

CHNA 2022 Prep Group Meeting Summary – Tuesday, October 5, 2021, 1-3pm

All Decisions Made via Consensus in Red

The meeting started with Janine's original rendition of *All That CHAS* (and everyone laughed!)

Timeline was shown and agreed upon

Discussion of CHAS Survey

Regarding the first few multiple choice questions, Astha Muttreja (AM) suggested changing "choose up to 3" to 4 instead, and add COVID as a concern; can statistically weight after adding the new option

- At the state meeting, they said to consider adding COVID work to our CSPs/CHIPs

Janine Logan (JL) pointed out that the CHAS results are already weighted due to individuals not selecting 3, etc.

Celina Cabello (CC): Either add a COVID question or leave it as-is

- Adding an option to a question affects the integrity of the survey
- New question can already be looked at separately
- We already know COVID affected everyone

JL: What's the reason to add? What would we want to learn from it?

- Might be more appropriate for CBO survey instead
- CBO survey not a historical survey that's ongoing; we can edit

CONSENSUS: Add COVID questions/options to CBO survey, leave CHAS survey as-is in terms of COVID

JL: even those with low health literacy have been deluged with vaccine info about COVID and its prevention through vaccines

CONSENSUS: Don't add definition or examples to "vaccine preventable diseases"

CHAS Question 3 Discussion

CC and Brooke Oliveri (BO): don't change question 3

- Add a 3B?
- Originally as "community," as we were concerned people would not truthfully answer the question if it was "you and your family?"
- Add "inadequate insurance" to the "no insurance" option?

Andrea Ault-Brutus (AAB) and Jennifer Jamilkowski (JJ): important to distinguish between no and inadequate insurance

AAB: ask for community and themselves/family?

Linda Mermelstein (LM), AAB, and BO agree ask other question about you/your family

JL: However, need to keep survey brief; change to “you and your family”

LM: leave as is and say “do your answers to Q3 apply to you and your family too?”

CC agrees; lesser of two issues

AM: should we have a prompt? Let people explain?

CC: open ended option for 3 will cause issues for analysis

CC: justify changing question by showing actual coverage rates vs perception

BO: possible that these are higher need individuals answering and they don't have insurance?

TG: no insurance and unable to pay are top 2, but 90% of respondents have insurance; shows perception of others, not own experience

LM: *“You and your family” represents the community*

JL: we have two options, leave as-is and add caveat “do these apply to you, too” or change question to “you and your family.” We do have justification for changing the question

AM: insurance doesn't cover everything; if mental health or dental or things that aren't covered rise to the top?

AAB: how do we disseminate survey? If they're part of hospital system, probably insured and getting care; worried about selection bias overall

JL: up to all partners (hospitals, CBOs, health departments) to distribute at health fairs, programs, etc. also electronically

BO: reminded group about CHAS social toolkit

CONCENSUS: Change the wording of question 3 from “your community” to “you and your family”

CONSENSUS: add “immigration status” as an example of fear

Discussion of Smart Phone Question

Remove smartphone question, but add internet access?

CC: everyone has internet access somewhere; do we need this?

Discovered in higher need areas, might not have cable or internet but have smartphone

CC: feels outdated?

Do you have access to the internet instead?

CONSENSUS: REMOVE PHONE QUESTION AND ADD “Do you have access to reliable internet in your home?”

JL and BO to update CHAS according to group consensus.

CBO Survey Discussion

JL gave some background:

- Developed as a group with the CHAS in 2013
- Questions designed thoughtfully and intentionally
- Did not send in 2016, had a summit instead
- 2019: did focus groups and individual key informant interviews
- 2021: send survey and do key informant interviews. Contact those CBOs who identify in the survey their willingness for a follow up interview. Number that respond will direct whether we need subgroup to help conduct the interviews. Use the interview questions prepared for the 2019 key informant interviews. These align with state Prevention Agenda and social determinants of health categories. Also look at the tool from 2013.
- Any individual from a CBO who may have feedback, send CBO survey to them
- LIHC to send sample email copy to everyone to send to their contacts to inform them that a CBO survey is on its way from LIHC.
- Need to build an analysis model for the CBO survey Need to examine the cost for this.
- Key informant surveys: to be analyzed with Atlas TI, qualitative analysis software

COVID Question Discussion

- To add: COVID question?
- Vaccine hesitancy?

LM: what's changed? Pandemic obviously but anything else?

CC: CBO questions came from Prevention Agenda (PA) priority choices, keep in line with that

- Can take some out or add, but must keep in line with PA

JL: In 2019 , priorities changed slightly, some renamed

- Some focus areas refined (we can choose 1 priority and 2 focus areas, if necessary, and the if data results point to that)

JL: Current PA emphasizes aging well, healthy aging, capture all age groups

Question 1: add COVID? Add vaccine hesitancy?

Infections: same as communicable diseases?

PRIORITY: prevent communicable diseases, includes HIV and vaccine preventable diseases

Focus areas: HIV, hep c, antibiotic resistance, etc.

LM: add communicable diseases and list the PA examples

Access to vaccinations different from vaccine hesitancy

COVID vaccine hesitancy

Grace Kelly-McGovern (GKM): Misinformation

CV: hesitancy under fear? JL: not necessarily

CONSENSUS: change “Fear” to “Fear/Hesitancy” (AAB), and add immigration status as an example

JL: Include COVID in activities, but not changing priorities based on COVID

AM: education related? Don’t say misinformation (buzzword, leading to COVID)

LM: “lack of education” perhaps or health literacy

CONSENSUS: In question 4, replace “don’t understand need to see a doctor” with “misinformation/lack of health literacy” and remove “don’t know how to find a doc”

Next Steps

- Finalize CBO survey next meeting
- Get CBO survey out by mid-November
- Circulate until mid-January, need to set deadline
- Turn it all around by end of March – includes analysis of CBO survey, CBO key informant interviews, CHAS analysis

NEXT MEETING: Tuesday, November 2, 2021 at 1pm

<https://us06web.zoom.us/j/83185616511?pwd=MGxPTUtlQ0VHZEU0waS9UNitQVkJQQT09>

Meeting ID: 831 8561 6511

Passcode: 473080

