



**Present:** Morgan Linder, Lindsey Oldridge, Katherine Boehm, Kathy Adamski, Mary Cleveland, Catherine Veninga, Don Ashley, Kathy Covey, Luis Rosales, Malia Lewis, Amy Osterman, Peggy Needham, Bob Waring, Ruben Peralta (Phone)

### Welcome

- Morgan started the meeting at approximately 2:05 pm
- The purpose of the meeting is to finalize the Community Health Improvement Plan and review the Consumer Survey results to produce Social Determinants of Health priorities for GCACH's Community Health Fund Initiative.

### Community Health Improvement Plan

- Morgan reviewed the final Community Health Improvement Plan draft. Sections have been added to the draft since the January BMRCHP meeting to align with PHAB standards. The final draft available at the meeting was not significantly different from the version sent out with the February meeting reminder.
- The CHIP is a living document, so even after it is finalized it will be regularly updated, especially throughout 2019 as goals and strategies are finalized by the groups identified in the CHIP. \
- Lindsay suggested rephrasing "dealing with homeless" on page 8 to better represent our community and current efforts
- Don asked about whether the CHIP process considered data about environment accessibility (whether or not a wheelchair would be able to travel 0.1 mile on the sidewalks). The CHIP is based on the CHNA which utilized existing data and the data Don asked about is important but will require future work to gather. Some of this information may be available through efforts like Complete Streets and Safe Rides to School.
- Catherine asked about the "Host listening sessions with parents of young children" goal under Early Learning and why it's included when relevant work is already happening in the community. Goals were adapted from the Early Learning Coalition's Strategic Plan which was intended to account for existing resources and work. These goals will likely be updated in the near future.
- Morgan will make suggested changes and send out final CHIP document.

### Consumer Voice Survey

- Morgan went through the results of the Consumer Voice survey. Survey collection occurred throughout January and early February at multiple sites including food pantries, WIC clinic, DSHS, Housing Authority, and online. 203 surveys were collected and the intention was to target Medicaid recipients. While not a representative sample of the community, it gives an idea of how consumers feel about the system and the care they received. This information should be used alongside existing information to select Social Determinants of Health Priorities for use in distributing GCACH's Community Health Fund.
- The data from the survey could be skewed for a number of reasons. 37 surveys were collected during BMAC food distribution which likely caused a higher number of retired respondents and respondents on Medicaid. Many survey respondents struggled with accessing nutritious food, which could be due to a large proportion of surveys being collected at food pantries.



- Meeting participants expressed concern about “Emotional/Mental” health being identified as a barrier because it could mean accessing care/providers or struggling with personal mental health issues.
- Meeting participants were concerned about the low number of Spanish-speaking respondents and demographics being skewed by the method of survey collection. Low numbers of Spanish-speaking respondents could be due to individual distrust of government programming, lack of outreach to areas where Spanish-speaking respondents are, or language barriers. Meeting participants expressed a desire for more information to supplement the information from the Consumer Voice Survey.

#### **Social Determinants of Health Priority Selection**

- Meeting participants suggested gathering more information to supplement the Consumer Voice Survey before deciding on Social Determinants of Health Priorities to be submitted to GCACH.
- Ruben said that the Consumer Voice Survey does not need to be a representative sample of the community as it is intended to supplement the Community Health Improvement Plan and other work already occurring through the BMRCHP and in the community. Many other LHINs have selected their SDoH priorities and submitted to their Third Party Administrators. GCACH would like to have BMRCHP’s priorities submitted as soon as possible.
- There is some confusion among BMRCHP membership about how BMRCHP, GCACH, CHIP, CHNA, Consumer Survey, and Community Conversations interact and what roles each plays. Morgan will put together an infographic to help explain and we will address further concerns at the March meeting.
- Morgan will coordinate with GCACH leadership and the CHIP Steering Committee to decide how to move forward to address the concerns identified by meeting participants. SDoH priorities are due to GCACH by March 31<sup>st</sup> at the latest. Meeting participants would like clarification about what Community Health Funds can be used for including how to produce a clear outcome from the funds available and identification of the type of impact that can be made with the funds available.

#### **Announcements**

- WWCDCH will have the information from the Blue Zones Site Visit this week. Morgan will send out information about Blue Zones in advance of the March BMRCHP meeting.

**Adjournment:** The meeting was adjourned at approximately 3:06 pm

### **SAVE THE DATE**

#### **Next Meeting**

**Tuesday, March 19, 2019**

Walla Walla County Training Room

314 W. Main, Second Floor

Walla Walla, WA 99362