Community Health Services Advisory Committee
CHIP | Health in All Policies Action Team
Meeting Minutes
April 4, 2018

Members Present/Representation
Richard Ragan | Co District 1
Joseph Adamji (Chair) | Co District 5
Carrie Dickson | Co District 7
Jill Stewart | County at Large
Amy Harding | County at Large
Christine Iserman | County at Large
Kerri-Elizabeth Sawyer | City of Saint Paul
Madonna McDermott | City of Saint Paul
Mary Yackley | City of Saint Paul
Mee Cheng (Vice Chair) | City of Saint Paul
Regina Rippel | City of Saint Paul

SPRCPH Staff:
Anne M. Barry | Director
Kathy Hedin | Healthy Communities Division Manager
Jocelyn Ancheta | Planning Specialist
SuzAnn Stenso-Velo | Planner
Joel McCullough | Medical director
Gina Pistulka | Clinical Services Division Manager
Cathy St. Michel | Administrative Support
Leo Moreno | Health Educator
Sye Kong | Administrative Support
Kari Baha | Health Educator
Jamila Pickett | Intern
Maddy Pick | Intern
Ahmed Hersey | Intern
Monisha Washington | Intern

The meeting was called to Order at 5:30 pm by Chair Joseph Adamji. Everyone was welcomed to the meeting and introductions were made.

A motion was made by Jill and seconded by Madonna to approve the minutes for January 3, 2018. Approved by affirmation.

Agenda item:	Speaker/Discussion:
Introductions Joseph Adamji	
Community Health Assessment Update, Qualitative Data Kathy Hedin (Healthy Communities Division Manager), Jocelyn Ancheta (Planning Specialist), Saint Paul – Ramsey County Public Health	Kathy: Staff and interns have been doing amazing things to connect with community and getting the survey to the community. A lot of work is happening. Jocelyn: started in december to get into libraries and holiday events in the community. Conway comm ctr was one of the first places they visited. Have a state mandate and an accreditation req. to create a CHA. Also part of the strategic plan. Use a graphic from Pa to help define health. Went to libraries to find busy events and reach community members. Were on KMOJ radio, at restaurants, Hmong village, tax prep business, PH programs, fix-it clinics, WIC, Workforce Solutions, health fairs. Jocelyn reviewed preliminary results based on surveys collected so far. Surprising to see how high the percentage of food-related issues, and how low the percentage related to health care. These results were from last month for the KMOJ radio event. Now trying to reach out to more Latinx community. People may not be ready to think about overall health issues, or may be unwilling to share personal details and more willing to share community issues. With a little prompting people start to share more details. Almost 60% of respondents are non-white. Age distribution was very equal. Many methods were used to reach people to fill out surveys, and surveys were created in several languages. People wanted to know what the information would be used for. Several incentives were used to encourage participation. Next step is to report back to the community. Using data for CHIP planning and strategic planning. Other depts. Are now

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	interested in using their connections to reach out to community groups. Housing does not seem to be represented in the preliminary results. May be part of discussion but not written in the survey. Food and exercise were frequently mentioned. Almost 1900 people reached so far. Hope to wrap up by April 15.
Community Health Assessment Update, Quantitative Data Sue Mitchell (Program Supervisor), SuzAnn Stenso-Velo (Planner), Saint Paul – Ramsey County Public Health	SuzAnn:Every 5 years we do a comprehenisive look at the community and tie into strategic plan. RC needs to look at inequities and share results to the community at large. List of indicators was distributed. Some guidance was provided by PHAB and MDH as to what indictors they should look at. About 150 indicators are part of the CHA. Looking for data internally and externally to incorporate into the assessment. Pulled together a research team CHART that were trained to look at data and create drafts of the indicator. Experts were asked to look at the data and verify what was being collected. A sample indicator was distributed. Page 1 is fact-sheet style and easy to access and understand. Page 2 is for charts and graphs that show comparative data. Compare RC to the state and to the HP2020 goal. Trying to be deliberate about footnoting so that people can look up more info themselves. Also want to include a snippet from the qualitative group if it seems to be a community concern. There is a section being reserved for community piece. Wherever it is available we will incorporate a HP2020 goal. Some diseases fluctuate a lot year-to-year, so there is explanation for how they collected data. Data comes from MDH, EPA, national data like the census, CDC, RC PR&R. American College Health Association has local and national data that may be related to several indicators. Metro SHAPE looks at MN data. It is very challenging to collect all the data and condense it into a one-page summary. Gun injuries are included. Firearms cross multiple indicators. How is it used? We us it internally for strategic planning. It is on RC website for people to use for reference. Copies in the libraries. Send notices to our partners. The combo of qual and quant will be used for planning. We'll go to the community and confirm what was collected. We will create five themes from the new assessment, which may or may not be the same as the previous CHA. We are working with various parts of RC outside of PH to fill out what RC is doing. We want to broaden our impact so the county can have maximum effect on outcomes.
Tuberculosis Investigation Update Dr. Joel McCullough (Medical Director), Gina Pistulka (Clinical Services Division Manager), Saint Paul – Ramsey County Public Health	TB outbreak has been in the news for the past year. There has been a huge effort both internally and externally to the outbreak. Transmission takes place over a period of time. Latent and active phases and there is a MDR bacteria. TB is treatable. LTBI takes 3 months of treatment and Active takes 6-12 months. LTBI is not contagious. ATB is contagious. What triggers latent to active TB are conditions that affect your immune system. HIV, contact with an active TB case, diabetic, <5. MDH ID'd a larger percentage of HMONG cases of MDR TB. RC identified a center. CDC became involved to do genetic testing. ID'd who the contacts could be. Investigation tied to births outside the US and in the WAT camp in Thailand. As people age the risk factors increase and the LTB can become active. Avg age is 71. 19 cases in MN, 10 in RC and 8 tied to one congregate setting. CDC researched genetic ties to connect cases. An average occurrence is 1 case a year. Compared to SF and Seattle, TB controllers have never seen an outbreak of this size in their entire career. PH sent a reminder to providers to look for TB. The first case diagnosis was delayed because the person was treated for LTB and the MDR strain was not cleared. Did not look for TB because they did not suspect the MDR situation. PH has a TB clinic and treats adults and children and goes to homes to observe the person taking their meds. They interview the community and follow up with high-risk contacts. Investigation started by declaring an incident command structure in March 2017. Collaboration with CDC and ICS. A lot

Agenda item:	Speaker/Discussion:
	of education and follow up of identified at-risk cases. Working loosely with Hmong 18 clan council and hmong healthcare coalition to stress the importance of supporting family members and getting tested. Last case in this outbreak cluster was diagnosed in August 2017. There have been two other cases not related to the cluster of the outbreak. CDC will test how closely related the MDR strains are. We continue to see pansensitive (non-MDR) cases as well. PHNs in FH help in screening events. Anne requested additional staffing to investigate cases. Hired a PHN and two contact investigators. There is a mental health aspect to this outbreak so we are collaborating with CHS for MH support. We were also supported by the CDC and will be working with an advisor for the next two years. MDR treatment can make a person feel sick. When they have not been symptomatic they may resist taking meds that make them feel sick. Meds need to be taken for two years. PHNs go to the house every day to watch them take the meds. For two years. Very labor intensive. We are waiting for written recommendations from the CDC. Put in a req to the board for additional staff. Working to enhance community outreach.
Other	Anne: Please fill out the survey to see what boards and committees our members serve. We will email the survey as well. The survey is going to all advisory boards.

Minutes taken by: Cathy St. Michel
Motion to adjourn (7:30PM) passed by affirmation of the committee.
Next meeting: May 2, 2018