
<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Discussion</th>
<th>Action item</th>
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<tr>
<td>Welcome and Introductions</td>
<td>In review of the previous meeting: Everyone was given six dots to place on priorities that they did not want to see as the new initiatives for the Community Health Assessment</td>
<td>The goal of today’s meeting is to pick 3-5 priorities that we would like to focus on and improve over the next five years</td>
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| Brief Overview of Community Health Assessment Process to Date |   • The overwhelming top two priorities that were identified were: 1. Physical Activity (one dot) 2. Nutrition/Obesity (two dots) These were followed by 3. Chronic Disease (10 dots) In the middle with 14-15 dots are 4. Immunizations 5. Access to Care 6. Substance Abuse 7. Tobacco 8. Injury Prevention
| Results from the 4-26 meeting                           | Added topics that were written in are:  
| Nicole Brown                                           |   ▪ Mental Health  
|                                                      |   ▪ Anger Management  
|                                                      |   ▪ Dental  
|                                                      |   ▪ Aging  
|                                                      |   ▪ Worksite Health  
|                                                      |   ▪ Food Safety  
|                                                      |   ▪ Preterm Birth  
|                                                      | Barbara invited everyone to come to the front of the room and look over the results which are laid out in order from most popular to least.                                                                 |
| Group Discussion                                        | Some picked more broad topics that umbrella various smaller topics. Ex) Physical Activity, if you cover physical activity it relates to some chronic disease, mental health, obesity, nutrition etc...                                                                 |
| Why did choose the priorities that you did?            |                                                                                                                                                                                                          |
- Wanted things that do not seem to be done already
- Eliminated priorities that seem have a lot of work already completed or focused on by various groups
- Oral health is seen as a big problem
- Food safety seems to be decreasing in KS
- Injury prevention needs ongoing education to teach young mothers, the elderly in relation to falls, seat belt laws are becoming more lax
- Obesity- Causes huge health care costs
- Sub components in access to care seem to have been overlooked because “it appears” to be doing well, even though there are still a great number of uninsured. People are still showing up at the ER. It may be because they do not have resources or lower income families cannot get the time off of work during the day to get to a primary care physician.
- Safety net clinics within hospital settings?
- Another example is infant mortality. If you look at the overall numbers they look good but when broken down the rate in African Americans is very high.
- No emphasis on risky behaviors among teens- smoking, binge drinking, sex, self esteem
- People have ignorance about access to medical care and services in JoCo. The Health Resource Guide is very helpful, as is 211. Maybe we should look at a marketing approach?
- If everyone knew about HP and M&T they would still not be able to see anymore clients. There are 76,000 uninsured people versus the 50,000 two years ago.
- Many things would be affected with improved mental health- access, obesity, health overall, if people felt good enough to get up and function.
- People are waiting longer to get help so when they finally do they tend to be sicker and worse by the time they do.
- Heart disease can be handled a great deal through physical fitness and obesity measures. That could be why it is low on the priority list
- How will the information be used? Are these priorities going to halt the work currently being done? We are working on these priorities as a community now. It will not detract from the work that is currently being done.
- Will the CDC be granting funding? The topics they have outlined will be more likely to be supported with their funding than other topics, however, we
will still plan and we can still carry on with the priorities that we choose. We may need to look at problems differently and go more with policy, which doesn’t require a lot of money because you have other partners interested also. Surveys showed that 80% of people wanted KS to be smoke free. This makes a difference in legislation. Funding has been identified to move prevention higher but no funding has been release yet. Emphasis will be on the CDC priorities and money may be earmarked but that does not guarantee that the money will be awarded.

Next Steps

Prioritization Ranking Exercise

- Focus on what is measurable and achievable in the next 3-5 years.
- All areas are worthy to pursue
- Think in broad terms
- What would you like to see happen?
- What resources can we use to meet our goals?
- Who can we partner with?
- Who is the most in need?

The results from the ranking, as well as the updated priorities, are as follows, in order of most important to least, followed by the total number tallied for each:

1. Physical Activity/Nutrition (Obesity)  131
2. Access to Health Care  104
3. Substance Abuse/Mental Health  75
4. Specific Chronic Disease  36
5. Aging in Place  35
6. Tobacco  34
7. Food Safety  25
8. Injury Prevention  18
9. STD/Family Planning  17
10. Immunizations  14

Everyone was given a worksheet and asked to rank their top five priorities with 5 being the most important and 1 being the least. All other spaces were to be left blank.

Edits were made to the original list (based on group discussion during the meeting) prior to ranking.

As food for thought for upcoming meetings, a MAPPS Table was given out. It shows the five key areas that that funders are looking at when distributing funds, and examples of the types of things that are being shown preference at this time.

Next Meeting Dates/Locations

- Tuesday, June 7, 2011, 8:30am
  JCHD, Debby Sullivan Room
  11875 S. Sunset Dr.
  Olathe, KS 66061

For more information on CHA, or to see previous minutes, please visit the JCHD website at health.jocogov.org and click on the Community Health Assessment button.