

CHNA Steering Committee
Fri., October 22, 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
- Anamaria Matamoros Faustin, Hood Student Intern, Frederick Health
- Malcolm Furgol, Executive Director, FCHCC; Community Benefit Specialist, Frederick Health; Consultant, United Way of Frederick County
- Janet Harding, Director of Cultural Awareness & Inclusion and Co-Lead, Bridges Health Educator Program, Frederick Health
- 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
- 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 for Health 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
- Jen Cooper, Assistant Professor of Nursing, Hood College
- Stephanie Gonthier, President, Market Street Research (data consultant)
- Diana Fulchiron, Behavioral Health Work Group Lead, Frederick County Health Care Coalition (FCHCC); Director of Community Impact, The Community Foundation of Frederick County
- Heather Kirby, LSWA, MBA, AC-SW, Chronic Health Work Group Lead, FCHCC & Vice President, Integrated Care Delivery and Public Health Officer, Frederick Health

2. Review Proposed Details for Public Input Process

Malcolm Furgol convened the meeting and presented a proposal for the design of the CHNA public input and prioritization process. This proposal includes the Board members selecting the Top 5 health indicators from the Top 10 using a Readiness tool; a virtual, public input event showcasing and gathering feedback on the Top 5 with a feedback form; and then the Board making the final selections from the Top 5 after considering the public input and using a Strategy Grid. *The virtual Public Input Event is scheduled for Wednesday, January 19, 2022, 2 pm to 4 pm.*

Discussion:

- There were concerns about limiting the public input event to weekday, daytime hours only, so the Committee decided that recording the Event would allow for asynchronous viewing for a limited time after the event.
- There were concerns that many of the highest risk residents would be unable to participate in the virtual event due to lack of technology, internet access and other barriers. In order to try to reduce this barrier, the Committee decided to reach out to community partners to help organize viewing parties for their clients at locations and times that would be most convenient for them. The CHNA team will provide collaborating partners with a facilitator guide, access to the recording of the event, and participant feedback forms. *Malcolm Furgol and Inga James agreed to lead the viewing party outreach.*
- Although the Public Input Event is scheduled for 2 hours, the Committee agreed efforts should be made to shorten it to 1.5 hours to reduce virtual meeting fatigue.
- The Committee agreed that it would be best to recruit SMEs who are comfortable with public speaking, as this has not always been the case at past Summits.

The revised proposal based on the Committee members' feedback is outlined below. This proposal will be presented to the FCHCC Board for approval on Nov. 3, 2021.

Proposed Timeline for CHNA Priority Setting and Public Input Process:

Late October/Early November 2021

- Rissah Watkins works on the Prioritization Matrix for the health indicators using secondary data sources and some community survey data. Each health indicator is scored in 8 categories: size, severity, trend, impact on others, variance vs. benchmark data, community perception (based on community survey Q4 responses), disparity, and State-wide Integrated Health Improvement Strategy (SIHIS) goals. Scores are tallied and results are used to rank Health Indicators.
- Market Street Research (data consultant) provides Focus Group Report with qualitative data.

Nov. 3, 2021 – FCHCC Board Meeting

- Board reviews and votes on the Proposed Public Input/Prioritization Process, including Prioritization Matrix

Nov. 5, 2021 – CHNA Steering Committee Meeting

- Review CHNA focus group reports and share FCHCC board vote outcome

Nov. 8, 2021 – Public Input Framework Design Team

- Develop proposed agenda for Public Input event
- Develop Public Input event feedback form

- Develop format and decision-making process for the Board to select Final 2-3 LHIP areas from the Top 5 Health Indicators.

Nov. 15, 2021

- Rissah Watkins, FCHD, determines the Top 10 health indicators using the Prioritization Matrix and develops Fact Sheets for each one.
- Ms. Watkins shares the Top 10 with Fact Sheets with the CHNA Steering Committee.
- Top 10 list and Fact Sheets are distributed to the FCHCC Board and CHNA Steering Committee and they are asked to assist with outreach for potential Subject Matter Experts (SMEs) who are also comfortable with public speaking.
- SMEs identified and confirmed for each of the top 10 health indicators.
- SMEs provided with Fact Sheets and asked to prepare a short presentation Slide deck by Nov. 30, 2021, for their Health Indicator.
- Completed Slide decks are distributed to Board members on Nov. 30, 2021 to review in preparation for the December 1, 2021, Board meeting. (Also for any Board members unable to attend December meeting to review on their own time.)

Nov. 19, 2021 – CHNA Steering Committee Meeting

- Review Top 10 health indicators and share any feedback needed on design of public input and prioritization process

Dec. 1, 2021 -- FCHCC Board Meeting

- SME Presentations on Top 10 Health Indicators and Fact Sheets are reviewed
- At end or after meeting, distribute the Readiness Assessment tool to Board members to complete by the Dec. 31, 2021.

Dec. 3, 2021 -- CHNA Steering Committee Meeting

- Share any feedback needed on design of public input and prioritization process

Dec. 17, 2021 -- CHNA Steering Committee Meeting

- Share any feedback needed on design of public input and prioritization process

Jan. 5, 2022 – FCHCC Board Meeting

- Board members review results of their completed Readiness Assessments to narrow down Top 10 indicators to the Top 5
- After meeting, Malcolm and Inga lead effort to recruit partner agencies to hold viewing parties for clients without internet/technology access
- After meeting, Focus Group data is used to inform the development of the Public Input Facilitator Guide for the Top 5 indicators.

Jan. 19, 2022 – Public Input Virtual Event, 2-4 pm

- During the event: SMEs present a slightly expanded version of their Public Input presentation, Breakout groups for small group discussion, and Feedback forms completed
- After the event: The recording, facilitator guide, and feedback form are provided to partners/community members who may want to host viewing parties.

Week of Jan. 24, 2022

- Collate and assemble the completed public feedback forms to produce the Public Input Report

Feb. 2, 2022 – FCHCC Board Meeting

- Board members review the Public Input Report and use a Strategy Grid to make final 2-3 selections from the Top 5

3. Prioritization Matrix

Ms. Watkins has been gathering secondary data, such as state data and vital statistics, to use in the development of the health indicator Prioritization Matrix. This tool will generate a ranking for all of the health indicators considered and the Top 10 will be identified. In order to arrive at the final ranked list, each health indicator is given a score in each of 8 categories: size, severity, trend, impact on others, variance from the benchmark data (from Healthy People 2030 goals), community perception, disparity data, and Statewide Integrated Health Improvement Strategy (SIHIS) goals. Community perception data is based on responses to Q4 of the community survey. Ms. Watkins will produce Fact Sheets for each of the Top 10 health indicators.

Discussion:

- The Committee provided input to tweak how points will be assigned for the Community Perception category. Instead of points for indicators identified by 20% or more of community survey respondents on Q4, the scoring would be as follows: 5-9% for one point, 10-19% for 2 points, and 20%+ for 3 points.
- Ms. Watkins noted that health indicators identified in the SIHIS will be given 3 points because this is an important state-wide priority.
- The qualitative Focus Group data is not included in the Prioritization Matrix. However, the Focus Group data will be used to inform the Readiness Assessment Tool and the Facilitator Guide for the Public Input Event, and will be included in the final CHNA Report.

4. Readiness Assessment Tool

The Readiness Assessment Tool used during the last CHNA cycle is being updated for the Board to use this cycle to select the final LHIP priorities from the Top 5 health indicators.

Scoring Questions and Evaluation for FCHCC Board to Review Top 10 Public Health Priorities:

1. What stage is our community at in addressing this problem (information gathering, awareness/education, advocacy and/or intervention)?
2. Do we have tangible resources/assets in our community available to address this problem?*
3. Are there existing efforts working to address this problem that are open to collaboration?*
4. What role could the Coalition play in addressing this problem (increasing awareness and gathering data, incubating community efforts, establishing a LHIP workgroup, maintain support of existing efforts)?
5. Can we see measurable results/change within 3 years?
6. Could working on this problem support other identified problems?

**FCHCC Board Members will have the opportunity to provide short answers to Questions 2 and 3 in addition to scoring them.*

5. Subject Matter Expert (SME) Slidedeck Template

Mr. Furgol presented the template for the slidedeck for the Subject Matter Experts (SMEs) to use for each of the Top 10 health indicators. This included one slide for each of the following headings:

- What's the Story?* (strategic framing of the topic for the public participants)
- Highlights of the Fact Sheet (i.e., root causes, disparity in certain populations?)
- What can we do about it? (i.e., evidence based interventions or other efforts? Measurable results in 3 years?)
- In the Community (existing programs, willing partners/stakeholders, existing community interest/support, available tangible resources/assets)
- Connections (how would progress on this impact other health/community problems?)
- What If? (what are the consequences of not addressing this problem?)

* This slide was added based on Board member discussion and recognition that the audience (public participants) needs an introductory slide to help frame the topic before presenting data. The introductory slide would preferably start with a story of how the health topic impacts Frederick County residents on a personal level. SMEs will be provided with guidance in the following resources: CHNA Focus Group data, Frameworks Institute, and additional Health Literacy resources.

Action Item: Ms. Brown will speak with others on the Advancing Health Literacy grant team to identify resources that may help the SMEs frame their presentations of the health topics.

6. The Next Steering Committee Meeting:

- Friday, Nov. 5, 2021, 2-3 pm

(CHNA Steering Comm Mtg Minutes-10.22.21-final)