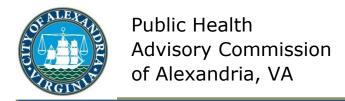
ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

Thursday, July 18, 2024 5:30 – 7:00 p.m. 4850 Mark Center Dr., Alexandria, VA (3rd Floor)

l.	Welcome!	
II.	Roll Call – Establish Quorum	
III.	Review/Approve Minutes – June 2024	
IV.	Review Agenda	Commission Members
V.	Update from the Chair	Chair, Jerome Cordts Vice Chair, Lisa Chimento
VI.	Health Department Update Public Health Highlights	Andrew Romero Dr. Michael Trahos Richard Merritt
VII.	Topical Issues and Discussion ☐ Health Equity Action Plan (R. Merritt) ☐ Community Health Assessment ○ Update on activities	JeanAnn Mayhan Anita McClendon Sylvia Jones Patricia Rodgers Melissa Riddy
	 Liaison selection PHAC Priority Setting Process Local Administration of Health Department Breastfeeding Support 	Michele Walz Alex Long David Bowen Fire Department (Andrew Duke)
VIII.	Liaison and Community Partner Updates a. Partnership for a Healthier Alexandria, CHIP (QtrRpt)	School Board (Dr. Victor Martin) Northern VA Dental (pending)
	b. Inova Health System	Alexandria Health Dept. Staff
	c. Community Services Boardd. Alexandria City School Boarde. Practicing Physician	Dr. David Rose Health Director
	f. Neighborhood Health, Inc. g. Fire Department	Natalie Talis, Population Health Mgr. Casey Colzani
	h. Practicing Dentist	Executive Secretary, Staff Liaison
IX.	Public Comments	<i>II</i>
X.	Adjourn	

Next Meeting: Thursday, August 15, 2024



Minutes of the Thursday, June 20, 2024 PHAC Meeting 5:30 - 7:00 p.m. Virtual Via Zoom Alexandria Health Department

In-Person	Chair- Jerome Cordts (JC), Lisa Chimento (LC), Anita McClendon (AM) Patricia Rodgers (PR), Sylvia Jones (SJ) Richard Merritt (RM), Andrew Romero (AR), David Bowen (DB), JeanAnn Mayhan (JM) Michele Walz (MW), Alex Long (AL)				
Virtual	Dr. Michael Trahos (MT)				
Absent	Melissa Riddy (MR),				
AHD					
Representatives	Casey Colzani (CC), Natalie Talis (NT)				
Guests					

I. Establishment of a Quorum

• Meeting called to order at 5:30 pm by Chair Jerome Cordts (JC); role taken.

II. Approval of the Previous Meeting's Minutes

• Dr. Michael Trahos (MT) motioned to approve May 2024 minutes, David Bowen (DB), Second. All in favor, minutes approved with edits.

III. Review Agenda

Jerome Cordts (JC) reviewed the meeting agenda with the commissioners.

IV. Update From the Chair

- Vacancies
 - Dentist nominated by NOVA Dentist Society. Dr. Hill will not be returning. JC working with NOVA Dental Society to appoint a new representative.
 - Fire/EMS Representative- Assistant Chief Duke has been sitting in. New Chief will be starting in the position on July 8th. Formal appointment of PHAC liaison is still unknown.
- HB 942 letter to council was sent after last month's meeting. Several Council
 members acknowledge the receipt of this letter. 2021 Advancing Race and Social
 Equity through Reduction of Tobacco Use report was sent as support with this
 letter.
- Flora K. Casey award- will continue to look at better ways to solicit nominations. Patricia Rodgers (PR), motioned to return ceremony to Public Health Week in April. JeanAnn Mayhan (JM) Second. All in favor. JC will rework timing calendar.

• DB suggested that PHAC prepare letters for new Council members in the fall stating the main PHAC priorities for the next year. This will require PHAC to determine the purpose/vision and goals of PHAC.

V. Health Department Update

Community Health Assessment Update

- The first CHA steering committee meeting was held. JC and LC were in attendance as interim representatives for the commission. AM and DB had expressed interest in being the repetitive and alternate for PHAC.
- The first year will focus on assessment.
- Community Survey is being developed currently. Are looking into alternative ways for community feedback for those who cannot/do not want to fill out formal surveys.
- First public kick off meeting is scheduled tentatively for August.
- o Inova Health System will be starting their Community Needs Assessment in quarter one of 2025- AHD will be coordinating with Inova. JC will ask MR the Inova Health Systems representative for an update on their assessment.
- MT was present at the Fairfax County CHA results meeting- will share presentation with commission.

Public Health Highlights

 Men's Health Empowerment Expo- about 100 attendees. Presenters, breakout sessions, and health services (11 HIV tests, 30 vision screening, etc.). AHD will be evaluating the feedback from attendees to determine how this event will continue in the future.

VI. Topical Issues for Discussion

- AHD 101 Orientation (Context for Local Admin Decision)
 - NT and DR presented on basics of Public Health Structure, health equity and health justice, budget and how it relates to local administration of AHD. (See Attachment A)
 - 35 Health Districts in Virginia reporting to Virginia Department of Healthsome districts incorporate multiple localities. Alexandria District serves just the City of Alexandria. Dr. Rose reports to the Virginia Department of Health Deputy Commissioner. The Deputy City Manager Predeoux is AHD's City liaison.
 - o AHD Services- Functionally both a City and State department
 - 1. Clinical- routing vaccination, WIC, sexual and reproductive services, Narcan distribution, Newcomer/refugee health, TB support.
 - 2. Epidemiology- Disease surveillance and investigation.
 - 3. Population Health
 - 4. Vital Records- Marriage, death and other vital records services.
 - 5. Environmental Health Food Safety, Pool Inspections
 - 6. Public Health Emergency Management and MRC

- State vs City Employees- approximately 120 staff; with 23 City employees.
 15 contractors (12 State, 3 City), remaining are State staff.
- AHD has been focused on updating the Strategic Plan, focusing on incorporating staff input.
- Cooperative Budget- 55% State and 45% City composed of federal grants, general funding from both City and State, revenue, and various other grants. City provides salary supplement to VDH employees in Alexandria based on City salary scale.
- Overall funding will remain relatively the same regardless of local or state administration- financial processes would change under local administration.
 Some costs like IT costs would need to be taken on by the locality under local administration.
- Challenges- Two separate management systems for a number of administrative processes: human resource, finance, procurement, staff work schedules, policies, and IT infrastructure.
- Staffing, recruitment, and retention, remains a challenge with a patchwork of grants.
- o **Q&A**
 - Does local administration provide more flexibility for AHD to preform PH work?
 - a. Local agreement lays out which work/how certain work will be performed. City has additional programs resources- City has race and social equity office to guide staff in process and decision making.
 - b. State- has mandated programs but allows for flexibility to serve community as needed. Example- AHD does not provide primary care services but more rural districts do. This is because of the higher access to FQHCs in Alexandria.
 - c. Example: State removed LGBTQ services information from State website, so AHD and City provided information for Alexandria on the City website to meet the community needs.
 - 2. What are the downsides or other concerns regarding local administration?
 - a. From City and Central office- no strong feelings or push from other sides. State has good relationships with other locally administrated health departments.
 - b. Communication differences between the Sate and NOVA. NOVA is much different than other areas in the state and sometimes a more regional effort is needed.
 - c. Where in the city structure would the Health Department reportsome jurisdictions report through DCHS and others are their own department.

I. Liaison and Community Partner Updates

- Fire Department AD will work with JC to determine best time for Avive Trainer to discuss program with commission.
- Practicing Physician MT noting a rise in COVID infections in his practice; three distinct variants in our area. Opioid use and death rates are raising in other communities- PHAC should monitor Alexandria rates.

II. Public Comment

No public in attendance

III. Adjournment

• MT motioned to adjourn the meeting. AM second. All in favor. Meeting adjourned at 7:00pm.



Public Health + AHD

David C. Rose, MD, MBA, FAAP, Health Director Natalie Talis, MPH, Population Health Manager

Alexandria Health Department





Public Health

• What is Public Health?

Health Equity and Health Justice

Alexandria Health Department Overview



What is Public Health?



An Origin Story







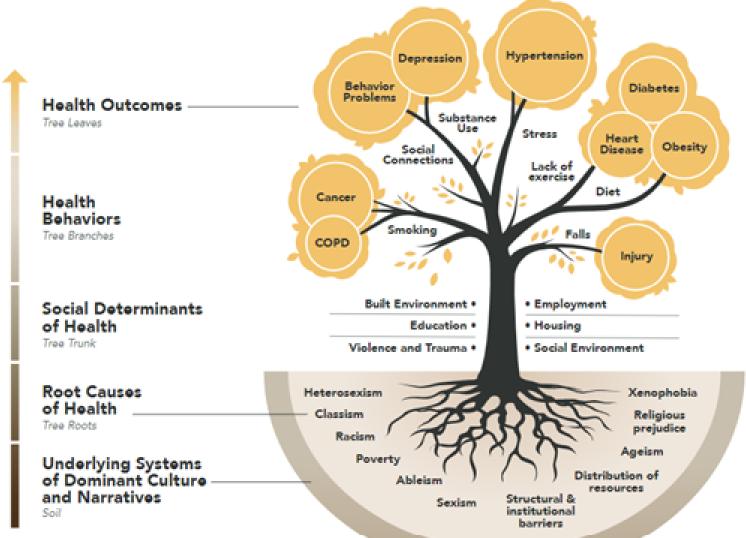
Health vs. Public Health

Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity

Preamble to the Constitution of the World Health Organization. April 7, 1948 Public health is the science of protecting and improving the health of people and their communities.

CDC

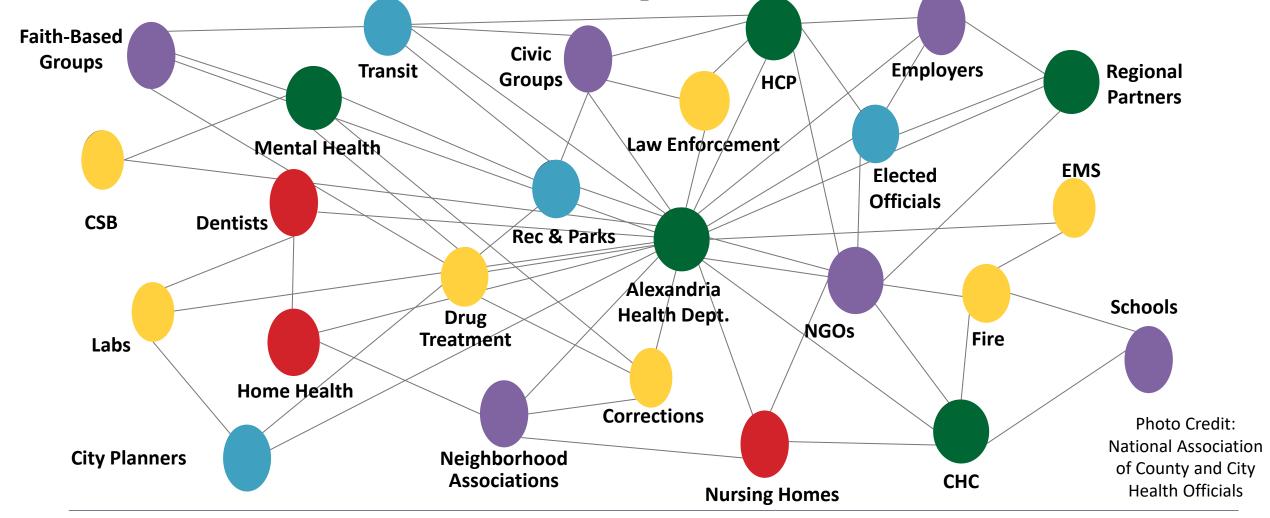




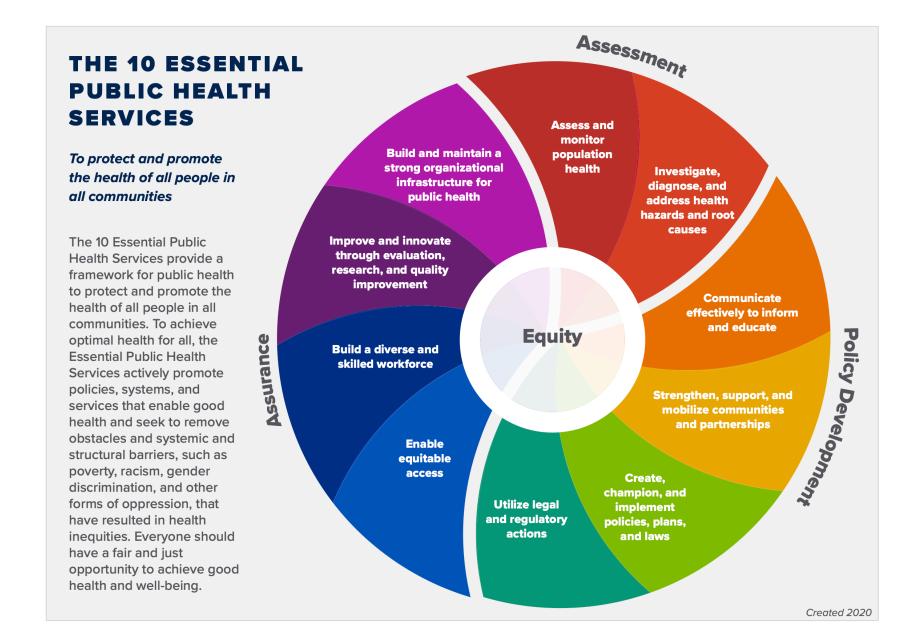
The Health EquiTREE (2022), illustration by Health Resources in Action for the Massachusetts Community Health and Healthy Aging Funds



Local Public Health System



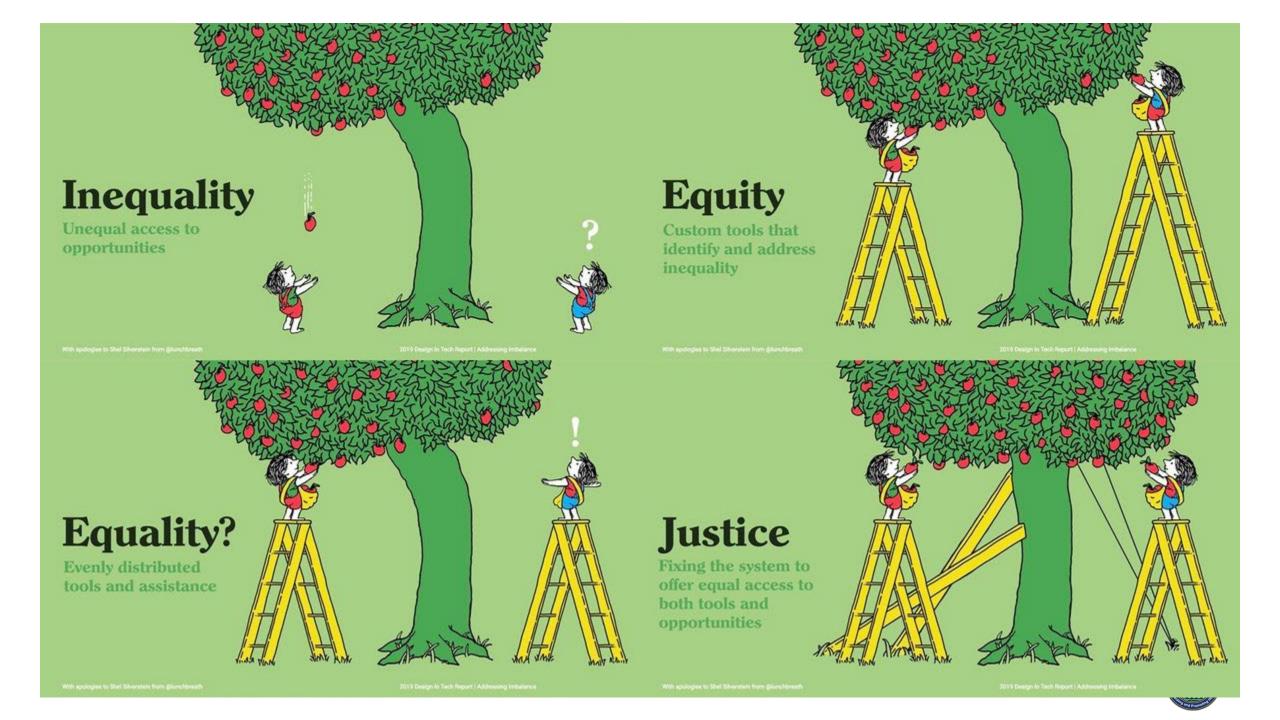






Health Equity/Justice





PROBLEM SOLVING FOR PUBLIC HEALTH JUSTICE

1. SPELL OUT THE PROBLEM

Describe the issue who, what, when, where, and how much. Check quantitative and qualitative sources. If stakeholders/impacted people aren't involved, now is the time!



Identify the underlying conditions, policies, processes, systems, and programs causing the issue.

6. IMPLEMENT, EVALUATE, ITERATE

Put the solution into action, monitor how it's going, and tweak until it works. Or, if it really doesn't work, learn from it and try something else!

Collaborate with Stakeholders/ Impacted People at Every Step!



D D D D D

Define success, including metrics. How will you know when you've solved the problem?

5. DEVELOP SOLUTIONS

Ideate and refine until you have a solution addressing the problem.
Assess ideas based on select criteria.

4. SCOUR THE LANDSCAPE

Research existing initiatives, resources, or assets in the community. Would modifying these assets address the issue?



Wherever possible, the impacted individuals should be decisionmakers at the table. We solve problems WITH people, not FOR them.



An Example: Healthy Homes

Baseline: Many Alexandrians, particularly those who are lower-resourced, experience unhealthy housing conditions.

A lot of follow up questions:

- What do we know about the situation?
- How do we better define the issue?
- Who is most impacted?
- Who decides the solutions?
- How do we measure improvement?

THE LONG-TERM GOAL

Every Alexandrian lives in a safe, healthy home where they can thrive.





Once we move to solutions.... How should we address this?

Equality approach: Everyone gets education on green cleaning and preventing issues like mold and pests.

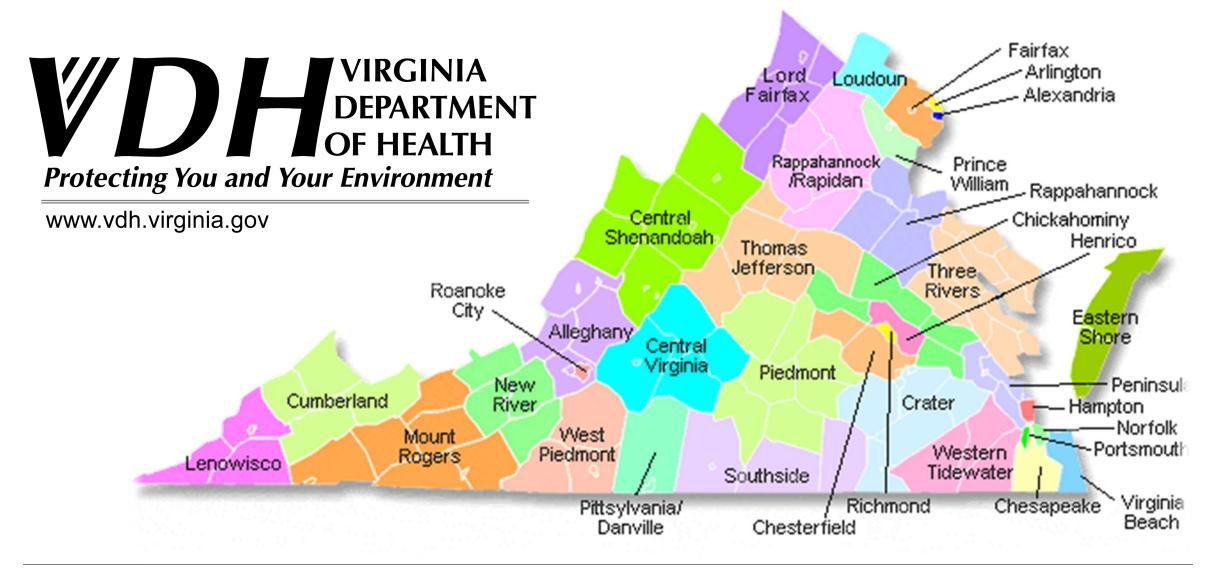
Equity approach: Residents with respiratory conditions under an income threshold can participate in ALX Breathes; tenant rights trainings; language-specific videos on key topics

Justice approach: Systemic approach to increase proactive rental inspections; work with property managers to increase smokefree buildings; pass policy that requires clearer explanations of tenant rights and fees; increase affordability of housing



Alexandria Health Department Overview







Vision

Healthy People, Healthier Communities

Mission

Protecting and Promoting Health and Well-Being in Our Communities

Values

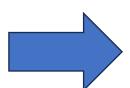
Working Together, Improving Continuously, Making a Difference



Strategic Plan 2024-2027

Overarching Principals

- A collaborative, equitable, learning environment which accomplishes its goals through collective effort
- Provides quality programs and services through internal systems that hold it accountable to national standards (PHAB)

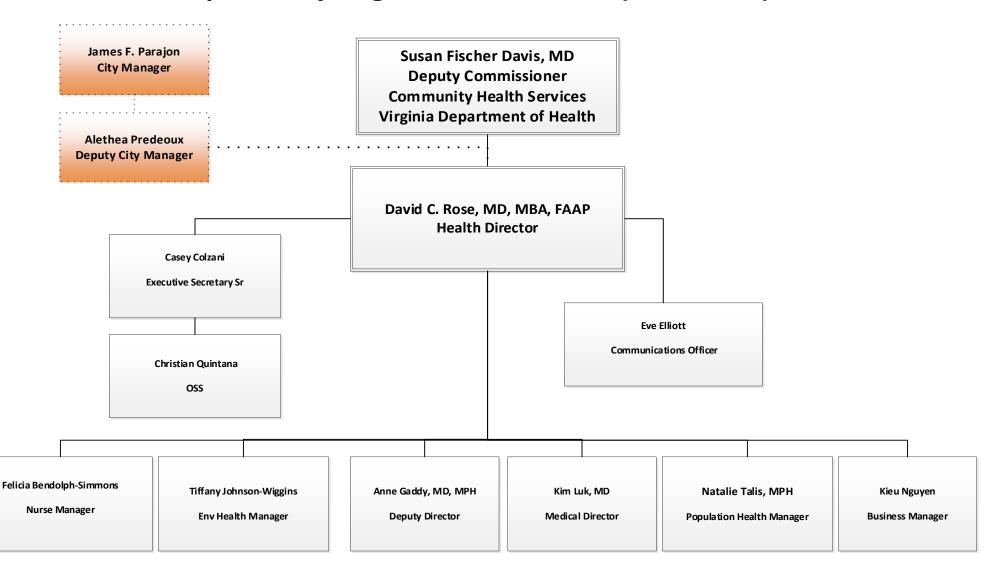


Priorities

- Maintain a valued and professional workforce
- Be a trusted source of public health information and services
- Support conditions that protect and promote community health and wellbeing
- Provide internal systems that deliver efficient, dependable, and responsive support

Alexandria Health Department

Supervisory Organizational Chart (June 2024)



Approved State & City Budgets FY 2023

AHD FY2022 Budget	AHD	State Amount	City Amount	Revenue
Cooperative Budget	\$8,705,334	\$4,422,177	\$3,618,145	\$665,012
Grant Funding	\$4,142,329	\$4,142,329	-0-	
City General Funds	\$4,772,897	-0-	\$4,772,897	
Totals	\$17,620,560	\$8,564,506	\$8,391,042	\$665,012

AHD Locations







AHD Services



Clinical services*, including:

- Routine vaccines
- WIC food & nutrition services
- Sexual & reproductive health
- Narcan distribution
- Newcomer/refugee health
- Tuberculosis (TB) support



Environmental Health Services



Vital Records



Epidemiology



Population Health



Public Health Emergency Management & Medical Reserve Corps



Issues of Significance

"Hybrid/bifurcated" health department

- Administratively: Virginia Department of Health
- <u>Functionally</u>: City department (e.g., numerous City mandated and funded programs; closer relationships in the City)
- <u>Challenges</u>: Two sets of human resource management, financial management, procurement processes, staff work schedules, policies, IT infrastructure

Staffing

- Recruitment and retention
- Patchwork of grants and FTEs

QUESTIONS?

