

Community Workgroup Meeting #1 – May 26, 2016

I. Introductions

- II. Review of PowerPoint (Gini): Desired outcomes for today; Agenda; Process map; Expected role of workgroup members; solution-oriented meeting rules; vision statement; and draft purpose statement.

Goal today to eliminate a few categories and identify focus areas and possibly 3-4 goals.

Note on vision statement: The expectation is that this will change and become more specific as our goals are developed.

- III. PowerPoint continued (Jen): Review of why GCRHN has taken this on. After closure of home health and hospice GCRHN received many phone calls asking how to address access to care. From this came discussions of economies of scale and question of is there a better way to operate health and human services in Grand County. Explanation of GCRHN mission, board make-up, and related groups (HHRC and GCHPS). Review of the economic challenges in a rural community, underlying barriers to health; explanation of funding from the Colorado Trust's Health Equity Advocacy cohort to support this initiative.

Visioning Meeting Results (PowerPoint)

Themes from visioning meetings in Granby, Fraser, and Kremmling: Transportation, physical health, mental health, environmental health, support services, sustainability, education, and recreation.

Highlights from Hispanic Community Vision Meeting: Top healthcare concern for Spanish-speaking providers (medical and dental). Translation services are not as effective as patients do not feel understood by the providers. Interest in community social events for the whole community, not just Hispanic. Interest in Hispanic grocery store, more ESL classes, and no marijuana in the county.

Three participants from the May 25, 2016 Hispanic-community visioning meeting will be joining the workgroups and there will be future Spanish-language community meetings throughout the process.

IV. Group discussion & prioritization of key themes

a. Transportation

- Winter Park has a new transportation manager (Michael Koch); WP's current transportation plan does not extend beyond Fraser
- Jane Tollett said that Diane Butler and others are working on a grant to move beyond the WP/Fraser area.
- There was a mixed response on whether to remove or keep this category as a focus area
- Sue Johnson brought up that residents cannot get to medical/dental/mental health appointments. The GC Council on Aging sometimes has to cancel trips because they do not have a driver available. They are also limited on how many people they can transport. This led to discussion of health-focused transport and whether that should also include human services and/or nutrition needs.
- An alternative to transporting people to a variety of places would be looking at bringing people to a single place where they could receive multiple services.
- In addition to lack of buses or other public transit, there is also an issue of walkability in our communities. There are forthcoming paths from East Grand Middle School to the soccer dome and along Hwy 40 from downtown Granby to City Market.
- Who are the players? There is already a group working on this.
- Link communities and concepts.

- Health focused transportation solutions & support services (nutrition, food)
- b. Education
- There is a higher education coordinator housed at the Grand Foundation
 - Grand Beginnings is working on early learning
 - The Schools have a health advisory committee (EGSD; unsure about WGSD)
 - Health Literacy – this was part of the last community needs assessment and is key to preventative health. Health literacy includes: knowing how to talk to doctors, insurance knowledge, and nutrition knowledge, teaching about health early on, and being a good consumer. – Public Health can possibly be the champion of this. We would need an evidence-based program and may not have capacity for another program.
 - Vocational training – MPMC is working with WGSD to create a CNA training program at the high school. EGSD currently has the EMT-training with GCEMS. Mary Housely suggested that family caregivers could also benefit from the CNA training program, but Brene Belew-LaDue pointed out the differences and limitations between family caregiving and CNA regulations. Robert Flake also pointed out that we have more significant healthcare needs than CNAs, for example radiology techs.
 - Education and retention opportunities to train local healthcare providers, build capacity.
 - Information on environmental health issues.
 - Questions raised: Is the real issue here hiring and retention? Are we addressing capacity issues for providers?
 - Robert Flake noted that this group cannot direct any organization to take on a program or objective.
 - Decision: Keep or raise the level of health literacy from the education theme.
- c. Sustainability
- This category is very economy-based.
 - We are working to sustain a healthy community.
 - WP/Fraser and Granby are working on affordable housing issues.
 - Merrit Linke noted that sustainability is really a part of anything we decide to do in any of the categories.
 - Suggestion that affordable housing be considered as part of support services.
 - Community Gardens – already exist throughout the county, but there are limited spaces and not everyone has access to the spaces.
 - Affordable groceries in small towns – mention of Bountiful Baskets and Door-to-Door Organics as ways to address this but these programs are not accessible to all (SNAP, WIC, lack of credit card).
 - Discussion about our target population in these conversations – are we targeting specific populations or the community as a whole. Suggestion that addressing those most at need serves everyone; not everyone sees it this way.
 - Year-round greenhouses for healthy food
 - Decision: Everything we do should be considered through lens of “Are these efforts sustainable?”
 - Decision: Focus on increasing access to affordable, healthy food.
- d. Mental Health
- Decision: This issue can be removed because it is already being covered through other initiatives
 - Much is being addressed by the mental health navigator program at GCRHN as part of the Mental Health / Maternal Infant Child Health strategic plan

- Regarding feedback about need for substance abuse treatment – these services (outpatient) are available in the county but people don't know about it
- e. Environmental Health
 - Trout Unlimited, the County, and others are working on water issues
 - Question about fluoride and district water quality – Our water is good, well-managed and well-monitored
 - Infinite West is addressing composting and recycling
 - Healthy buildings – there is concern about mold and Radon. In some counties the public health department is addressing Radon. This is not currently happening in Grand County.
 - Our environmental health services are not consolidated into one department/division.
 - Decision: Address where answers can be found for environmental issues. Public health and healthygrandcounty.org website as one-stop resources for all answers.
- f. Physical Health
 - Home health and Hospice are in operation; Northwest Colorado Health (VNA) is committed long-term to our community and they are expanding their workforce. Question about keeping this on our radar until a contract is signed beyond the end of 2016.
 - Delivering babies – Remove at this time? Robert Flake noted that if we had more of other medical services, we would potentially be able to afford to do this. But at present it is not economically feasible.
 - Keep care in county – from prenatal to death. This is a sustainability issue. Need to improve education and integrated care.
 - Improve access to care – Robert Flake mentioned MPMC's charity care application that should allow anyone to receive care. They are working on increasing their specialty care options. Grand County has excellent primary care providers. The issue here seems to be perception versus reality. Jen noted that there is a subset of the population who do feel that care is NOT accessible at MPMC. It's important to remember that people are uninsured for many different reasons and that for some people the problem is as basic as being unable to pay their co-pay and being turned away for care.
 - HB 16-1336 – This bill has passed to study a single geographic area for the state of Colorado for insurance premiums
 - Catch-22 in our community: people leave for more affordable care which keeps our prices for care higher because of volume. We cannot compete on things like MRIs at imaging centers versus the hospital.
 - MPMC is working to increase money-making services such as orthopedics to offset other services that do not bring revenue to the hospital.
 - Discussion of centralized services with satellite offices. This would also apply to support services and was the original goal of the Granby medical campus -- a one-stop shop. This type of facility/campus could address some accessibility issues.
 - Improve local care system
 - Need integrated care (to stay in Grand County)
 - Do we want to explore location issues as a group?
 - Decision: focus on keeping healthcare and healthcare dollars in Grand County. MPMC's goal is keeping care close to home. Education will be an important part of this. We cannot have an emergency department that ships everyone out of county. Need to provide quality care to battle the perception that care in Denver is better.
- g. Support Services –
 - We did not have time to cover this.

- Did discuss centralized services as part of support services in other communities.
- V. Next meeting – Jen will send out a Doodle poll. We are working on options as some people can only come to meetings in the evening. Next meeting to be determined for June.