

CHNA Steering Committee

July 2, 2021 @ 2 pm

Meeting Minutes

Attendees

Denise Barton, Strategy & Business Development Coordinator, Frederick Health
Douglas Brown, PA-C, EdD(c), Mason-Dixon Mobile Medicine
Jennifer Cooper, Assistant Professor of Nursing, Hood College, with
Olga Dunlap, undergraduate public health student, Hood College
Bunmi Fakilede, Nigerian in Frederick (NIF)
Malcolm Furgol, Executive Director, FCHCC; Community Benefit Specialist, Frederick Health;
Consultant, United Way of Frederick County
Maggie Galloway, Summer Intern, Frederick Health/United Way
Stephanie Gonthier, President, Market Street Research
Rya Griffis, MPH, Project Coordinator, University of Maryland School of Public Health, Horowitz
Center for Health Literacy
Danielle Haskin, MSPH, Founder & Senior Advisor, It Looks Like Me
Maria Herrera, Spanish Speaking Community of Maryland (Frederick location)
Elizabeth "Liz" Kinley, Project Manager, Community Health, Frederick Health
Heather Kirby, LSWA, MBA, AC-SW, Chronic Health Work Group Lead, FCHCC & Vice President,
Integrated Care Delivery and Public Health Officer, Frederick Health
Pilar Olivo, MPA, President and ACEs/Infant Health Work Group Lead, FCHCC; ACEs Liaison,
Child Advocacy Center
Colleen Swank, LHIC Grant Coordinator, Frederick County Health Department (Recorder)
Sr. Roberta Treppa, DePaul Dental Program Manager, Seton Center

Excused:

Barbara Brookmyer, MD, MPH, Frederick County Health Officer
Diana Fulchiron, Behavioral Health Work Group Lead, FCHCC; Director of Community Impact,
The Community Foundation of Frederick County
Inga James, MSW, PhD, Vice President, FCHCC; President & Executive Director, Heartly House

Agenda:

- Update on Survey Feedback and Survey Development Process (Stephanie Gonthier)
- Survey Distribution Plan and Proposed Timeline (Malcolm Furgol)

Heather Kirby convened the meeting and said the agenda for this meeting includes an update on survey development and feedback followed by a report on survey distribution planning. Ms. Kirby thanked everyone on the committee who provided feedback on the draft survey. She said that all the feedback was reviewed; some suggested changes were implemented and others were not. Decisions on which suggestions were implemented were based on survey design best practices recommended by Stephanie Gonthier and the Market Street Research (MSR) team.

Ms. Gonthier presented an overview of the types of feedback received from committee members and how survey design best practices were used to determine which changes could be implemented. She thanked the committee members for providing feedback that has helped to make the survey more inclusive and respectful to potential respondents. She noted that her team includes PhD research analysts with degrees in the social sciences and/or communications. Ms. Gonthier reported the following:

- Ms. Gonthier said that the main reasons certain suggested changes were not implemented were related to the need to limit the number of closed-ended response options and in order to simplify medical terminology.
- Some questions from the previous CHNA survey remain unchanged in order to allow for comparison of longitudinal data across multiple CHNA surveys over time and to allow comparisons to other data sources.
- Survey length and estimated time to complete it were considerations in whether or not to include some suggested changes. Questions with closed-ended responses (i.e., check all that apply) were limited to about 14 response options, otherwise responses would skew toward the initial response options.
- Respondents may not know the systemic barriers that lie beneath their health equity issues, so questions focus on the respondent's experiences or observations rather than their perceptions of overall community health.
- Health screening questions were simplified.
- Oversimplification of the medical lingo (i.e., referring to all healthcare providers as "doctors" throughout the survey) was intentional in order to simplify the survey questions. Ms. Gonthier said most respondents likely do not know the difference between the various types of healthcare providers.
 - Douglas Brown, PA-C, said the use of the word "doctor" in the survey to describe all healthcare providers felt like a micro-aggression to a healthcare provider who is not a doctor.
 - Ms. Gonthier acknowledged Mr. Brown's concern, but said the decision to use the term "doctor" was made in order to simplify the survey and to prevent confusing the respondents by including the various types of healthcare providers.
- Response options for the gender question were expanded.

Malcolm Furgol, FCHCC Executive Director, presented an update on the survey distribution plan and proposed timeline. The survey distribution plan includes sending out the survey information and social media toolkit to all partners (and Steering Committee members) on July 9 and a survey launch date of July 12, with data collection continuing through Aug. 2. Survey launch includes the distribution of the social media promotional tool kit, the first social media post by Frederick Health and FCHD, and a collaborative Press Release by the FCHD. Throughout the data collection period, social media reminders will be posted and weekly emails will be sent

to partners to update them on the demographic profile for the completed surveys and to guide them in their survey promotion efforts. Mr. Furgol will arrange for the distribution and collection of paper surveys to and from partners.

The social media promotional kit will include:

- Sample email to potential respondents
- Flyers with QR code
- Copy of the Press Release
- Social media sample posts with text and images.

Discussion:

- There was discussion about the timeline and the proposed survey launch date. Ms. Gonthier stated that her team requires 3 days from the date the survey is finalized to complete the programming for the online survey and to provide the survey URL and QR code, for both the English and Spanish versions. Ms. Barton suggested a new survey launch date range of July 14-21, which begins one week after the FCHCC Board meeting and then allows for another week for any unanticipated delays.
 - **Action Item: Mr. Furgol will make adjustments to the survey distribution timeline and will send it to Ms. Gonthier and Ms. Barton for review.**
- Ms. Barton and Ms. Gonthier noted that the bulk of the survey responses will likely be received within the first 2 weeks after launch.
- Ms. Gonthier said it would be helpful if MSR could receive the completed paper surveys throughout the data collection process, rather than receive them all at once at the end of data collection. She offered to retrieve batches of completed paper surveys from Mr. Furgol at Frederick Health, as needed.
- Ms. Barton pointed out that about 400 paper surveys were completed last CHNA cycle. MSR will complete the data entry for the paper surveys. Respondents using the paper surveys may not adhere properly to the skip patterns, so some data edits may be necessary.
- Ms. Gonthier recommended having someone pick up the completed paper surveys from the partners, rather than having the partners mail back the completed surveys. Ms. Olivo mentioned that some partners may not have the capacity to mail the surveys back.
- Sr. Roberta reported she plans to facilitate a survey workshop on July 21 in her community, send text blasts out to promote the survey, and will advertise in the family store.
- There were many recommendations on how to best promote the survey to a potential respondent, either in person or on social media. Ms. Olivo suggested providing a bulleted list of talking points, with the appeals to the concepts of fairness, justice, and access to health. Ms. Haskin agreed that training for the CBOs and talking points would be helpful. Sr. Roberta said the community voices should be heard and this survey is their opportunity to use their voices and share their experiences, so we can use that feedback to make positive changes in the future. Ms. Barton suggested that the message answer the question, “What’s in it for me?” and explain how the information

would be used in a way that is seen as positive to the respondent. She suggested the message could point out that all survey responses are confidential and no personal data would be shared.

- Sr. Roberta suggested that survey promotion is enhanced when there is a personal relationship between the surveyor and the respondent. She suggested that community partners may want to make short video clips by a trusted community member that introduces the survey. Mr. Furgol said this works best when a well-known team member appears in the video. There could be a social media post with the video, and a link to the survey. There was broad agreement by the committee members that this would be a great way for partners to increase community engagement.
- The use of paid FB ads to promote survey participation was discussed. Ms. Gonthier said this could be a successful promotion tool if the ads are posted by a trusted and known community organization.

Upcoming Steering Committee Meetings:

- July 16: Updates and discussion on status of survey launch (with the CHNA Survey Outreach Work Group)
- July 30: Review demographic data for survey responses and Partner feedback

(CHNA Steering Comm Mtg Minutes-07.02.21-final.docx)