CHNA Steering Committee
Friday, September 10, 2021 @ 2 pm
Meeting Minutes

Attendees

Denise Barton, Strategy & Business Development Coordinator, Frederick Health

Douglas Brown, PA-C, EdD(c), Mason-Dixon Mobile Medicine

Lisa Brown, Project Manager, OMH Minority Health Literacy Grant Team, Asian American Center of
    Frederick

Jennifer Cooper, Assistant Professor of Nursing, Hood College

Malcolm Furgol, Executive Director, FCHCC; Community Benefit Specialist, Frederick Health;
    Consultant, United Way of Frederick County

Maria Herrera, Spanish Speaking Community of Maryland (Frederick location)

Janet Harding, Director of Cultural Awareness & Inclusion, Frederick Health

Inga James, MSW, PhD, Vice President, FCHCC; President & Executive Director, Heartly House

Elizabeth "Liz" Kinley, Project Manager, Community Health, Frederick Health

Pilar Olivo, President and ACEs/Infant Health Workgroup Lead, FCHCC; ACEs Liaison, Child
    Advocacy Center

Leah Stansberry Richey, MPH, Project Coordinator, OMH Minority Health Literacy Grant Team,
    University of Maryland, School of Public Health, Horowitz Center for Health Literacy

Colleen Swank, LHIC Grant Coordinator, Frederick County Health Department (Recorder)

Rissah Watkins, MPH, CPH, Director of Planning, Assessment, and Communication, Frederick
    County Health Department

Anamaria Matamoros Faustin, Hood Student Intern, Frederick Health

Malcolm Furgol convened the meeting and turned it over to Rissah Watkins for an overview of the preliminary community survey data.

1) **Preliminary Review of Community Survey Data**

Rissah Watkins provided a preliminary review of the initial dataset from the community survey. A tremendous amount of data was collected from the 4,094 community surveys completed. More than 95% of respondents completed the survey online and the remaining 5% completed paper surveys. With such a large sample size, the margin of error is quite small and this means that analysis of subgroups can produce meaningful data. MSR's data visualization graphics allow for easy comparisons of this dataset to the 2018 dataset.

A summary of key findings, including factors that contribute to social risk and a comparison of the profiles of respondents who indicated they struggle with physical health issues vs. mental health/stress issues, are shown below:

Summary of Key Findings: What Are Frederick County's Health Needs?

The results of the 2021 Frederick County CHNA highlight a community with many strengths, and many challenges in terms of residents' access to and use of healthcare services.

Community Health Priorities

- Good hospitals, doctors, and clinics
- A clean environment
- Low crime and safe neighborhoods
- Good schools
- Safe places to play, socialize, and be active

Community Strengths

- Most community members feel relatively healthy
- Most have adequate housing and can pay for necessities
- Most have health insurance coverage
- The majority have seen doctors in the past year
- The majority are able to get healthcare when they need it

Top Challenges

- Realities of trying to live a healthy lifestyle
- Poverty and the impact of poverty on health
- Stress and mental health challenges
- Differential healthcare experiences: gender, race, and identity

CHALLENGE: Poverty exists in Frederick County and while less so than elsewhere in Maryland, upwards of 1 in 10 community members experience:

- Food insecurity
- Lack of transportation
- Challenges paying for basics and utilities
- Lack of health insurance

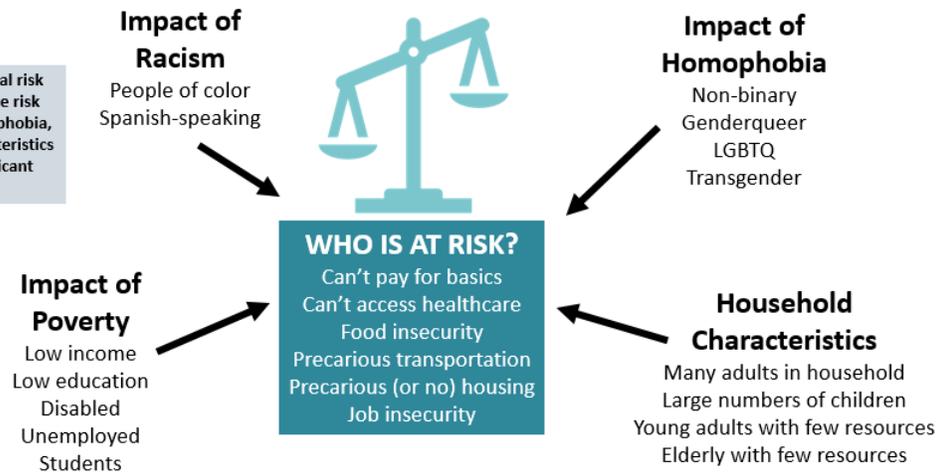**CHALLENGE:** Stress is a significant challenge for many residents:

- 17% of community members struggle with mental health at least half the time in a typical month
- Stress is a major challenge for many—and right now, COVID-19 is the top stressor
- Social isolation affects about 11% of community residents

CHALLENGE: Many community members struggle with healthy living—they don't always exercise, eat healthy meals, or get recommended health screenings as often as they should:

Who Is At Risk? A Constellation of Characteristics

Factors that contribute to social risk are consistent regardless of the risk factor: racism, poverty, homophobia, and certain household characteristics consistently show up as significant contributors.

Impact of Racism
People of color
Spanish-speaking

Impact of Homophobia
Non-binary
Genderqueer
LGBTQ
Transgender

WHO IS AT RISK?
Can't pay for basics
Can't access healthcare
Food insecurity
Precarious transportation
Precarious (or no) housing
Job insecurity

Impact of Poverty
Low income
Low education
Disabled
Unemployed
Students

Household Characteristics
Many adults in household
Large numbers of children
Young adults with few resources
Elderly with few resources

Ms. Watkins said that the newly formed CHNA Data Workgroup, which she will lead, plans to start digging deeper into the analyses of the preliminary dataset next week.

Action Item: Ms. Watkins will send out the meeting invitation with the full dataset analysis to that workgroup soon.

- Ms. Watkins said she was pleased with the amount of data captured for the LGBTQ+ community and looks forward to learning more about that group's stress and access issues. She said this dataset will also provide information on the parents/caregivers' perspectives on health issues.
- Ms. Olivo said it is interesting to compare the profiles of those struggling with physical health vs. mental health/stress issues, including households with many children.
- Ms. Barton said that the first segmentation analysis planned will allow for the creation of "personas" for respondents with a high degree of negative SDOH. Additional segmentation analyses will include the LGBTQ+ community and those that speak a language other than English in the home. She said the challenge for the Data Workgroup is to focus on what is important and not just on what is statistically significant.
- Ms. Watkins added that the segmentation analysis will be by race, for those who completed the survey in Spanish or indicated any language other than English spoken in home, LGBTQ, and for the North County/rural population.

2) **Focus Group Planning**

Mr. Furgol announced that the FCHCC Board approved the CHNA Steering Committee's proposed focus group target populations and learning objectives at their Board meeting on Sept. 1, 2021.

a) **Confirm Lead Agencies for Focus Group Partners (hosting and participant recruitment)**

Ms. Barton explained that the procedure for focus group participant screening will be different than last cycle. Last time, one partner organization was selected to recruit and screen participants for each focus group. This time, more than one partner organization may be involved in recruiting for each focus group. After recruitment, prospective participants will be screened using one of MSR's screening tools, either an online screening option or a phone screening option. Ms. Barton recommended that 15-20 prospective participants be identified for each focus group, which would likely translate into about 8-10 people who actually participate.

Ms. James pointed out that by designing the recruitment process so that potential participants are targeted by local agencies, we are completely missing those who do not utilize these agency services. Ms. Barton responded that the alternative would be broader recruitment efforts that would take more time and would be more expensive. Ms. James said that this limitation of the research does need to be acknowledged, even if it can't be avoided.

Some suggestions made for each target population follow:

- *Latino Men*
  - o Possible partners to recruit include churches and barbershops.
  - o Ms. Herrera said that the online option would be viable for this group.
- African American Women (Pregnant or Childbearing Age)
  - o Possible partners include the HD's WIC program, local churches, or hair salons.
  - o Ms. Olivo said there are many interventions to consider for this group, including the universal newborn home visiting program that is in the works. Ms. Olivo also said that all income levels in this group experience health disparities, not just the low-income category, based on data shared by Miriam Dobson.
  - o Ms. Barton suggested that the two large OB practices could be partners, which may reduce the low-income bias concern since they serve all income levels.
  - o Ms. Harding suggested reaching out to the local African American sorority.
- Vulnerable Neighborhood (Census Tract 7505.03)
  - o Kathy Allen, Judy Center, who serves children and families, has agreed to be a partner.
- *Low-Income/ALICE Seniors:*
  - o Mr. Furgol said that Kathy Shea, Director, Frederick County Division of Senior Services, has agreed to partner on participant recruitment.
  - o Other potential partners include Advocates for the Elderly and Centro Hispano's senior group.

b) **Decide on format, in-person or virtual, and participant incentives**

Ms. Barton said that in-person focus groups are usually 2-3 hours long. MSR is also offering to facilitate online focus groups that would occur over a three day period. Ms. Barton said that cash incentives (gift cards) are highly recommended for online participants. Ms. Watkins said that we may want to over-recruit for the online focus groups since online events seem to have a higher no show rate.

After much discussion, the group consensus was to plan to conduct all of the focus groups in the online format, given the current direction of the COVID pandemic and the uncertainty of what the social distancing and other public health recommendations will be in October. In addition, the online format offers some scheduling flexibility and this may better accommodate many Latino males and others who have non-routine work schedules.

Action Item: Ms. Barton will (1) reach out to Stephanie Gonthier, MSR, and find out more about the specifications for the online focus group format and if over-recruiting is recommended for these sessions, and (2) ask the Frederick Health compliance officer if there is an upper-limit for the value of the gift cards as incentives.

c) **Establish focus group planning team**

Mr. Furgol proposed the formation of a Focus Group Planning team to develop a comprehensive strategy for the recruitment and screening of focus group participants. Volunteers for this team were Maria Herrera, Janet Harding, and Pilar Olivo.

Action Item: Mr. Furgol will follow-up with the new focus group planning team to schedule their first meeting.

3) **Start discussion on public input forum for setting health priorities**

The group agreed that the health improvement priority-setting process, which in the past was a Summit meeting attended mostly by representatives of local agencies, needs to be updated to include broader community representation. Rather than creating another committee to develop the updated priority-setting process, this Steering Committee agreed to discuss this issue in more depth at the next meeting on Sept. 24, 2021, and to develop a proposal to be put forward to the FCHCC Board for approval at their October 6, 2021 meeting.

The Next Steering Committee Meeting:
- Friday, Sept. 24, 2021, 2-3 pm

(CHNA Steering Comm Mtg Minutes-09.10.21-final)