

CHNA Steering Committee
August 13, 2021 @ 2 pm
Meeting Minutes

Attendees:

Denise Barton, Strategy & Business Development Coordinator, Frederick Health
Jennifer Cooper, Assistant Professor of Nursing, Hood College, with
Diana Fulchiron, Behavioral Health Work Group Lead, Frederick County Health Care Coalition (FCHCC); Director of Community Impact,
The Community Foundation of Frederick County
Malcolm Furgol, Executive Director, FCHCC; Community Benefit Specialist, Frederick Health; Consultant, United Way of Frederick County
Maggie Galloway, Summer Intern, Frederick Health
Stephanie Gonthier, President, Market Street Research (data consultant)
Janet Harding, Director of Cultural Awareness & Inclusion, Frederick Health
Elizabeth "Liz" Kinley, Project Manager, Community Health, Frederick Health
Pilar Olivo, 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
Rissah Watkins, MPH, CPH, Director of Planning, Assessment, and Communication, Frederick County Health Department

Excused:

Barbara Brookmyer, MD, MPH, Frederick County Health Officer
Inga James, MSW, PhD, Vice President, FCHCC; President & Executive Director, Heartly House
Heather Kirby, LSWA, MBA, AC-SW, Chronic Health Work Group Lead, FCHCC & Vice President, Integrated Care Delivery and Public Health Officer, Frederick Health

Malcolm Furgol convened the meeting and thanked everyone for contributions made so far to the CHNA process. Agenda items today include the review of the CHNA survey performance and the next steps in data analysis, discussion of creation of the CHNA Data Subcommittee, and planning the target populations and discussion guidelines for the CHNA focus groups.

CHNA Survey Performance

Stephanie Gonthier provided an overview of the demographic profile of the community survey respondents.

- Total responses: There was a very robust response rate, with 3,836 completed surveys received, including 52 completed Spanish language surveys.
 - Mr. Furgol added that this number does not include about 200 completed paper surveys that will be delivered by early next week to Ms. Gonthier.
 - Ms. Barton pointed out that the response rate more than doubled from the last CHNA cycle (1,600), which is exemplary.

- Ms. Gonthier said that the use of the FCHD text blasts was extraordinarily effective in driving up response rates, especially among the educated, high-income, white/Caucasian groups. She said that the second text blast resulted in a bump in response rate of 1,200 surveys within a single day.
- Gender profile: Ms. Gonthier said the responses skew toward women. 73% female and 25% male, with 16 respondents indicating non-binary/genderqueer and 69 respondents indicating prefer not to answer.
- Race/ethnicity: Ms. Gonthier reported that the demographic profile of all respondents is not representative of the demographic profile of Frederick county residents.
 - 85.5% White/Caucasian
 - 4.6% Black/African American (county profile is 10.7%)
 - 3.2% multiple races
 - 3.7% Latinx (county profile is 10.5%)
 - 1.9% Asian (county profile is 5.0%)
 - Other: 29 race not listed; 9 American Indian/Alaska; 5 Hawaiian/Pacific Islander
 Regarding response bias, Ms. Gonthier said we are unable to adjust the overall data to account for non-response bias; we do not know the characteristics of the subgroups who were more or less likely to respond to the survey. However, she did say there were sufficient responses within most subgroups to produce meaningful data about that group. Outcome data for those experiencing the negative effects from SDOH may help identify subgroups through segmentation analysis.
- Household income and education: Ms. Gonthier said responses skew toward the highly educated and higher income groups.
- Geographical area: Denise Barton reported that the geographic area with the highest response rate was the city of Frederick (21701 and 21702) which accounted for about 38% of surveys received. Ms. Watkins pointed out that those zip codes were over-represented since they only account for about 30% of the county population. Mr. Furgol added that the areas of Knoxville, Urbana, and Ballenger Creek were under-represented in the survey responses. He added that adjustments in survey promotion efforts made mid-way through data collection to increase response rates in Emmitsburg, Brunswick, and Thurmont were successful.

Next Steps in Data Analysis

Ms. Gonthier shared the estimated timeline for data analysis:

- Aug. 19: MSR receives the remaining paper surveys. Surveys are scanned and data checks are completed.
- Aug. 19 or 20: Data analysis begins at MSR using SPSS begins.
- Sept 2 or 3: CHNA team receives first data analysis report from MSR.
 - Pilar Olivo said that the FCHCC Board needs to review the focus group recommendations and the next Board meeting is scheduled for September 1, 2021. She asked if the recommendations would be ready for that meeting. Ms. Barton and Ms. Gonthier reassured Ms. Olivo that they would be ready for review by Sept. 1st.

They said that if the data revealed any significant, unexpected results, then the focus group plan could be adjusted accordingly.

Creation of CHNA Data Subcommittee

Mr. Furgol said that a CHNA Data Subcommittee is necessary to guide the data analyses and prioritization of community health needs. Ms. Barton suggested the Subcommittee include members with experience in statistics, public health, clinical outcomes, and cultural diversity/social determinant of health. Mr. Furgol stated that Pilar Olivo, Inga James, Diana Fulchiron, and Dr. Brookmyer will be invited to represent the Coalition Board. Rissah Watkins, an epidemiologist at the health department, will also be invited. Mr. Furgol will reach out for Frederick Health representation. Ms. Gonthier noted that the cross-tabulation reports are very user-friendly and that the challenge for data analysis is focusing on what is important, rather than what is statistically significant, since the dataset will be so large. She said the work mainly involves reviewing the data and finding patterns in the segmentation analyses.

The Purpose of the CHNA Focus Groups

Ms. Barton reported that focus groups, which are qualitative studies, were included for the first time in the CHNA process last cycle. Qualitative studies delve more deeply into certain issues for a particular subgroup and the results are not generalizable to a larger population. Whereas, quantitative studies usually involve a standardized instrument and results can be generalized to the broader population using statistical methodologies.

Ms. Barton said the purpose of the focus groups with respect to community health improvement is to:

- Check status or effectiveness of prior interventions
- Provide insight/input on health improvement strategies
- Inform intervention design for implementation

Ms. Barton reported that focus groups, which are qualitative studies, were included for the first time in the CHNA process last cycle. Qualitative studies delve more deeply into certain issues for a particular subgroup and the results are not generalizable to a larger population. Whereas, quantitative studies usually involve a standardized instrument and results can be generalized to the broader population using statistical methodologies. Ms. Barton said the purpose of the focus groups with respect to community health improvement is to:

- Check status or effectiveness of prior interventions
- Provide insight/input on health improvement strategies
- Inform intervention design for implementation

Ms. Barton pointed out that during the last cycle only one of the Work Groups used the data from the CHNA focus groups to inform the design or redesign of their interventions. Ms. Olivo agreed that the CHNA focus groups did not collect much actionable data that was relevant to

the priority groups that were later chosen. There was a disconnect between the use of the focus group data and development of the action plans of the LHIP Work Groups and that this should be remedied.

Review of Focus Group Requirements and Structure

Ms. Barton reviewed the hospital CHNA requirements including those mandated by the IRS and a Community Benefit program required by the Patient Protection and Affordable Care Act (ACA). The six elements required for hospital CHNA by the 501(r) in the Code of Federal Regulations (CFR) are as follows:

1. Define the community served by the hospital.
2. Assess the health needs of the community (every three years).
3. Solicit and take into account input from persons who represent the broad interests of the community, including those with expertise in public health.
4. Document the CHNA in a report adopted by an authorized body of the hospital facility. (Due March 2022 -- Hospital Board meeting.)
5. Make the CHNA report widely available to the public. (Publish May/June 2022.)
6. Develop an implementation strategy that addresses the high priority needs that is adopted by an authorized body of the hospital facility. (Due September 2022)

Ms. Barton presented the focus group selection criteria used during the last CHNA cycle:

- Is the population a medically underserved, low-income and minority group?
- Is there data or research that is present in Frederick County population?
 - Health disparity data
 - Community health status and demographic data
 - Unique hospital or other provider/health plan data (i.e., utilization, quality metrics)
 - Population has multiple SDOHs
 - Studies or research on target population

Focus Group Recommendations & Request for Input

Ms. Barton said the focus group recommendations should be very specific and should target interventions. The resulting improvement in health outcomes would then sustain interest and provide the basis for future funding and sustainability. The proposed four focus group target populations are:

- **Latinx men**: Health disparity outcomes for cancer, diabetes, and other conditions with known delays in care which lead to significant health conditions (e.g., HTN -> kidney disease -> dialysis); high cost/care utilization

- **Vulnerable neighborhood:** Four census tracts with the highest social vulnerability indices scores (based on data from Catholic Health Initiatives); locations identified as target populations for COVID19 Vaccine and Diabetes grants). Deeper dive on engagement strategies & intervention design
- **Underinsured/uninsured:** Seek to understand common needs and effective interventions to maintain client in community and align with Maryland policy objectives
- **Low-income seniors:** Current initiative with Advocates for Elderly to address SDOH (food security and housing)

Ms. Barton stated that focus groups in the past had 8-10 members each and lasted 2-3 hours. She said these are small groups so that each individual can have input and contribute to the dialogue. Ms. Barton proposed the CHNA Steering Committee could provide input in the following manner:

- Provide feedback based on known data, interventions in process, or studies that may inform research design and leaning objectives.
- Identify partner organizations for engagement and participant recruitment.
- Review focus group findings and discuss how the information integrates with community survey findings and secondary data analysis.
- Incorporate findings into community priority setting process and LHIP intervention design.

Discussion:

- The Committee members agreed that the four proposed target groups seem to encompass broad community representation with an emphasis on SDOH.
- Ms. Olivo asked if the four target populations were selected based on high hospital utilization rates and high cost of care due to avoidable admissions. Ms. Barton said yes, but the groups also represent populations that are part of current community health initiatives and interventions.
- Mr. Furgol asked about representation of the Latina community. Ms. Watkins said that although the Latina community utilizes less prenatal care, their outcomes are not worse.
- Ms. Watkins said the health department does not have much data on Latinx men and asked the rationale for selecting one particular health outcome over others.
- Ms. Olivo said she is concerned that because early childhood adversity has a lifelong impact, it is challenging to show improved health outcomes in a 3-year period. How are second generation impacts studied? Ms. Barton agreed and said that those studies may need to be a blend of short-term measurable goals wrapped into long-term initiatives. Mr. Furgol said there are many multi-generational problems, so it would be important to collect data from both adults and teenagers.
- Ms. Watkins said that the Maternal Child Health (MCH) Collaborative planned target populations from specific Census tracts for their focus groups held in December 2020.

Ms. Olivo suggested the data from the MCH focus groups be included in the current CHNA data analyses. Ms. Barton said that sounds reasonable and that multiple data sources were used in past CHNAs, such as the Metropolitan Washington Council of Governments' life expectancy study, Liveable Frederick, etc.

- Ms. Olivo said the types of questions asked are critical to link focus group data and LHIP Work Group initiatives. Questions should address important issues such as behavioral health issues, parenting, second generation health effects, and trauma.
- Ms. Barton suggested that focus group participants who had not already completed the community survey could be asked to fill out the SDOH questions or the whole survey.
- Ms. Olivo said that rather than deciding on the list of target populations now, it would be best if the team could further develop the focus group discussion areas and then examine the whole proposal at once (target populations and focus group questions).

ACTION ITEM: Committee members will receive the slide deck presented today via email after the meeting. Members should review the proposed focus group learning objectives, as that will inform how the discussion guide is developed. Next meeting we will review and finalize the learning objectives.

The Next Steering Committee Meetings:

- Friday, August 27, 2021, 2-3 pm

(CHNA Steering Comm Mtg Minutes-08.13.21-final)