

Russell Choice Neighborhood Initiative - People Task Force Notes - 10-26-15

Welcome & introductions - **Jamesetta Ferguson**

Four central areas or “Pillars”/Emerging Strategies

- 1) Neighborhood Networking: There is a need for a central communications system for resources in the area
- 2) Good Health: physical, mental, resiliency – part of today’s meeting
- 3) Financial stability/literacy (our topic for November): credit building programs, adult financial literacy
- 4) Employment readiness and opportunities

BJ Adkins: Creating a healthier Russell Community. Group discussion on “What does it mean to be in good health?” What is it and what do you need for it?

Food; Housing – Safe and Sanitary* (the formation of public health departments arose to address sanitation needs; Exercise; Sleep; Stress Management; Ability to work; Public Health; Safe Neighborhoods; Social Networks; Preventive Health Screenings; Choices/Healthy; Awareness and Education; Access to Health Care; Mental Stability (environmental, care, workforce capacity, insurance); Financial Stability; Quality air and water

Review of Jefferson County Health Rankings Model; Number 1 risk factor is our low high school graduation rates - we have dropped from 85% graduating in 2010 to 69% in 2014. Now rank 87th in the State. Russell stats compared to this: 75% have high school diplomas, median income is \$21,593 and 60% kids live in poverty or single family homes.

Several Reports for reference:

- Applicable strategies from Healthy Louisville 2020
- Louisville’s Blueprint for Safe and Healthy Neighborhoods
- Louisville Metro’s Health Equity Report

T. Gonzolas: Handouts and discussion on “What is Health?” - think broadly about health – not just where you access health care services – think of health at work, at our faith communities, etc. Your zip code is one of the greatest predictors of life expectancy.

Provided the link to health equity

report. https://louisvilleky.gov/sites/default/files/health_and_wellness/che/health_equity_report/her2014_7_31_14.pdf

Health Equality (health status – variable and normal) vs. Health Equity (opportunity – not natural or by chance, but by human design). In Louisville, we can and need to improve health equities to avoid the designs, policies and structures that drive some to have greater or lesser opportunities. Everyone being able to attain the highest level of health. This should be a focus for Russell.

Physical Environment (accessibility to stores, safety factors that limit exercise, etc.) & Socioeconomic Factors (poverty, housing, educational inequalities) need to drive our solutions for Russell. Factors that affect health can be individual based, the neighborhood, or big picture, policy-wide. We may need to go outside of Russell to reach good policies and solutions for better health equity.

Discussion on chart showing which factors broadly impact health.

Health Behaviors (30%) Social & Economic Factors (40%)

Physical Environment (10%) Clinical Care (20%)

We need to look at these factors for what is specific for Russell.

In order to create jobs and hire people from the community will need more push than just from the people from Russell, such as work at the policy level or relationship building with business owners.

BJ: Per the model, out of 120 counties Jefferson Co ranked:

28th Health Outcomes 39th Quality of Life 38th Health Behaviors

5th Clinical Care 78th Socioeconomic factors 61st Physical Environment

This shows a disconnect of resources in our environment and needs to be resolved.

2015 study should be out early next year and she will update the team.

Neighborhood Survey Results Summary - handout showing what they told us, and also what we know based on studies and research. Study shows leading causes of death among Russell are heart disease, diabetes and cancer. According to surveys and study, access to affordable care doesn't seem to be an issue. Anecdotally, may not be enough health care practitioners to provide mental health services to residents. Currently, U of L is offering mental health services at the NIA center.

Rhae: 92% of Russell residents say they have health insurance. 80% say they have a home health care provider. However, 17% still going to ER when there is an issue; this creates an opportunity for us. Russell has high levels of crime, stress, chronic medical issues. 27% of residents cited health issues as a barrier to employment. We need to embrace an existing strategy or create new strategies to address these issues.

BJ: Healthy Louisville 2020 Health Priorities, Targets and Strategies – TF members discussed what they thought was of most importance for this TF and/or neighborhood. Most agreed all are good, but challenge is discovering our status on these, and how we can piggy back on other resources and pull them in to help us decide what to include in transformation plan. Some specific topics mentioned: education about good food choices/restaurant disclosures (trans-fats, nutritional information), mental health (increase providers to reduce wait time, address the limitations on the number of visits, education on signs and risks, address stigma around mental health). A local doctor distributed a blinking reminder for upcoming HPV vaccine which could help children complete their series for HPV vaccine. Consider Bounce Resiliency Program for elementary school age, have Dr. Gene Foster at U of L come in and talk about resources. Obesity prevention – incorporate gym/PE daily, switch the start time for school so younger kids go in earlier.

Incorporate healthy eating and physical activity as part of extended school day activities. Educate people on the importance of getting adequate, good quality sleep. Decrease the number of fast food restaurants (possible negative impact to employment opportunities) and/or consider those with more healthful options.

Rhae: We need to build a package that handles the trauma (adult and childhood experiences involving violence, etc.), chronic anxiety, stress, depression, domestic violence, alcohol and drug abuse or addiction treatment, etc., in a comprehensive way so that we build trust from the community to seek the resources. BJ mentioned legislature that is underway to address possible trauma (adverse childhood experiences) when first seeing a doctor.

Jamesetta: We have begun a list of agencies, churches, etc. that are in the Russell Neighborhood - know they have programs but do not know all the specifics at this time. Asked members to help add to this list, and to spread the word about these resources now, as well as in the future.

Brady Center Half-way House	Central High School Stadium
The Healing Place	Park DuValle Health Center
Healthy Louisville 2020	Sustain Louisville
W.L-ville Outdoor Recreation Initiative	Army Corp of Engineers, expansion
Cardinal Success Program	U of L School of Public Health
Zion Baptist – NA, AA	Dare to Care Food Pantry
Chestnut Street YMCA	Seven Counties office on Broadway
St. Peter’s/MOLO – women’s support, senior nutrition, AA, Dare to Care	

Meghan: We need to review KIPTA’s new report and be sure not to leave out the aging population – the population in this zip code had some of the highest needs. When full list of resources is defined, be sure they are provided to city call, etc. in order to be distributed upon request.

Next meeting – Tuesday, Nov. 17th, 3pm to 5pm, same location, the focus will be on Financial Stability and Literacy

Joint TF and Coordinating Committee Meeting, Wednesday, Nov. 18th at 10am, location is TBD, all TF committee members are invited.

Conclusion of meeting