

CHNA Steering Committee
Friday, August 27, 2021 @ 2 pm
Meeting Minutes

Attendees:

Denise Barton, Strategy & Business Development Coordinator, Frederick Health
Dr. Cynthia Baur, Director, Horowitz Center for Health Literacy, School of Public Health, University of Maryland, College Park
Douglas Brown, PA-C, EdD(c), Mason-Dixon Mobile Medicine
Lisa Brown, Project Manager, Health Literacy, Asian American Center of Frederick
Anamaria Matamoros Faustin, Student Intern, Frederick Health
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
Maria Herrera, Executive Director, The Spanish Speaking Community of Maryland
Wendy Huzzy, Executive Assistant, Frederick Health
Heather Kirby, LSWA, MBA, AC-SW, Chronic Health Work Group Lead, FCHCC; Vice President, Integrated Care Delivery, and Chief Population Health Officer, Frederick Health
Pilar Olivo, President and ACEs/Infant Health Work Group Lead, FCHCC; ACEs Liaison, Frederick County Office for Children and Families
Leah Stansberry Richey, IRB Program Assistant, University of Maryland, College Park
Colleen Swank, LHIC Grant Coordinator, Frederick County Health Department (Recorder)
Rissah Watkins, MPH, CPH, Director of Planning, Assessment, and Communication, Frederick County Health Department

Malcolm Furgol convened the meeting and reported that 4,094 community surveys were completed, which represents 2% of the county population. The preliminary dataset will be available from Market Street Research (MSR) by September 10, 2021. He said Rissah Watkins will lead the new Data Workgroup currently under development.

Ms. Barton reviewed the use of focus groups in community health planning. Reasons to conduct focus groups as part of the community health improvement process include:

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

During the last CHNA cycle, feedback from focus groups with African Americans and Hispanic/Latino participants informed successful recruitment strategies for the Colorectal Cancer Screening program, including the use of referring physicians with the same ethnic/racial background as their clients.

Ms. Barton reviewed the two main criteria for selecting focus group populations based on the compliance and regulatory requirements for non-profit hospitals and local health departments with PHAB accreditation: (1) Must be a medically underserved, low-income, and minority group, and (2) there must be data and research available on that population in Frederick County.

Revised Focus Group Populations Proposal

The proposed focus group populations for focus groups has been updated since the last CHNA Steering Committee meeting. The underinsured/uninsured population has been replaced with African American Women (pregnant/childbearing). The Low Income Seniors category now also includes ALICE Seniors. The current proposed groups are:

- ✓ **Hispanic/Latino Men:** health disparity outcomes for Cancer, Diabetes, and other conditions; known delays in care leading to significant health conditions (HTN – kidney disease – dialysis) and high cost/care utilization; Hispanics represent 11% of total population
- NEW** **African American Women (Pregnant/Childbearing):** health disparity outcomes for infant mortality, maternal mortality and low birth weight babies; current efforts to address root causes in place; Maryland policy focus for Statewide Health Improvement Strategy tied to Medicare waiver with CMS; African Americans represent 10% of total population
- ✓ **Vulnerable Neighborhood:** census tracts in County have high social vulnerability index score; locations identified as target populations for COVID Vaccine and Diabetes grants; deeper dive on assets in neighborhood, engagement strategies and intervention effectiveness
- ✓ **Low-income/ALICE Seniors:** current initiative with *Advocates for Elderly* to address needs for seniors in non-senior housing environment; seniors represent 15% of total population; county resources focused on population and potential funding sources for interventions

Ms. Barton presented the rationale for substituting the African American women, pregnant/childbearing population for the underinsured/uninsured population as follows:

- ❖ Infant health outcomes is a component of current LHIP workgroup action plan
- ❖ Frederick County infant mortality and low birth weight outcomes are trending in the wrong direction
- ❖ Topic aligns with Maryland SIHIS goals on Maternal and Child Health focused on maternal mortality
- ❖ Infant and maternal mortality have similar underlying root causes, which will foster improvement in both issues by looking closer at this population
- ❖ Information obtained from this focus group can leverage existing interventions and work by the Frederick County Health Department and Frederick Health's Prenatal Clinic and Women & Children Service Line.

Discussion:

- Ms. Barton explained that Maryland is the only state that has a waiver from CMS for the traditional Medicare/Medicaid system, called the Total Cost of Care Model (waiver).

Instead, Maryland is piloting a system that focuses on improving cost, utilization, and quality outcomes.

- Ms. Kirby added that the Maryland Statewide Health Improvement Strategy (SHIP) goals require that the state of Maryland routinely demonstrate to CMS that the waiver is warranted by showing that hospitals are delivering and transforming care, including at the community level. MCH is one of the domains, or priority areas, that Frederick Health must address in its upcoming mid-cycle CMS survey, from both a healthcare and disparity perspective. In 2023, a full report is due to CMS.
 - Ms. Olivo stated that Christian Gomes, Frederick Health, gave a very informative presentation to the ACEs Workgroup on the Medicare/Medicaid waiver and its implications. She said the Coalition Board would benefit from a similar presentation.
 - Ms. Olivo said she fully supports integrating MCH into the CHNA focus groups. She said that the African American female population is a priority for the ACEs Workgroup, with a focus on MCH. She reported that the MCH Collaborative held focus groups in December 2020 with this population. The objectives for the African American MCH focus group were to learn about their health care and personal experiences during preconception, pregnancy and postnatal periods and to identify opportunities, needs and barriers that might be addressed to reduce MCH disparities. Ms. Olivo noted that the resulting data collected may be useful for the current CHNA.
- ❖ Mr. Furgol motioned to accept the focus group recommendations, to be present to the Coalition Board at their meeting on September 4, 2021.
- ❖ Diana Fulchiron seconded.
- ❖ Vote held and proposal unanimously approved.

For the Vulnerable Neighborhood category, Ms. Barton presented two possible census tracts with the highest social vulnerability indices (SVIs):

Socially Vulnerable Census Tracts

Two different profiles...which one should we tackle?

<p>Census Tract Profile: 7505.03</p> <p>Description: north side of West Patrick Street to Shookstown Road (Stonegate Farms, Willowcrest Gardens and Hawthorn Square)</p> <p>Population: 7,446</p> <p>Race/Ethnicity: 30% Black, 7% Asian, 31% Hispanic</p> <p>Per Capita Income: \$24,771</p> <p>Poverty: 20% children, 25% seniors</p> <p>Housing: 62% renters</p> <p>Birthplace: 36% outside US</p>	<p>Census Tract Profile: 7510.03</p> <p>Description: down Urbana Pike around the FSK Mall</p> <p>Population: 5,685</p> <p>Race/Ethnicity: 19% Black, 11% Asian, 18% Hispanic</p> <p>Per Capita Income: \$31,438</p> <p>Poverty: 16% children, 21% seniors</p> <p>Housing: 51% renters</p> <p>Birthplace: 24% outside US</p>
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- CT 7505.03: Near Waverly Elementary School. Closer to city of Frederick. Many community resources and CHNA leaders already have many established relationships here. Active NAC.
- CT 7510.03: Near Crestwood Middle School and FSK Mall. Frederick county, but not within city limits. Lacks a Neighborhood Area Council (NAC) and no current connections in this area.

Discussion:

- Ms. Kirby said that it may be best to focus all the resources on one census tract.
- Ms. Watkins said it would be interesting to learn more about a less well-known census tract.
- Ms. Herrera pointed out that it takes time to build relationships and trust.
- Ms. Olivo suggested that the group select CT 7505.03 given the established connections there and the short time-frame to prepare for the focus groups.
- Ms. Herrera and Ms. Kirby agreed with the suggestion to focus solely on CT 7505.03.

Ms. Barton said that the group consensus is to focus on CT 7505.03 due to the timing issue and the existing relationships and trust already established in that area. The Steering Committee will include this recommendation when presenting the proposal to the Coalition Board.

Proposed Focus Group Learning Objectives

Ms. Barton presented the proposed learning objectives for the focus groups:

1. Understand target population’s health priorities and underlying reasons
2. Identify perceived/actual barriers to care
3. Identify trusted sources and effective communication/engagement channels
4. Assess population knowledge of preventive screenings and self-care
5. Understand relationship of health literacy to personal health management
6. Identify unique cultural beliefs or behaviors that affect health equity.

Discussion:

- Ms. Barton said she would reach out to Advocates for the Elderly and the Division of Senior Services to learn more about the effectiveness of their recent interventions with seniors. This may impact the objectives for the Low Income/ALICE Seniors group.
 - Ms. Olivo asked how the issues of racism and discrimination fit into these objectives. Ms. Barton said that during the last cycle these issues came up when participants discussed barriers to care.
- ❖ Mr. Furgol motioned to accept the proposed focus group learning objectives, with possible modifications to objectives for the Low Income/ALICE Seniors group.
- ❖ Ms. Olivo seconded.

- ❖ Vote held and proposal approved unanimously.

Action Item: Mr. Furgol requested that the Steering Committee members email him with ideas for community partners to assist with facilitator and participant recruitment for focus groups.

Introducing the Office of Minority Health (OMH) Minority Health Literacy Team

Mr. Furgol reported that the City of Frederick received a grant from the federal OMH to support minority health literacy along with the Asian American Center of Frederick, the Health Care Coalition, and Frederick Health. Mr. Furgol introduced the health literacy team, which is led by Dr. Cynthia Baur:

- Dr. Cynthia Baur, Director, Horowitz Center for Health Literacy, School of Public Health, University of Maryland, College Park
- Leah Stansberry Richey, IRB Program Assistant, University of Maryland, College Park
- Lisa Brown, Project Manager, Health Literacy, Asian American Center of Frederick

Dr. Baur added that the project involves advancing health literacy with a focus on COVID19 vaccine hesitancy, as well as building up health literacy capacity for other important health issues. The team's work with the Frederick County CHNA/LHIP process will involve maximizing Community Health Worker (CHW) efforts, improving language access, and making changes at the organizational level.

- In response to a question about any health literacy data available for Frederick County, Dr. Baur said the number of responses in her study did not allow for reporting at the county level. She said she has some state-wide data she will share with the LHICs soon on health literacy, from both the personal and system level perspectives.
- Mr. Furgol asked Dr. Baur for any comments she might have on the focus group learning objectives proposed earlier in the meeting. Dr. Baur said that offhand she would recommend that the focus groups probe on the issue of *information access*. When you interact with the healthcare system, are you getting useful information? Provider/patient communication may be a barrier to patient follow-through. What information do you perceive is available? What information is missing?

The Next Steering Committee Meeting:

- Friday, September 10, 2021, 2-3 pm

(CHNA Steering Comm Mtg Minutes-08.27.21-final)