



Barren River Community Health Planning Council

Agenda for Meeting 27

November 18, 2014

11:30am - 1:30pm

Members and Visitors Attending

Laura Belcher	TJ Samson Community Hospital
Debbie Cain	Warren County Health Dept.
Dennis Chaney	Barren River District Health Department
Miranda Clements	City-County Planning Commission & Greenways Commission
Claudia Crump	Russellville City School System
Julia Davidson	Barren River District Health Department
Elisha Delawson	Barren River District Health Department
Korana Durham	Barren River District Health Department
Erica Echols	Community Action of Southern Kentucky
Jill Ford	Monroe County Health Department
Jennifer Golden	Medical Center at Bowling Green
Alyssa Harvey	Bowling Green Daily News
Leeann Hennion	Hart County Health Department
Lisa Houchin	Barren River District Health Department
Amanda Howard	Medical Center at Scottsville
Kristi Irvin	Metcalf County Health Department
Lucy Juett	South Central Ky. AHEC
Jon Lawson	Bowling Green City School System
Jane Lewis	Simpson County Health Dept.
John Lillybridge	Fairview Community Health Center
Kelly Lyne	Logan County Health Department
Gretchen Macy	WKY Dept. of Public Health
Emily Martin	Commonwealth Regional Specialty Hospital

Jeff Moore	KY. Transportation Cabinet
Carolyn Parrigan	Butler County Health Department
Jan Peeler	Western Kentucky University
Meryl Settle	Barren-Hart-Metcalf KY-ASAP
Marilyn Sink	Barren-Hart-Metcalf KY-ASAP
Diane Sprowl	Barren River District Health Department
Kathy Thweatt	Barren River District Health Department
Betsy Ann Tracy	Hart Co. Cooperative Extension Service
Cecilia Watkins	Western Kentucky University
Elizabeth Westbrook	Kentucky Cancer Program
Grecia Wilson	Warren County School System

BRDHD Facilitators

Crissy Rowland	Beth Siddens
Sri Seshadri	Haley Siler
Mallory Callahan	

Welcome and introductions

Dennis thanked everyone for attending, and expressed appreciation to the Fairview Community Health Center for providing lunches. He also thanked the BRADD Office for continuing to provide use of their outstanding facility. New attendees were asked to stand and introduce themselves.

For the benefit of new Council members, Dennis reviewed a handout “How the BRCHPC Fosters Change.” [attached below] He asked members to recall the journey we have made since the Council was formed in September 2011. Community factors that affect the health status of our local population had been identified, along with forces of change that are beyond our control. The current assessment and planning process had evolved, with a closer focus now on influencing peer stakeholder organizations and community partners to adopt healthy policies and services. By influencing them to adapt our physical and social environment, and by reducing barriers to high quality health care services, the Council can more effectively foster healthy lifestyle choices and support population health improvement.

Updates from Marketing & Sustainability Committee

Committee member Jenny Golden described the discussion process made during the Committee’s November 5th meeting. *[meeting minutes from November and December meetings attached]* Committee members had reviewed results from the survey of Council members on the concepts and values that should be reflected in our new name and logo. After discussing several possible name alternatives, the Committee had chosen to adopt the name “BRIGHT Coalition”. This name is now being used by one of our projects as the BRIGHT Initiative. BRIGHT is an acronym for Barren River Initiative to Get Healthy Together. Committee members felt that this name reflects the overall mission of the Council members as well as the individual project.

Beth Siddens reported that the Committee will utilize one or more ‘design auction’ websites to solicit possible logo designs. They estimated that a logo could be purchased from the winning designer for approximately \$300. She asked that any member organizations willing to sponsor this auction please to get in touch with the BRDHD facilitators.

Beth reported that the Committee had also begun to work on specifications for the BRCHPC website. The website would have three primary target audiences:

- Council members themselves, who will need password access to some pages, such as member contact database, and an area for reporting activities;
- Stakeholder Peer organizations, who should have a place to easily locate evidence-based policies, services, education, and ideas that are part of our Consensus gold standards recommendations, plus tools to help them implement these changes and evaluate them.
- General public, who could learn more about the BRCHPC’s goals and activities, and about the priority health issues.

All three audiences could have access to local population health indicators and data, and to searchable databases of service providers, resources, and Council reports.

She showed a Powerpoint slide display of two website features that have been discussed as central to the website’s content:

- Gold Standards and related resource information for stakeholder partner organizations
- Searchable databases for local health services, support services, physical activity facilities.

Process for Community Survey 2

Crissy Rowland reported on the November 13 meeting of this committee. They had reviewed survey questions used in Community Survey 1, and had identified demographic items that would be repeated (county, gender, etc.). For the survey objectives, however, they needed input from the Council’s Stakeholder workgroups. Members were asked to:

- 1) Complete a survey that had been distributed that day on ways they and/or their organizations could help distribute the new survey.
- 2) During the Stakeholder workgroup activity, use the last column in the worksheet charts to record any information that might be collected from the general public as part of Community Survey 2.

The Committee will have a draft version of the survey at the December meeting for the group to decide on a final version.

Stakeholder Workgroup

Stakeholder workgroups were then asked to complete an activity that would bring together their work from the September and October meetings. Each workgroup had a set of 5 large spreadsheets, one for each of the 5 priority health issues. The spreadsheets listed all of the Gold Standards that had been recorded in October, in columns for the stakeholder group who had listed it. Those Gold Standard shaded in gold were policies, services, or education that had been designated as highest priority for promoting among peer organizations.

Workgroups who had not sufficiently discussed the priority Gold Standards were urged to continue this discussion, using the question:

“Given that no peer organization will have a ‘perfect’ gold standard situation, minimally which 3-4 policies, services, or education programs should all peer organizations have in place?”

In additional columns, the indicators brainstormed during the September meeting were listed as

- Medium-term health outcome indicators
- Medium-term health behavior indicators
- Short-term changes by organizations and/or communities.

Groups were asked to locate their high-priority Gold Standards and ‘complete’ as many indicator columns in the chart as possible that day for each. The short-term change indicators would serve as the basis for an action plan within our new Community Health Plan.

The far right column in spreadsheets was for recording possible data sources for the indicators. Stakeholders were urged to note especially any indicators for which might be collected through the new Community Survey 2.

Healthcare Stakeholders – This workgroup was asked to continue their work from the October meeting: Reviewing the priority issues that had been identified in July:

- Gaps in the capacity of our local health care system (Providers)
- Barriers affecting access to care and to health
- Populations with health disparities and special access issues

Report Out

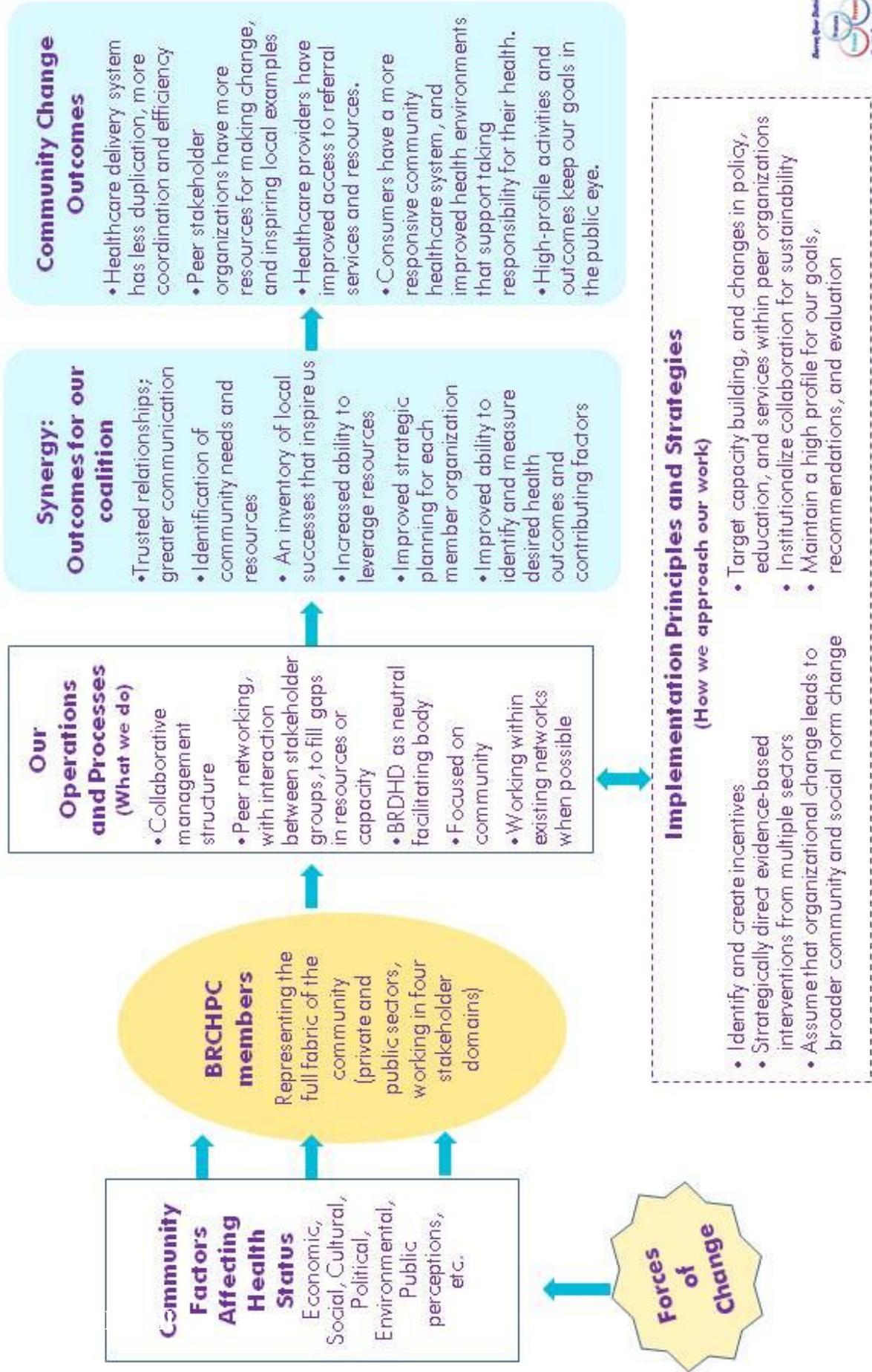
Worksite, Community, and School Stakeholder Workgroups were asked to report: (1) Any ‘carry-over’ projects from the current Community Health Plan that would be continued and/or enhanced; and (2) Based on the work complete up to that point, the priority Gold Standards that would be promoted among their peer organizations as part of our new Community Health Plan. The healthcare workgroup reported on their assessment to that point of the gaps and barriers.

Next meeting: Tuesday, December 16, 2014

Attachments:

- How the BRCHPC Fosters Change
- Sustainability & Marketing Committee Meeting Minutes

HOW THE BRCHPC FOSTERS CHANGE





Barren River Community Health Planning Council

Marketing and Sustainability Committee Meeting Minutes of Meeting - 5 November 2014

Members present:

Jason Marshall	Leadership Strategies Group, Committee Chair
Sharli Rogers	Wellcare
Emily Martin	CHC Commonwealth Regional Specialty Hospital
Annette Runyan	The Medical Center at Franklin
Jenny Golden	The Medical Center
Indya Smith	Health and Wellness Center
Beth Siddens	Barren River District Health Department
Mallory Callahan	Barren River District Health Department

Jason opened the meeting and asked that members review the schedule of activities for the committee in the BRCHPC's "2014-15 Assessment and Planning Process" chart for October and November. No change was made to the activities as planned.

The group reviewed results from a survey of BRCHPC members on preferences for a Council name for marketing purposes. Themes of "health," "community" and "a 10-county Partnership" were discussed, and the group began exploring use of an acronym that is easy to remember. The name used for the Council's current childhood obesity project was suggested, and approved:

BRIGHT Coalition – Barren River Initiative for Getting Healthy Together.

Jenny Golden will present this as the new marketing name for the Council during the November meeting.

For a logo, the committee decided to utilize an online design auction site, and open the opportunity to anyone with a good design. Beth will get the information together to describe the Council, its vision and purpose, and the concepts identified by Council members:

- Partnership
- Planning for the Future
- Healthy living/healthy actions.
- People taking personal responsibility for their health

UPDATE: The BRDHD is covering the \$300 cost for an auction through DesignCrowd. Several designs have been received, and will be available for the Committee to review on December 8.