

MHAC
Community Engagement Subcommittee Meeting
January 6, 2009
3:00 p.m. EST

MHAC Attendees: Gloria Addo-Ayensu, Judy Anderson, Milagritos Flinn, Gail Jennings

MHAC Absent: Melissa Canaday, Jane Cabarrus, David Simmons

OMHPHP Staff: Susan Triggs

Public Attendees: None

1. Meeting Opening/Roll Call of Attendees
 - a. Meeting convened by Judy Anderson, who conducted the roll call of attendees.
2. Review/Approve Minutes from November 13, 2008
 - a. Minutes were reviewed and approved by members in attendance
3. Old Business Discussion (taken from pg. 2 of November 13, 2008 minutes under **Goals**)
 - a. Unnatural Causes
 - i. OMHPHP will provide support for and work with subcommittee members for showings of Unnatural Causes and discussion forums
 - ii. Milagritos Flinn was not able to attend the training and has asked to be able to attend any other available trainings
 1. Susan Triggs will get with her to make sure she receives training
 2. Gail Jennings advises that her division also has a new Health Disparities Specialist who will need training
 - iii. Sites
 1. Judy Anderson has spoken with Thursa Crittenden who has agreed to provide OMHPHP support for her sites in Norfolk and the surrounding area
 - a. Now that Ms. Anderson has attended the training, she will show Unnatural Causes at the “Strengthen the Family” chronic illness forum this year
 - b. She will also offer to facilitate discussions for church groups she visits throughout the year.
 - c. Gail Jennings plans to use Unnatural Causes as a tool as her VDH division implements a “Healthy

Communities” grant to reduce chronic disease (if funds are granted)

- i. Her group is also working with the Tobacco Coalition
- ii. Will cover the Eastern, Northern and Southwest regions of the Commonwealth

2. Audience Identification

- a. Gail Jennings suggested that the subcommittee work with existing coalitions, tapping into organized groups
- b. Gloria Addo-Ayensu suggested partner with VDH LHDs throughout the Commonwealth working on MAPP (Mobilizing Action through Planning and Partnership) coalitions
- c. Susan Triggs advised that we have joint funds available with VCU and UVA to cover costs of regional meetings using Unnatural Causes

b. Town Hall meetings – priority areas

- i. Gail Jennings stated that we need an assessment done to determine high priority target areas
- ii. Susan Triggs directed everyone to the Health Equity Report posted on the OMHPHP website
 1. The report can be accessed at <http://www.vdh.virginia.gov/healthpolicy/2008report.htm>
 - a. High priority target areas are highlighted throughout the report
- iii. The OMHPHP website has presentations posted that focus on health outcomes and social determinants in Northern Virginia, the Richmond area, and Hampton Roads, accessed at <http://www.vdh.virginia.gov/healthpolicy/policyanalysis/spatial-analysis.htm>
- iv. Gail Jennings directed everyone to the Chronic Disease Health Indicators by Health District matrix on the Division of Chronic Disease Prevention and Control website
 1. The matrix can be accessed at <http://www.vahealth.org/cdpc/Data.htm>
- v. Judy Anderson suggested that subcommittee members should review these documents before making recommendations

c. Health Equity Conference – May 2009

- i. Susan Triggs informed members that the conference date has been changed to late September or early October

- ii. Susan Triggs gave the group a status report regarding the conference
 - 1. Judy Anderson asked whether MHAC members can volunteer for conference planning committees
 - a. Members should contact conference planning sub-committee chairs (information attached)
- d. Community Partnerships
- i. Gloria Addo-Ayensu reiterated that developing community partnerships takes time and patience
 - 1. She repeated her suggestion that members work to engage LHDs in their activities by asking them to identify their partnerships
 - 2. She said she spoke with Karen Reed about making contacts with VCU and received requested information
 - 3. She emphasized that it is important to capitalize on the established relationships of MAPP process
 - ii. Judy Anderson wondered if a directory should be developed
 - iii. Gloria urged members to tap into the LHD relationships and not to reinvent the wheel
 - iv. Judy Anderson talked about the LHD where she is located and what they offer
 - v. Milagritos Flinn praised this “great way to expand the network”
 - vi. The group agreed that highlighted best practices of more progressive LHDs will be very useful for LHDs that are not as engaged.
 - 1. Information can be useful for the whole region
 - 2. Find out what all the districts have to strengthen other districts so they don’t have to reinvent the wheel
 - 3. OMHPHP will serve as director of interested people back to LHD, subcommittee members, and/or LHD MAPP coordinators
 - vii. Gloria Addo-Ayensu promised to send a slide that shows the Local Public Health System (attached) and how they should engage through the MAPP process
 - 1. MAPP is a three year process
 - 2. Important to latch onto this process because this is a comprehensive, ready-made group
- e. LHD Best Practices Survey
- i. Group wants to use OMHPHP survey
 - ii. Gloria questions whether it can be adapted to ask specifically about best practices
 - iii. The survey will need some editing
 - 1. Gloria will work on adapting questions 2 and 3

2. Will not return from travel until February 1st
3. The group will report on this at MHAC meeting next week but will advise that changes will be made
 - a. Susan Triggs will provide copies of survey for everyone
- f. 2009 Meeting Dates
 - i. Susan Triggs will send 2009 Meeting Date Chart (attached)
4. New Business
 - a. Group reminded to RSVP for next week's MHAC meeting
5. Next Meeting
 - a. March 31st at 3:30 p.m. via telephone conference