- Caroline Family YMCA
  + Laurie Phalen- Caroline Family YMCA
  + David Upshaw- CERVE
  + Beth Jimenez- Virginia Cooperative Extension
  + Karen Drilling- Spotsylvania Regional Medical Center
  + Brooke Rossheim- Rappahannock Area Health District
  + Amanda Hicks- Caroline Health Department
  + Allison Balmes-John- Rappahannock Area Health District
  + Julia Geskey- Rappahannock Area Health District
* Comprehensive representation from a variety of organizations working on health issues: school systems, mental health, fire and rescue, social services, YMCA, CERVE, cooperative extension, medical services, etc.
* Each individual service offers more than what is typically thought
  + I.e. Social services is more than just Medicaid, mental health is integrated with physical health, fire and rescue addresses transportation disparities, etc.
* Discussion that there is an abundance of interconnected and vested interest in the area. People within the group were born and raised here, and they care deeply about what is going on within the county.
* Various levels of local, regional, and state-level strategic planning experience

**Roles of Steering Committee**

* Goal is to give committee members a sizable but manageable role in the process
* Meet once a month. Future meetings will aim to be 1.5 hours rather than 2.
* Steering Committee will be responsible for guiding process and making key decisions
* Steering Committee will represent different aspects of the public health system and will also represent the Caroline County community
* Champions for this project

**Role of Rappahannock Area Health District Staff (RAHD)**

* Keep the process on track
* Ensure continuous movement between meetings
* Provide support and handle logistics, such as scheduling meetings and sending notes to the group
* Facilitate meetings as appropriate. There may be some meetings in which an external facilitator is needed. If this need arises, we have had several partners who have indicated that they would be willing to facilitate if needed.
* Represent the health department, as one of the key agencies in Caroline’s public health system
* Coordinate and facilitate work groups (discussed further later)

**Recap of what has occurred so far:**

* Kickoff meeting:
  + 48 people from 31 organizations in attendance
* Allison has been continually working on expanding reach and involvement through meetings and presentations with various groups, including the Caroline Resource Council, CERVE, and several groups through Caroline County Public Schools
* Regular update will continue to be provided on the process via email. About 70 people plus all RAHD staff receive these updates
* Clarifying points from kickoff meeting feedback
  + TWO big products come from this process 🡪 CHA and CHIP
  + Example #1 of a CHIP: Eat Green Fredericksburg
    - Goal was to address food insecurity in the City of Fredericksburg
    - Three main goals: give free produce to WIC participants ($10 credit), get people to go to the farmers market, and spread awareness for SNAP match
    - Create a culture of health through local involvement
    - People do not know about a lot of programs and opportunities that are available, so spreading awareness is an important step
    - Numbers have been increasing year to year
  + Example #2: Hanover DASH
    - Transportation was one of three priorities as a result of the Hanover CHA. One issue was transportation.
    - CHIP goal surrounding this issue involved expanding partnerships with existing ride programs
    - Led to the creation of a successful, volunteer-based transportation program which eventually received further grant funding
    - Now, Hanover has an affordable ride-share program for older adults and individuals with disabilities
  + CHA/CHIP will not be able to completely solve every health problem but has the potential to make a really big impact and move in the right direction 🡪 Big first steps!
  + Requires ongoing partnerships- this is not a product of the health department alone
* Question from group: What does VDH hope to get out of this program?
  + Building lasting relationships and partnerships
  + Make Caroline County feel a valuable and important part of the heath system
  + More of a collective effort; VDH is just one part of the process
  + Shouldn’t be looked at as a “health department project”, rather a community project

**Phase Two: Visioning**

* Steering Committee split into small groups. Using ideas developed during the “mini-visioning” session at the kick-off meeting, each small group developed a potential vision statement to guide this project.
* All addressed similar areas of concern and focus
  + Coordination of existing resources
  + Improved access to resources
  + Increase communication and community engagement/cooperation
* Allison will send out all 3 draft vision statements to the group, as well as a couple of additional options that combine elements of the 3 proposed statements. Steering Committee members will then have an option to provide feedback, and we will finalize the vision statement at the next meeting.

**Discussion of Four MAPP Assessments**

1. CHSA (Community Health Status Assessment)
   1. Answers the questions: How healthy are the residents? What does the health status of the community look like?
   2. Method: Review secondary data sources
   3. Very quantitative and numbers-based
2. CTSA (Community Themes and Strengths Assessment)
   1. Answers question: What health issues are important to you?
   2. Identify assets in your community used to address health or other issues
   3. Possible methods include: surveys, interviews, focus groups, photovoice
3. FoCA (Forces of Change Assessment)
   1. Answers question: What is happening or might happen in the future that will have an impact on community health?
   2. Areas to consider: social, economic, political, technological, environmental, scientific, legal, etc.
   3. Method: Brainstorming session
4. LPHSA (Local Public Health System Assessment)
   1. Answers questions: How are the 10 Essential Public Health Services being provided to our community? What are the components, activities, competencies, and capacities of our local health system?
   2. This is a hefty assessment. We may make some modifications to pare it down. This was a lesson learned from the Fredericksburg CHA, as in its full form the LPHSA requires a full day of partners to consider and complete assessment.

**Work Groups**

* It was decided that we do want to utilize work groups for the CHSA (quantitative assessment) and CTSA (qualitative assessment)
* Reviewed timeline. To complete CHA/CHIP process within 2020, work groups will Would probably need to meet twice a month, though only for a few months.
* Steering committee members expressed that they could act as links between work groups and committee as a whole. This would improve communication and keep vision on track
  + But, should also expand outwards from Steering Committee to get necessary outside information and resources
* CTSA ideas: Work together with Public Works, utility bills/companies, school systems, churches, social media, etc. in order to reach the wider population
  + Other ways to reach large numbers of people with survey:
    - Blackboard message (school system)
    - Offer virtual focus groups
    - Planned community e-blasts
  + Don’t have to choose just one method 🡪 possibility for diversification, use of both surveys and focus groups

**Next Steps**

* Find a date to present to the Board of Supervisors
  + March is budget season so may be difficult
  + Reaching out sooner rather than later would be beneficial in order to get on the agenda
* Next Meeting Date: March 31, 1-3 PM
  + Try to keep meetings last Tuesday of the month for scheduling purposes, though it may have to be a different day in May