



Community Health Needs Assessment Forum #1

<b>Time, Date, and Location:</b>	November 30 <sup>th</sup> 9:00-11:00 PM Abrams Public Health Center - 3950 S Country Club Rd #100, Tucson, AZ 85714 Board Room	
<b>Meeting Facilitator:</b>	Emily Coyle, Coyle & Gall, LLC Rebecca Drummond, Coyle & Gall, LLC	
<b>Attendees:</b>	93 Community Members	
<b>Minutes Prepared By:</b>	Pima County Health Department	
<b>Agenda Topics:</b>	<b>Responsible Person:</b>	<b>Discussion:</b>
1. Welcome and Introductions	Emily Coyle, Coyle & Gal  Rebecca Drummond, Coyle & Gal	All members in attendance were provided a copy of the agenda and a print copy of the presentation given at the forum. Emily and Rebecca welcomed the attendees
2. Overview and Presentation	Emily Coyle, Coyle & Gal	<p>Emily Coyle and Rebecca Drummond provided the group in attendance with an overview that included the purpose of the forum, a summary of the CHNA process, and the data and information collected thus far.</p> <p>Emily explained that the purpose of the CHNA process is to understand the overall health status of the community, define and analyze health priorities, identify opportunities for optimizing health improvement, and an opportunity to address the identified health priorities through collective action. Emily also explained how the social determinants of health, key drivers of health that include access to care, income and social status, and education have all been taken into consideration during the CHNA data collection process and provided several examples.</p> <p>Rebecca provided an overview of the CHNA process. The CHNA process is led by an advisory committee comprised of representatives from the hospitals, non-profits, community health centers, tribal nations, and the local government agencies. She also explained how the primary and secondary data collected will be used to develop the 2018 CHNA. Sources used include key informant interviews, community focus groups, forums, an online survey, and local, state, and federal data sources.</p>



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		<p>Rebecca provided an overview of the information collected through data analysis and community input on the county’s health concerns, affected populations, community assets, and community needs. The top health concern areas identified by the community were: behavioral health, chronic disease, access to care, the natural &amp; built environment, and the coordination &amp; continuity of care/services. Pressing needs included integrated care, health literacy, cultural competency, affordable housing, and many others.</p> <p>Keely Breedlove from Tucson Medical Center gave an overview of the secondary data collected and analyzed. She noted that the top 5 causes of morbidity in Pima County are: chronic diseases, alcohol use, chlamydia, opium use, and hypertension. Keely also provided additional information about the statistical data collected from the state health department and the social determinants of health data collected in the following areas: social environment, disabilities, education, mental health, poverty, and the built environment.</p>
<p>3. Gallery Walk</p>	<p>Emily Coyle, Coyle &amp; Gal</p>	<p>Five stations that represent the top health concerns identified through community input were set-up around the room: (1) Behavioral Health, (2) Chronic Disease, (3) Access to Care, (4) the Natural and Built Environment, and the (5) Coordination and Continuity of Care/Services. Behavioral Health, Chronic Disease, and Access to Care were identified as the community’s health priorities while the Natural and Built Environment and Coordination and Continuity of Care/Services were are emerging themes that intersect each of the priority areas.</p> <p>Attendees were asked to provide feedback and suggestions of health needs for each of the five concern areas (e.g., for the chronic disease concern – there is a need for healthier school lunches.). Participants rotated among the five stations every 5-minutes and provide their feedback and suggestions.</p> <p>Each station was led by a facilitator that recorded attendee’s responses on a post-it board. Facilitators encouraged attendees to consider the following questions when providing their feedback:</p> <ul style="list-style-type: none"> <li>• What is the severity of the need?</li> <li>• Are communities disproportionately affected by the need?</li> <li>• Are there feasible and effective solutions?</li> </ul> <p>Once attendees had the opportunity to provide their feedback on the needs of the community, attendees were then given 3 sticky-dots and asked to vote upon needs by placing the sticky dot next to their selection.</p>



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		<p>Once all attendees had the opportunity to vote, the facilitators at each station tallied the votes to identify the top 3 needs per station. All attendees were then given 5 sticky-dots and asked to choose their top 5 needs by placing the sticky dot next to their selection.</p>
<p>4. Breakout Sessions and Report Out</p>	<p>All</p>	<p>The facilitators for each of the five stations reported out to the entire group on the top needs for each of the concern areas. The results were as follows:</p> <ol style="list-style-type: none"> <li>1) Behavioral Health             <ol style="list-style-type: none"> <li>1) School counselors with specialized training (31)</li> <li>2) Access to affordable behavioral health services (20)</li> <li>3) Integration of care (advancing it to criminal justice and school systems) (10)</li> </ol> </li> <li>2) Chronic Disease             <ol style="list-style-type: none"> <li>1) Access to healthy foods and food literacy (31)</li> <li>2) Culturally competent (tailored) education, e.g. ethnicity, age, language (31)</li> <li>3) Integration of Care (inter-intra organization) (21)</li> </ol> </li> <li>3) Access to Services             <ol style="list-style-type: none"> <li>1) A comprehensive approach to reaching services (mobile clinics, transportation, telemedicine) (33)</li> <li>2) Resource Matrix (integration and coordination of care) (29)</li> <li>3) PWLE (persons with lived experience) informed care (person/client led) (18)</li> </ol> </li> <li>4) Built / Natural Environment             <ol style="list-style-type: none"> <li>1) Affordable safe housing with clean water and environmental controls (26)</li> <li>2) Safe walking/biking spaces with lighting (18)</li> <li>3) Protection (18)</li> </ol> </li> <li>5) Coordination / Continuity of Care/Services             <ol style="list-style-type: none"> <li>1) Advocates / Navigators for the elderly, e.g. health literacy, legal aid, resources (26)</li> <li>2) Transition of care for the elderly from hospital to home care to decrease adverse events in the home (18)</li> <li>3) Re-entry into the healthcare system and coordination for care for incarcerated (15)</li> </ol> </li> </ol> <p>This input from the community will be synthesized into the final Community Health Needs Assessment document to help provide</p>



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<p>5. Wrap-up and Next Steps</p>	<p>Nicholas Cogdall, Pima County Health Department</p> <p>Rebecca Drummond, Coyle &amp; Gall</p>	<p><u>Wrap-up and Next Steps</u></p> <p>Nic Cogdall, Pima County Health Department, thanked everyone in attendance for their participation. He informed the group that the information collected at the forum today would be used to develop Pima County's third CHNA which will be published in early 2019. Nic also encouraged the group to contact him or Rebecca with any questions, comments, feedback or concerns:</p> <ul style="list-style-type: none"><li>• Nic Cogdall: <a href="mailto:nicholas.cogdall@pima.gov">nicholas.cogdall@pima.gov</a></li><li>• Rebecca Drummond: <a href="mailto:rebecca_drummond@outlook.com">rebecca_drummond@outlook.com</a></li></ul>
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