



Public Health Advisory Commission
Alexandria, VA

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

Thursday, January 16, 2025

5:30 – 7:00 p.m.

Alexandria Health Department

- I. Welcome All, and New Members
- II. Roll Call – Establish Quorum
- III. Review/Approve Minutes – December 2024
- IV. Review Agenda
- V. Update from the Chair
- VI. Health Department Highlights
- VII. Topical Issues and Discussion – 30 min
 - ☐ Community Health Assessment (Anita, David, Natalie)
 - ☐ Healthcare Access Initiatives for 2025
 - o Safety Net, Info Sources, Link to CHA, etc.
 - o PHAC Sub-committee
 - ☐ City Council Engagements
- VIII. Liaison and Community Partner Updates
 - a. Partnership for a Healthier Alexandria, CHIP
 - b. Inova Alexandria Hospital
 - c. Community Services Board (CSB)
 - d. Fire Department
 - e. School Board (ACPS)
 - f. Practicing Dentist
 - g. Practicing Physician
 - h. Neighborhood Health, Inc.
- IX. Agenda Topics for February's Meeting
- X. Public Comments
- XI. Adjourn

Next Meeting: Thursday, February 20, 2025

Commission Members	
<input type="checkbox"/>	Jerome Cordts , Chair – Citizen
<input type="checkbox"/>	Lisa Chimento , Vice-chair – NHVA Rep
<input type="checkbox"/>	Alex Long – Citizen
<input type="checkbox"/>	Anita McClendon – Citizen
<input type="checkbox"/>	David Bowen – Citizen
<input type="checkbox"/>	Richard Merritt – Citizen
<input type="checkbox"/>	Cassandra Walter – Health Pro Citizen
<input type="checkbox"/>	Nia Smart – Health Pro Citizen
<input type="checkbox"/>	Sylvia Jones – Health Pro Citizen
<input type="checkbox"/>	Dr. Michael Trahos – Physician Rep
<input type="checkbox"/>	JeanAnn Mayhan – Partnership Rep
<input type="checkbox"/>	Melissa Riddy – Inova Rep
<input type="checkbox"/>	Michele Walz – CSB Rep
<input type="checkbox"/>	Dr. Lauren Gibberman – NVDS Rep
<input type="checkbox"/>	Holly Jackson – ACPS Rep
<input type="checkbox"/>	Ramiro Galvez – AFD Rep
Alexandria Health Dept. Staff	
<input type="checkbox"/>	Dr. David Rose Health Director
<input type="checkbox"/>	Natalie Talis, MPH Population Health Manager
<input type="checkbox"/>	Casey Colzani Executive Secretary, Staff Liaison

DRAFT RESOLUTION

Submitted by
The Alexandria Public Health Advisory Commission
January 10, 2025

RECOMMENDING THE ALEXANDRIA CITY COUNCIL OPPOSE ANY EFFORTS ON THE PART OF THE INCOMING FEDERAL ADMINISTRATION TO REDUCE SUPPORT FOR THE AFFORDABLE CARE ACT AND THE MEDICAID PROGRAM

WHEREAS, while Medicaid did not receive a great deal of attention during the recent presidential campaign, if Social Security and Medicare cuts are largely off the table, Medicaid spending reductions are left as a likely source of funding to help pay for the incoming federal administration's tax cuts, and

WHEREAS, the President-elect has previously supported policies to repeal and replace (i.e., weaken) the Affordable Care Act (ACA), as well as cap and reduce Medicaid funding, and

WHEREAS, with support of Congress, the incoming Administration could enact foundational changes to the Medicaid program that serves one in five Americans and is the primary payer for long-term care services in the U.S.

WHEREAS, the ACA has helped reduce the uninsured rate to an all-time low of 7.2% in 2023, and has expanded coverage to nearly 40 million Americans, including almost 1,125,000 in Virginia, and

WHEREAS, the ACA has made insurance more affordable through premium tax credits and cost-sharing reductions, and

WHEREAS, the ACA protects people with preexisting conditions from being denied coverage by insurers, and provides access to essential health benefits, including preventive care, prescription drugs, and mental health treatment, and

WHEREAS, the ACA has decreased the uninsured rate among non-Hispanic Black and Hispanic populations, and Black and Hispanic patients have had a greater reduction in ruptured appendicitis rates, which can indicate timely access to care, and

WHEREAS, Medicaid has dramatically expanded health coverage to millions of low-income American, and since its creation in 1965 has helped reduce the number of uninsured Americans by covering vulnerable populations such as children, pregnant women, elderly adults, people with disabilities, and low-income families, and

WHEREAS, the ACA expanded Medicaid to cover adults with incomes up to 138% of the federal poverty level in states that chose to participate in the Medicaid expansion (Virginia has participated since 2019), and

WHEREAS, currently 1,872,300 are enrolled in Medicaid in Virginia, of which 758,000 (40%) are adults in the Expansion Group. In Virginia Medicaid covers 1 in 8 adults ages 19-64, 3 in 10 children; 5 in 8 nursing home residents; and 2 in 7 people with disabilities. Fifty percent of adults in Virginia on Medicaid are working and 34% of births are covered by Medicaid, and

WHEREAS, studies have shown that Medicaid expansion has led to improved health outcomes, including reductions in mortality rates, improved mental health, and better management of chronic conditions like diabetes and hypertension, and

WHEREAS, Medicaid recipients are more likely to receive preventive care, such as vaccinations, cancer screenings, and prenatal care, which contribute to better long-term health outcomes, and

WHEREAS, Medicaid helps reduce the financial burden of healthcare costs for low-income individuals. By providing coverage, it significantly decreases out-of-pocket costs, preventing catastrophic medical debt and financial ruin due to health issues, and

WHEREAS, Medicaid helps reduce the amount of uncompensated care that hospitals and health care providers must absorb, which can otherwise drive-up costs for all patients, and

WHEREAS, Medicaid expansion has created jobs in the health care industry, including roles for nurses, doctors, medical technicians, and administrative support staff, and

WHEREAS, Medicaid is the largest provider of long-term care services, including nursing home care and home-and community-based services, and

WHEREAS, Medicaid provides crucial support for people with disabilities, offering coverage for health services, rehabilitation, and home-based care that allow them to lead independent lives, and

WHEREAS, Medicaid has been a major driver in improving child health in the U.S. It covers a wide range of essential services for children, including immunizations, screenings, dental care, and mental health services. This has contributed to lower child mortality rates and better developmental outcomes for children from low-income families, and

WHEREAS, Medicaid has helped reduce health disparities by providing access to healthcare for racial and ethnic minorities, who are more likely to face barriers to care. By covering people who would otherwise be uninsured, Medicaid has contributed to narrowing gaps in health outcomes between different populations, and

WHEREAS, Medicaid provides mental health services, which are crucial for people with mental illness or substance use disorders. The program has expanded mental health coverage, including inpatient and outpatient services, which has led to improvements in mental health care access, and

WHEREAS, Medicaid has been an essential tool in combating the opioid epidemic, covering medication-assisted treatment and counseling, which help individuals recover from substance use disorders, and

WHEREAS, States have flexibility under Medicaid to design their own programs and adopt innovations, such as Medicaid managed care, which aims to improve efficiency and quality of care while controlling costs. Medicaid also allows states to apply for waivers to test new models of care, such as work requirements or expanding home care options, and

WHEREAS, Medicaid provides coverage for pregnant women, reducing maternal mortality and improving outcomes during pregnancy. Expanding Medicaid has been shown to reduce complications during childbirth and increase access to prenatal and postnatal care, and

WHEREAS, Medicaid has proven to be a crucial tool in improving public health, reducing financial hardship, and boosting economic productivity. Its role in expanding access to care, especially for vulnerable populations, is a major success, and

WHEREAS, in FY 24 Neighborhood Health, a 501(c)(3) nonprofit Federally Qualified Health Center, provided high quality primary medical, dental and behavioral health care to more than 41,000 low-income and mostly uninsured individuals via more than 147,000 visits at 15 clinics across the City of Alexandria and Fairfax and Arlington Counties. Neighborhood Health is experiencing significant headwinds due to the expiration of pandemic-era funding, increasing operating and workforce costs, and drug manufacturer actions against a safety-net pharmacy discount program. Any reductions to Medicaid coverage of its patients would significantly impact the capacity of the organization to meet the critical needs of the community.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF ALEXANDRIA, VIRGINIA: conveys to Virginia Governor Youngkin, the members of Alexandria's delegation to the General Assembly and our Congressional Delegations our strong opposition to any efforts to reduce federal support for expenditures related to the Affordable Health Care Act, including all Medicaid funding, as well as any efforts to restrict, limit, or reduce eligibility, enrollment, benefits or provider payment levels in those programs, and also federal support for Community Health Centers, including Neighborhood Health, located in and serving the residents of Alexandria and Fairfax County.

The proposed draft resolution would be accompanied with a letter from the PHAC Chair and look something like this:

Dear Mayor Gaskins and Members of City Council,

I am writing on behalf of the Public Health Advisory Commission (PHAC) to present the enclosed draft resolution. This draft resolution addresses the urgent issue of potential federal reductions in public health funding, specifically targeting the Affordable Care Act (ACA), Medicaid and related safety net programs. Evidence included in this draft resolution illustrate how these proposed cuts threaten the stability and effectiveness of our healthcare system, disproportionately impacting the most vulnerable members of our community. The resolution highlights the critical need for sustained and comprehensive funding to ensure access to vital healthcare services, preventive care, and medical treatments for all residents.

We respectfully urge City Council to endorse this resolution and actively advocate for the protection and restoration of federal public health funding. Your support is essential in maintaining the health and well-being of our community, upholding the principles of equity and justice, and ensuring that Alexandria remains a place where every individual can thrive. We count on your leadership and commitment to address this pressing concern and secure the future of public health in our community.

Sincerely,

Jerome R. Cordts, EdD
Chair, Public Health Advisory Commission



Public Health
Advisory Commission
of Alexandria, VA

Minutes of the Thursday, December 19, 2024

PHAC Meeting

5:30 – 7:00 p.m.

Virtual Via Zoom

Alexandria Health Department

Virtual	Chair- Jerome Cordts (JC), Lisa Chimento (LC), Anita McClendon (AM) Sylvia Jones (SJ), JeanAnn Mayhan (JM) Michele Walz (MW), Alex Long (AL), Richard Merritt (RM) David Bowen (DB), Melissa Riddy (MR), Cassandra Walter (CW), Dr. Michael Trahos (MT),
Absent	
AHD Representatives	Casey Colzani (CC), Dr. David Rose (DR)
Guests	Nia Smart (NS) (Official Commission Member in January), Assistant Chief Andrew Duke (AD), Lauren Gibberman (LG)

I. Establishment of a Quorum

- Meeting called to order at 5:31 pm by Chair Jerome Cordts (JC); role taken.

II. Approval of the November 2024 Meeting Minutes

- Richard Merritt (RM) motioned to approve November 2024 minutes, Lisa Chimento (LC) Second. All in favor, minutes approved.

III. Review Agenda

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

IV. Updates From the Chair

- Introduced new commission member Nia Smart who officially begins term in January.
- Annual Report was shared with commission for FY24.
- Commission on HIV/AIDS Chair will visit in early 2025 to discuss sunseting of their commission and where PHAC may be able to pick up some of their work.
- No updates on local admin of the Health Department.
- JLARC published report: VDH Financial Management, Staffing, and Accountability.
- Inova MOU agreement with City- City provides some allotment of funds for charity/OB care annually. Inova has been attempting to reconvene the meeting between Inova and City Manager's Office regarding this MOU. Decisions to release funds are held at a public meeting- next discussion will be held after new council members are sworn-in in 2025. Official Discussion will be held as a future agenda item.

V. Health Department Highlights

- JLARC report on VDH. VDH takes this report very seriously and is working to incorporate suggestions from the report, including a pilot Regional Health Director position, and several financial positions like a Controller and Grants Administrator.
- Dr. Rose is serving for one year as the pilot Regional Health Director for the northern area.

VI. Topical Issues and Discussion

• Nomination for Chair/Vice-Chair

- Dr. Michael Trahos (MT) motioned to nominate Jerome Cordts to act as Chair for the 2025 Calendar year. David Bowen (DB) Second. All in favor.
- JeanAnn Mayhan (JM) motioned to nominate Lisa Chimento as Vice-Chair for the 2025 Calendar year. Melissa Riddy (MR) Second. All in favor

• Community Health Assessment

- 2020 responses to the community survey- including more non-English responses than past years.
- Walk-and-talk community meetings will begin in January in the Parker-Gray neighborhood. There will be four walk-and-talk meetings across the city.

• Resolution – Affordable Care Act, Medicaid

- Commission held discussion- suggestions included removing the names of specific presidents, and assumptive actions regarding taxes.
- Discussed format resolution vs letter council. Does the format of a resolution cause loss of important information. Solution: letter from the Chair to accompany the
- Considerations: what is the likelihood of ACA being repealed by upcoming congress, vs what portions could be affected- including grants etc? Are there portions that could expire or sunset that could heavily affect the community?
- Neighborhood Health has not currently seen a drop off in Medicaid covered patients.
- RM motioned to approve the resolution with incorporated revisions. DB second. Majority in favor, motion passed. One abstention: Dr. Trahos.

• PHAC Priorities One-Pager for 2025

- Anita McClendon and Jerome developing one pager for PHAC priorities. Jerome introduced concept document to with the group.
- After presentation from Natalie on factors of Health Care access commission will discuss final selection of priorities of next meeting.

I. Liaison and Community Partner Updates

• NOVA Dental Society

- Since 2020 have seen a large reduction in dental hygienists. Schools are not graduating large class sizes. High reliance on temp agencies

and workers- reduces continuity of care for patients when they see a different hygienist every visit.

- **Fire/EMS Department**

- Still working with Avive Defibrillation - working with Inova to develop grant money to put defibrillators in ARHA buildings.
- Incident at Alexandria Highschool - primarily police event. Police department did release public statement about the incident stating that no one was transported via EMS for medical treatment.

- **Partnership for a Healthier Alexandria**

- For 2025 partnership will be looking into Loneliness as a topic.
- What information would commission like to have in updates from Partnership and other partners in the future.

- **Community Service Board**

- December meeting CSB reviewed reports from employees about accreditation and program evaluations.
- Will focus in January on budget.

- **Physician Practicing in Alexandria**

- Sent AMA midyear resolution to group prior to meeting for review. Article was in regard to non-profit hospitals that are not providing appropriate charity care. Some hospitals are providing well above the 10% required charity care, but many are not. There is more oversight coming regarding this in the future.

- **Neighborhood Health**

- Fiscal Stress for safety net providers like NH. Federal allocation of funds for FQHCs have not increased over many years (pre-pandemic). Costs have been rising but reimbursement and federal funding have not increased. Pharmacy 340B program challenges have made it more challenging for NH to run pharmacy services. This is compounded with the elimination of COVID funding and uncertainty of changes with new presidential administration- NH fiscal monitoring the situation.
- Health Care workforce has been challenging particularly with behavioral health, but have had success in hiring a dentist.
- NH annual report has been released.
- Passed another accreditation visit.

II. Public Comment

- No public in attendance

III. Adjournment

- LC motioned to adjourn the meeting. DB second. All in favor. Meeting adjourned at 7:00 pm.