

Partnership for a Healthier Alexandria

Steering Committee meeting

Monday, October 30, 2006

3:30 – 5:00 PM

Draft Meeting Minutes

Work Group Members Present:

- Marian Van Landingham – Chair, *Partnership for a Healthier Alexandria* Steering Committee
- Mary Riley – Chair, Community Services Board; Member, Public Health Advisory Commission; Co-Chair, Mental Health / Substance Abuse Work Group
- Rika Maeshiro – Vice-Chair, Alexandria Public Health Advisory Commission; Co-Chair, Healthy Lifestyle Work Group
- Dick Merritt – Member, Alexandria Public Health Advisory Commission
- Rose Berler – Chair, ACPS School Health Advisory Board
- Arlene Hewitt – Member, Alexandria Public Health Advisory Commission
- Robin Wallin – School Nurse Coordinator, ACPS
- JoAnn Maldonado – Coordinator, Department of Human Services Multicultural Services
- Ann Huston – Representative, Chamber of Commerce
- Charles Konigsberg – Director, Alexandria Health Department
- Veronica Aberle – Nurse Manager, Alexandria Health Department
- Jerome Cordts – Member, Alexandria Public Health Advisory Commission
- Bob Custard – Environmental Health Manager, Alexandria Health Department
- John Porter – Assistant Superintendent, ACPS
- Kathy Bury – Infection Control Nurse, Inova Alexandria Hospital
- Ron Frazier – Director, Office of Youth Services
- Cara Pennel – Health Planner, Alexandria Health Department

Update on Work Group Activities

- Mental Health / Substance Abuse Work Group

The MH/SA work group has met three times. The group spent the first two meetings talking about how each representative is involved in mental health / substance abuse issues, who else should be involved, what they see as the areas of greatest need and providing information on their programs/services. Through information provided by work group members and the Alexandria Community Services Board Public Hearing, it was agreed that youth were a primary target, particularly the 6-12 age group.

At the third meeting in October, work group members were presented with an initial one-year plan using a flow diagram, based on previous discussions and information gathered.

The plan included:

- 1) Conducting an inventory of existing services, programs and activities for a target population (ages 6-12). This will include reviewing existing resource directories/guides, identifying gaps, and identifying best practices where gaps exist. The group would hope to share this information with the community;
- 2) Conducting a community-wide anti-stigma campaign, selecting youth as an initial target. A government publication from the *President's New Freedom Commission on Mental Health* identified stigma as the #1 obstacle preventing Americans with mental illnesses from getting the care they deserve and has declared mental health stigma a national priority. Many national and statewide anti-stigma campaigns are in existence (e.g., *Caring for Every Child's Mental Health*). The work group decided that the initial focus would be on youth, with other target populations selected in later years (multi-year effort).
- 3) Exploring and implementing longer-range interventions for the 6-12 age group based on the above mentioned inventory.
- 4) Postponing the substance abuse piece until data from the Youth Risk Behavioral Surveillance System (YRBSS) survey has been collected and analyzed. Although YRBSS has not been approved by the school board, MH/SA work group members are hopeful it will be implemented in spring of 2007. The presentation and recommendation of YRBSS by Youth Policy Commission representatives to the Alexandria City Council/School Board Subcommittee was very well received. The only problem might be the timing of the survey, as other surveys are being implemented and might interrupt instructional time. The Mayor recently signed a letter to the School Board to recommend YRBSS move forward. The *Partnership Steering Committee* will see how this moves forward before they write a letter or take other action. YRBSS is essential to learn more about youth needs/health status. The current youth survey conducted in ACPS, Developmental Assets, focuses on the positive and protective factors, but we have to be able to identify the problems. Not implementing YRBSS puts Alexandria at a competitive disadvantage for major grants.
- 5) Exploring longer-range, more resource intensive initiatives such as TeenScreen, a universal screening for anxiety, depression, substance and alcohol abuse, and suicidal thoughts and behavior among youth. This program was developed by Columbia University and has been implemented in several communities. Because of the staffing resources required, the work group would need to obtain funding.
- 6) Linking with the mentoring initiative through Alexandria Court Services Unit. Mentor Alexandria will kick-off its campaign during National Mentoring Month in January. A website is being tested to help in the recruitment of mentors. There are currently 15 partners working on this initiative. It was proposed that the Partnership MH/SA work group assist the mentoring initiative by helping in community outreach, to engage businesses, provide spaces for meetings, etc. There are 14 existing mentoring programs in Alexandria and they are in serious need of mentors.

The MH/SA work group will not meet again until January, but sub-groups that are interested in the activities listed above will continue to meet.

Healthy Lifestyles Work Group

The Healthy Lifestyles work group has met three times. The focus of this work group is physical activity, nutrition and tobacco use. At the first meeting, work group members spent the time discussing how each representative is involved in healthy lifestyles issues, who else should be involved, and potential collaborations and providing information on existing community programs, services and activities. With the lack of local data, it was fortuitous that Inova Health System's Community Health Division is implementing a Healthy Weight Collaborative survey in November, which will provide more in-depth local data that will be useful in developing a longer-range plan. Every meeting begins with overviews of new member programs and program updates from existing work group members. At the last two meetings, the work group members discussed different potential strategies for physical activity, nutrition and tobacco use, taking into consideration such criteria as the Spectrum of Prevention level of intervention; time-range (short-, medium-, long-range strategies; feasibility (pick low-hanging fruit); and evidence base (whether these strategies have been effective in other communities).

The work group voted on strategies using the dot method at the last meeting and selected the following initial strategies and potential actions:

A1. Provide "point-of-decision" prompts to encourage stair use at worksites or in public places with stairs (could also include improvements with paint, carpeting, motivational signs, artwork and music in stairwells).

Possible action: Hang posters that encourage stair use in all public facilities with stairs.

A2. Implement social support interventions by creating or working within existing social networks in a social setting outside the family.

Possible action: Develop and implement a physical activity work place "competition" for City employees. Employees will establish teams of 8 people and walk or do other types of exercise, individually or as a team, for 8 weeks tracking their miles. Can hold a celebration event at the end and give awards/prizes, certificates, etc. See example at: <http://walkacrosstexas.tamu.edu/>. Have contacted Joseph Reyna, Chair of City Wellness Committee, to explore this possibility. Will also explore possibility of including Inova Alexandria Hospital employees.

A7. Continue *Proud To Be Smoke Free* Program with Alexandria restaurants, to promote adoption of smoke-free restaurant policies.

Possible action: Provide opportunity for Alexandria restaurant managers that have adopted smoke free restaurant policy to have discussion with those that have not about process for changing policy, how policy change has impacted business, etc.

The work group is meeting again on November 8 where they will explore and break down the next steps involved for each of these strategies as well as possible partners, resources, etc.

Other information:

George Washington University's School of Public Health and Health Services students are required to take part in a practicum experience prior to graduation. Students in two programs, Public Health Communication and Marketing and Prevention and Community Health, may play a role in the work group planning, implementation and evaluation activities.

Discussion – Resourcing / Funding Initiatives:

- One problem with the Partnership being under the health department is that, as a government agency, it would not be eligible for funding from private foundations. The question arose as to whether the Partnership should apply for 501(c)3 status.
- The Partnership may evolve into a strategic plan for an “Office of Prevention,” but there would need to be some type of infrastructure/staffing.
- If it became a 501(c)3, the Partnership might get into trouble “politically” because it would be competing with other local non-profits for funds.
- Ron Frazier mentioned a couple of solutions might be: 1) the Public Health Advisory Commission could establish a donations account to accept private donations and 2) the Partnership could “partner” with other local non-profits for the submission of proposals and receipt of funds. The non-profit partner might be different or fluctuate depending on the specific grant. The City has done this with different programs through the Urban League, Hopkins House and Inova Health System, where the 501(c)3 served as the fiscal agent, but the City staffed and carried out the projects. The group agreed that this is the best avenue for private foundation funding at this time.
- Because of the length of time for approval of 501(c)3 status (~6 months), it was recommended that the steering committee revisit this issue periodically. Models of other health departments establishing a 501(c)3 include Greene County Combined Health District in Xenia, OH and Williamson County and Cities Health District in Georgetown, TX. **Cara has PowerPoint slides of these presentations, which are available upon request.**
- Other ideas/options might include:
- Campagna Center is a 501(c)3.
- Alexandria Community Trust (ACT) might be a good resource. John Porter is on the ACT board and offered to set up a meeting with Jonelle Wallmeyer. Mary Riley volunteered to go with John. ACT has a youth focus and is interested in investing in the community – not just providing money, but getting the community “organized.” They just released two RFPs for capacity building.
- The Virginia Health Care Foundation may be more focused on access issues, but Dick Merritt knows the Executive Director and will check.
- Northern Virginia Health Foundation might also be an option. **[Note: part of NVHF's mission is “supporting the provision of health education, prevention of disease and**

wellness programs”]. The Winter 2006 RFP is focused on access to primary and specialty medical care.

- Because the work groups do not want to slow momentum in the short-term, it was suggested that the work groups brainstorm how to get moving right away and the steering committee and work groups together can tackle the broader, longer-range plans.
- It was noted that quick successes build credibility in the long-term, so the groups should try to make some short-term progress.
- Foundations often look favorably on local groups that can raise money on their own.

Other comments:

- The PR aspect is important – we need to spread the word. Would be great if KISMET could kick-off the stair campaign (point-of decision prompts).
- The Partnership still needs to work to get more non-agency members involved (community members, businesses, neighborhoods, etc.).

Next meeting

The next steering committee meeting will be held in February. Cara will send out potential dates/times sometime in December.