CHNA Steering Committee
Friday, October 8, 2021 @ 2 pm
Meeting Minutes

## 1. Introductions

### Attendees

- Denise Barton, Strategy & Business Development Coordinator, Frederick Health
- Lisa Brown, Project Manager, Health Literacy, Asian American Center of Frederick
- 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, Spanish Speaking Community of Maryland (Frederick location)
- Inga James, MSW, PhD, Vice President, FCHCC; President & Executive Director, Heartly House
- 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, President and ACEs/Infant Health Work Group Lead, FCHCC; ACEs Liaison, The Office for Children and Families, Frederick County Government
- Leah Stansberry Richey, MPH, Advancing Health Literacy Project Coordinator, Horowitz Center forHealth Literacy, UMD School of Public Health
- Colleen Swank, LHIC Grant Coordinator, Frederick County Health Department (Recorder)
- Rissah Watkins, MPH, CPH, Director of Planning, Assessment, and Communication, Frederick County Health Department

### Unavailable

- Barbara Brookmyer, MD, MPH, Frederick County Health Officer
- Janet Harding, Director of Cultural Awareness & Inclusion and Co-Lead, Bridges Health Educator Program, Frederick Health
- Anamaria Matamoros Faustin, Hood Student Intern, Frederick Health
- Stephanie Gonthier, President, Market Street Research (data consultant)

## 2. Focus Group Updates

Malcolm Furgol convened the meeting and reported that the team has successfully recruited participants for each of the four focus groups that will be held next week. He expressed gratitude to all the partners who helped with recruitment, including the Asian American Center of Frederick (AACF), Frederick County Health Department (FCHD),

Frederick Health, the Spanish Speaking Community of Maryland, and many others. The data consultant, Market Street Research (MSR), performed the eligibility screening, enrolled participants and plan to conduct the focus groups October 11-13, 2021.

Denise Barton added that the qualitative data resulting from the focus group discussions should be available for review within about 2-3 weeks. MSR will transcribe and summarize the focus group discussions. A high level overview of the data will likely be available by the end of October, with more detailed findings available in early November.

**3. CHNA Data Subcommittee Updates**

Rissah Watkins reported that the Data Subcommittee has met twice. At the first meeting, the main dataset was reviewed; at the second meeting, the Social Determinants of Health (SDOH) segmentation analysis was reviewed. At the third meeting scheduled for October 15, 2021, the Subcommittee will review the remaining segmentation data analyses for the following groups: Black/African American, Latinx, respondents with non-English speakers in the household, and residents of the North County/rural area.

**4. Prioritization and Public Input Planning Workgroup Recommendations**

After the last Steering Committee meeting, the newly formed the LHIP Public Input Framework Design Workgroup developed recommendations for an updated public input and prioritization process. The Workgroup members are Malcolm Furgol, Pilar Olivo, Rissah Watkins, and Maria Herrera, with Colleen Swank and Anamaria Matamoros Faustin providing administrative support.

Ms. Olivo stated that during prior CHNA/LHIP cycles, the Coalition has been an important stakeholder in the collaborative process. However, this cycle, the Coalition has played more of a leadership role, which is being codified in Memorandums of Agreement (MOAs) under development with FCHD and Frederick Health.

Ms. Olivo said that the Workgroup reviewed the successes and challenges of the 2019 Health Priority-Setting Summit and prioritization, and looked for opportunities to improve the process. She said that the January 2019 Summit brought many people together to learn about and discuss the top 10 health indicators, select the top 3 health priorities, and begin forming LHIC Workgroups for each top priority. Concerns have been raised that the 2019 Summit prioritization was driven by who was in the room, which was limited since it was held on a weekday for about 5 hours. Also, some disconnects have been noted between the selected priorities and the existing data and evidence-based interventions in those areas. More effort is needed to ensure that the ongoing community-based efforts are considered during the prioritization process. LHIC Workgroups depend on strong support from the key stakeholders and passionate community members to be successful. The overarching

recommendation of the Workgroup is to change the Summit event into a public input process and then have the Coalition Board review and select the final priorities.

Mr. Furgol presented the recommendations of the Workgroup. He noted that the Health Priority-Setting Summits have been successful in getting large public participation, but the top LHIP priorities selected may have not always aligned with ongoing public health work in the county. He said the Workgroup's goal was to propose revisions to the process in order to gather public input from a broad swath of Frederick County residents and to include considerations regarding the existing community-based efforts in the prioritization process.

The Workgroup Recommendations:

- November 2021:
    - FCHD staff finalize selection of top 10 health indicators, based on data from community survey, focus groups, and secondary data sources.
    - HCC Board approves the CHNA Steering Committee's revised prioritization and public input recommendations.
- December 2021:
    - HCC Board narrows top 10 health indicators to the top 5, utilizing an appropriate criteria and tool.
- January 2022:
    - The Health Priority-Setting Summit becomes the public input event where participants are provided with education on the top 5 indicators and then provide feedback on perceived community needs within each of the top 5 areas. (It is no longer a priority-setting event.)
- February 2022:
    - HCC Board reviews public input summary and other available data on the Top 5 health indicators. Then, the Board selects the top 2-3 priorities to be formed into LHIP Workgroups, utilizing an appropriate prioritization tool.

<u>Discussion:</u>

- Ms. Olivo proposed that an environmental scan of other community proposals/ initiatives related to the top 2-3 health priority areas occur in February.
    - Inga James expressed concern that health improvements needed that may be very important but haven't been initiated and/or are not aligned with other community resources/efforts may be overlooked in the process. She wants all voices to be heard during the process.
    - Ms. Olivo and Mr. Furgol responded that the main reason to consider other community programs/resources is to ensure there is no duplication of efforts, and not to exclude other voices or new ideas.

- Ms. Barton said the Coalition should take into consideration efforts being driven by other community entities in the planning process. This is important information to have in order to identify which issues are at the stage best positioned for successful collective impact. The stages used by the Coalition in Florida that she worked with were *awareness, advocacy, and intervention*.
- Ms. Barton mentioned that during past CHNA/LHIP cycles, obesity was identified as a huge risk factor for many health problems, but it was never selected as an LHIP priority. So, Frederick Health moved forward and initiated the 5-2-1-0 program to begin to address this important population health issue. Later, this initiative was integrated into the Coalition's Chronic Health Workgroup as the Youth Obesity Prevention Subcommittee so it would benefit from the collective impact process.
    - Mr. Furgol said he hopes that, as the Coalition matures, it would develop the capacity to collaborate on important public health initiatives beyond those addressed by the LHIC Workgroups.

Mr. Furgol reviewed the goals for the public input event, including educating the community on the top 5 priorities and gathering their feedback on those areas of need. He also reviewed the recommended structure of the public input event, including utilizing a virtual meeting format, subject matter expert video presentations, and tool(s) for facilitated discussion to gather public input in small breakout groups.

<u>Discussion</u>:

- Diana Fulchiron said she approved of the proposed process, but would like the opportunity to review the criteria and prioritization tools that the Board will use to narrow down the health indicators.
- Ms. Barton said that there is a legal requirement for the prioritization process to be evidence-based. She has that information from the last cycle and will share it with the Coalition.
- Ms. Olivo said that the Public Input Framework Design Workgroup will work on updating the prioritization tool and will present that at the next CHNA Steering Committee meeting.

    - ❖ Ms. Fulchiron motioned for the Board to approve the Recommendations on the Public Input and Prioritization Process.
    - ❖ Ms. Olivo seconded.
    - ❖ Proposal approved unanimously, with no abstentions.

**5. Discussion Questions**

Do we want to separate public input forums to gather feedback from different audiences: public health/partners/agencies vs. community residents?

- Ms. Olivo pointed out that trying to distinguish between these two groups could be difficult, since many people live and work in the county, and therefore are members of both groups.
- Ms. Watkins said the previous Summit was held during the workday and was heavily skewed toward participants in the public health/partners/agencies category. She said it is important to bring together a broad representation of community members and not just those working on community health issues.

Do we want to hold multiple public input sessions in under-represented communities aligned with health disparities data?

- Lisa Brown said there could be two different groups of participants in the same room or virtual meeting, but each group could be asked a different set of questions in order to gather appropriate feedback.
- Mr. Furgol said he supports bringing together a diverse group because attempts to separate into groups may lead to unintentional inequalities.
- Ms. Watkins pointed out that this Steering Committee already agreed to make two changes to the process, holding the Summit in a virtual format and modifying the prioritization process. Given these changes, it may be prudent at this time to continue with each public input session(s) having broad community representation.
- Ms. Olivo asked how non-English speakers would be included in the public input process.
    - Ms. Herrera said she has ideas on how this could be accomplished and she will share this later with the Workgroup.
- Ms. Barton said it is important to be very clear up front about what you want to learn from the public. Also, the public wants to see how they actually benefit from participating in these events.
    - Ms. Herrera agreed and said it is crucial to be able to show health improvement results to the community at the end of the process in a language that they can understand. They want to know, What's in it for me?
- Ms. Watkins said that perhaps 2-3 possible interventions could be identified for each of the top 5 health indicators and event participants could indicate which of the interventions they would perceive to be most impactful?
    - Ms. Barton pointed out it may be a challenge for community participants to rate different interventions.
- Ms. Watkins said another idea would be to ask participants at the event, what they perceive to be the most important community health concern in each of the five areas.

How do we evaluate existing LHIP Workgroups for possible continuation into the next CHNA cycle?

- Ms. Watkins said that, as the Coalition becomes more robust, perhaps it could oversee the 2-3 LHIP Workgroups and play a role in other initiatives. For instance, it could remain connected with prior LHIP Workgroups who have matured out of the process and/or help foster and guide newer initiatives that aren't ready for LHIP interventions.
- Liz Kinley stated that a good mix of both process and outcome achievements are necessary, but outcomes is the main goal. Also, we need to question the process if the same health indicators are being identified from cycle to cycle. Why aren't outcomes improving? Where can we have an impact? Funding and dedicated partners are crucial components to success.
- Ms. Barton said a Readiness Assessment was used for the last 3 cycles and is an important tool to identify those initiatives that are ready for intervention vs. those that need to incubate first.
- Ms. Herrera said the objectives for interventions need to be concise and clearly defined in order to be achieved.
- Ms. Barton said that the universal newborn home visiting program being planned is an example of a specific, targeted intervention. The community impact of the program could be large (i.e., decreasing post-delivery ED visits, etc.) and those results could be communicated easily to the community and the payers. Whereas, Behavioral Health is much too broad to successfully tackle as a whole.

What criteria does the Health Care Coalition use to narrow priorities at each step?

- Ms. Olivo said that the ACEs/Infant Health Workgroup has several evidence-based approaches under consideration and has been active for 5 years, with 2 years devoted to raising awareness.
- Ms. Barton said the Coalition Board may want to consider selecting the top priorities from different categories of readiness (i.e., awareness, advocacy or intervention). Maybe one of the top priorities selected could be at the awareness/advocacy stage, with the Coalition acting as an LHIC Workgroup incubator and helping move that priority forward to the intervention stage.
    - Mr. Furgol agreed and added that some initiatives may also graduate to a level beyond that of an LHIC Workgroup, but could continue to be part of the Coalition in more of a liaison role. For instance the ACEs Workgroup may have matured enough to become the ACEs liaison to the Coalition.
    - In regard to the idea that the Coalition could have LHIP Workgroups at different stages of readiness, Ms. Watkins used the analogy of a garden in which does not produce all the different fruits at the same time.
- Ms. Herrera reiterated the need for developing simple interventions with real life health outcomes that can be communicated back to the community so that residents can see the value of participating in the CHNA/LHIP process.

## 6. Next Steps

Mr. Furgol said that the Public Input Framework Design Workgroup will update/develop the tools for narrowing down the top health indicators and will present these tools at the next CHNA Steering Committee meeting. Once approved by the Steering Committee, these tools will be presented to the HCC Board at their November 3rd meeting.

Action Item: The Public Input Framework Design Workgroup will hold a working meeting to develop these tools on Friday, October 22, 2021, 10 am to 12 noon.

## 7. The Next Steering Committee Meeting

- Friday, October 22, 2021, 2-3 pm

(CHNA Steering Comm Mtg Minutes-10.08.21-final)