

**PATH Minutes**  
**April 7, 2015, 11:30 noon – 2:00 pm**  
**The Cascades Room**  
**Carilion Giles Community Hospital**

**Present:**

Gayatri Ankem, CHC NRV  
Maggie Bassett, RU School of Nursing  
Michelle Brauns, CHC NRV  
Vicky Collins, Radford City DSS  
Susan Dalrymple, PC United Way  
Shenika Dillard, Carilion Clinic  
Dianne Dinger, Farm to Fork  
Jeff Dinger, County of Giles  
Mary Beth Dunkenberger, VT IPG  
Robert Ferrari, Your Integrated Health  
Deena Flinchum, RSVP & NRV Agency on Aging  
Aaron Harris-Boush, Carilion Clinic  
Mary Henderson, Giles County Public Schools  
Tina King, NRV Agency on Aging  
Holly Lesko, VT IPG  
Suzanne Lo, VT IPG  
Leah McFarren, CHC NRV  
Marya McPherson, MHANRV  
David Moore, Smart Beginnings NRV  
Charlie Mullins, County of Giles  
Dave Nutter, VHHA  
Beth O'Connor, VRHA  
Molly O'Dell, NR Health District  
Kelsey O'Hara, NRCA/Family Outreach Connections  
Trina Porterfield-Pifer, NRCA/Head Start  
Pam Ray, VT & NRHD  
Rhonda Seltz, RU Social Work & DMAS  
Stephanie Spencer, Carilion Giles Community Hospital  
Katie Stinnett, NRHD/Giles County Health Department  
Rosemary Sullivan, NRVCS  
Bev Walters, NRV CARES  
Sophie Wenzel, VT & NRHD  
Kristie Williams, Carilion Giles Community Hospital  
Wanda Wylam, NR Health District

**WELCOME/INTRODUCTIONS**

Vicky welcomed the group and facilitated introductions of the PATH members. Thanks were extended to Carilion Giles Community Hospital for hosting the meeting and providing lunch.

**DISTRIBUTION OF THE COMMUNITY COALITION SURVEY RESULTS**

Holly distributed the *Survey Summary for PATH of the New River Valley* final report. As part of the evaluation of the Community Coalition Leadership Program (CCLP) for the Robert Wood Johnson Foundation, baseline (summer 2013) and follow-up (summer 2014) surveys of PATH members were conducted. The surveys included a range of questions about the coalition—characteristics of its members, characteristics and functioning of the coalition, strengths, areas for improvement, and barriers to the coalition's goals. The survey completion rate was 33 percent (or 89 members) for the baseline survey and 66 percent (or 54 members) for the follow-up survey. The majority of respondents agreed that other sectors should be represented. Law enforcement was identified most frequently as a sector needing representation. Other sectors included business, government and primary or secondary education. At both baseline and follow-up, over half of respondents represented organizations that had been involved with the coalition more than five years. At both baseline and follow-up, respondents most frequently identified three areas as needing improvement: adequate funding to accomplish activities/goals, adequate time for members to commit to activities/goals, and visibility in the community. PATH had eight areas that moved from borderline at baseline to

strengths at follow-up. Respondents scored nearly all items higher at follow-up than at baseline. No items were assessed as a concern at baseline or follow-up.

#### CARILION GILES COMMUNITY HEALTH NEEDS ASSESSMENT STAKEHOLDER FOCUS GROUP

Vicky reminded the group that a Community Health Needs Assessment (CHNA) will be completed in Giles County in 2015 and noted that PATH is thrilled to be a part of the needs assessment. Aaron passed around a sign-in sheet for those interested in serving on CHAT (Community Health Assessment Team). CHAT oversees the CHNA, participates in the Strategic Planning process and offers guidance to the Management Team.

Aaron introduced Shenika Dillard, Carilion Clinic Community Health Educator, who described the plan to use a five question survey in 40-60 minute focus groups of 8-12 participants. Shenika stated that the focus groups for the 2012 CHNA were held at New River Community Action Head Start, Giles Free Clinic and Giles Senior Center and asked for suggestions for focus group locations for the 2015 CHNA. PATH members suggested GC DSS, Narrows and Pearisburg Head Start, Friendship Café, Giles Ministerial Association, local churches, AARP meetings at Senior Center and hospital volunteers.

Aaron distributed the *Giles Area Professional Informant Survey – Barriers and Challenges Faced by Residents and Health and Human Services Agencies*. He noted that this survey is also available online and is to be filled out in terms of the organization. Aaron facilitated a discussion of responses to survey questions.

*What are the most important issues (needs) that impact health in the Giles Area?* Prescription drug use out of control, child abuse, substance abuse, generational poverty, limited adult and neonatal abstinence options, transportation (70% commute outside Giles County), quality food and lack of healthy foods, tobacco use, dental, ability to get job, chronic disease, lack of knowledge about prevention, Medicaid expansion, family stress

*What are the barriers to health for the populations you serve?* Lack of access to specialty care including psychiatric, limited awareness about food and health, insulation/self-reliance, Appalachian culture, internet access, systems moving forward assuring level playing field

*Is there one locality/neighborhood with the greatest unmet need?* Amish in Monroe and White Gate

*Is there one population group with the great unmet need?* Poverty, Amish, substance abuse, teens, re-entry population, elderly

*What are the resources for health for the population you serve?* Head Start, CHIP, Health Department, Community Health Center, Community Services Board, Mental Health America, Family Outreach Connections, Smart Beginnings, Agency on Aging, NRV Cares, school nurses, social workers, RSVP, Senior Services, New River Community Action, To Our House, Virginia Rural Health Association, DSS, Partners for Self Sufficiency, Day Report

*If we could make one change as a community to meet the needs and reduce the barriers to health in the Giles Area, what would that be?* Make health care access fundamental right not a privilege, not prescribing Lortab for those who don't have pain, way to impact pregnant women using substances and entice into prevention, transportation, culturally competent outreach messaging, funding for prevention and early intervention, way to reach seniors who could use Medicare Part D drug plan, difficult to engage medical community, long-term stable employment, consistent network to do long-term planning, vision for healthy living

#### LEGISLATIVE UPDATE

Dave Nutter reported that although nothing happened with Medicaid Expansion, there were some good developments. The budget passed and there were no amendments and there was an uptick in funding revenues making the budget easier. We're still dealing with federal sequestration. Virginia's hospitals generated \$35.8 billion in economic activity in 2013. For every \$1 spent by a Virginia hospital, \$1.61 is spent in other parts of the economy. There are a lot of areas in Virginia where the population is not as healthy as 50 years ago. 140 members of the House and Senate are up for election this year. There has been a high turnover in the last five years in the General Assembly. We've lost some knowledgeable health care leaders since 2010. We need to emphasize the important role of health care. The Governor put Medicaid Expansion in the budget but the General Assembly threw it out. Movement on Medicaid Expansion is unlikely. Virginia can still develop and improve programs to draw down 100% federal funding through FY16. Some key Virginia Hospital and Healthcare Association (VHHA) issues

such as Certificate of Public Need (COPN) were tabled and will be part of the discussion come January. Behavioral Health was an area of focus this year—a number of bills passed. The Right to Try was signed into law which allows terminally ill patients access to drugs still under FDA investigation. A bill was signed which amends the definition of telemedicine services to more broadly permit remote patient diagnosis and prescription of Schedule VI medications. VHHA budget priorities included supporting VA rural hospitals, health care workforce and other rural health items, and the Governor's introduced budget authorizing Medicaid expansion. Studies that came out of the General Assembly session were a one-year study by JLARC on Medicaid and a financial audit of DMAS. Dave commented that a lot of legislators don't know that the healthcare needs are as great as they are. We need to engage our legislators on these issues. Legislators don't do very well spending money now to save money in the future. The health readiness of the workforce is an issue that needs focus; Dave would like to hear from people interested in working on this. Tina asked about the CARE Act (Caregiver Advise, Record and Enable Act), an AARP initiative that requires hospitals to follow specified procedures to identify and educate caregivers who provide post-discharge care for patients. The bill has been introduced in both the VA House and Senate.

#### WORK GROUP REPORTS

**Advocacy:** Rhonda distributed a *Virginia Consumer Voices for Healthcare* form. She requested that each PATH member find a story about how lack of Medicaid Expansion has affected a client/family. The form can be mailed to the address on the back or written stories can be emailed to Rhonda at [rgseltz@gmail.com](mailto:rgseltz@gmail.com). We have one year to collect the stories. Rhonda is troubled by the Advocacy Work Group's lack of time to work on advocacy for all populations. The Work Group has been unable to address senior issues and suggested the creation of a subcommittee. Deena has volunteered to work with Rhonda on aging issues. Vicky said this can be discussed at the next Steering Committee meeting. Work continues on the welcome packet, welcome letter for new members and website. The updated website will include history, mission, list of committees, recognitions, accomplishments, minutes, and needs assessments.

**Perinatal Substance Abuse:** It was announced that on April 22 from 10 am – 12 noon at The Inn at VA Tech, Ralph Northam, Lt. Governor and the Chair of the Commonwealth Council on Childhood Success, will hold a town hall meeting on early childhood issues.

**Obesity Prevention:** Pam Ray reported that the partnership with the Town of Christiansburg for infrastructure improvements is moving forward. Twenty-five people attended the first meeting of the Healthy Citizens NRV which will focus on four key areas. The next meeting will be in May. The Tobacco Use, Control & Prevention grant is finished.

The meeting adjourned at 2:00 pm.

2015 meetings: July 7 – LewisGale Hospital Pulaski  
October 6 – Carilion NRV Medical Center