

Community Partner Assessment

Livingston County Department of Health
Community Health Assessment 2025
5/1/25



Introduction:

To complete the 2025 Community Health Assessment (CHA), Livingston County Department of Health (LCDOH) was part of a collective decision among counties collaborating through Pivotal Public Health Partnership to use the Mobilizing for Action through Partnerships and Planning (MAPP) framework.

Many partners are involved in MAPP who can influence the process through their power, resources, lived experiences, and relationships. These include people and organizations that receive or deliver services that promote the public's health and well-being. Furthermore, appropriately engaging stakeholders can help build relationships, create sustainable change, and increase the success of the CHA.

Phase I of the MAPP framework centers around building a foundation for CHA work. As MAPP highlights collective action among stakeholders as a key strategy, Step 1 involves evaluating current and past partners and those impacted by the CHA. Per MAPP guidelines, stakeholders are defined as, "All persons, agencies, and organizations with an investment or stake in the health of the community and local public health system."

The guiding questions for the Community Partner Assessment are as follows:

- What capacities, skills, and strengths does each organization involved in MAPP bring that could contribute to improving community health and advancing the MAPP goals?
- Who is involved in MAPP? Who else needs to be involved?

Glossary:

CHA – Community Health Assessment

CHA Leadership Core Team – Livingston County Department of Health and UR Medicine Noyes Health leadership and representatives who facilitate the Leadership Committee and Steering Group

CHA Leadership Steering Group – CHA Leadership stakeholders who completed a Community Partner Profile for the 2025 CHA and attend monthly meetings to guide the CHA

CHA Leadership Committee – the complete group of stakeholders invested in the community health improvement process, who receive updates periodically throughout the CHA process

LCDOH – Livingston County Department of Health

MAPP – Mobilizing for Action through Planning and Partnerships

NYSDOH – New York State Department of Health

Stakeholder - All persons, agencies, and organizations with an investment or stake in the health of the community and local public health system.

Process:

Stakeholder analysis facilitates understanding of who has the power to make decisions, or advance or stop efforts. Additionally, stakeholder analysis provides a foundation for examining systems of power, privilege, and oppression in the community.

To assess and build these relationships, the stakeholder analysis involves the following steps:

1. Brainstorm potential stakeholders to engage in MAPP. Through a visual brainstorming process, you will identify and create an initial list of people, partners, organizations, coalitions, and other groups.
2. Gather all known stakeholder information into a Stakeholder Analysis Table to further analyze their connections to MAPP. Refer to this table throughout the process to assist with the various activities, assessments, and resources needed.
3. Consult with stakeholders by holding short interviews to understand more about them and other stakeholders. Use interviews to fill in the chart and to add stakeholders to the list.
4. Analyze your Stakeholder Analysis Table. Through a series of analyses, you should gain a full picture of your stakeholders, how they can contribute to MAPP, and how best to engage them.
5. Interpret Results Collectively. Look at the results of your analyses as a whole and reflect on how best to start engaging stakeholders.

The first meeting of the CHA Leadership Core Team was held on October 24, 2024, following updated guidance of CHA requirements from the New York State Department of Health (NYSDOH). Due to the last Community Health Assessment occurring during the COVID-19 pandemic, there was a large amount of staff turnover among health organizations and many previous participants were no longer available. The membership list was reviewed and updated to remove previous participants who have not been active since the 2022 CHA cycle, replace new hires at known partner organizations, and brainstorm potential new additions to the committee (Appendix 1).

A follow-up meeting was held on November 11, 2024 to prepare for the first meeting of the full CHA Leadership Committee. Action items for the meeting were determined and a corresponding agenda was developed. Further discussion was held around new membership (Appendix 2).

The CHA Leadership Committee convened on December 4, 2024. The CHA Leadership Core Team provided an overview of the previous process and introduced the group to MAPP 2.0, including a tentative schedule for activities. Roles and contributions of each organization were outlined. To facilitate knowledge about the tangible results of Community Health Improvement, an infographic highlighting work completed as part of the 2022 CHA was developed and distributed by LCDOH. Draft vision and mission were proposed and workshopped live to align the group's goals (Appendix 3). Community Partner Profiles were handed out at the meeting and shared digitally for participants to self-complete (Appendix 4). Partners who completed the Community Partner Profiles were assumed to be interested in participating in the CHA Leadership Steering Committee.

Community Partner Profiles will be accepted by interested partners on a rolling basis, however, for the purposes of the 2025 CHA, submissions will be included up until December 31, 2024 (Appendix 5).

Outcomes:

Community Strengths and Organizational Capacity:

Partner Skills:

As part of the worksheet provided to CHA partner organizations, interests of the representative currently serving on the CHA Leadership Team were collected. Notable partner skills and areas of interest included: promoting events, creating educational materials (2), community engagement (6), policy development, presentations/focus groups (4), marketing, and data analysis.

Partner Capacities:

Four categories of “Resources” were reported on during the data collection process. Four partners reported they could commit staff time, two agencies were able to contribute to County health data, and four partners self-identified as having a relationship with an underserved community. Other reported resources included committee resources of *Be Well in Nunda* for endeavors related to “Eat Better, Move More, and Stress Less,” initiatives, administrative support, transportation resources, workshops for older adults, volunteer opportunities, and evidence-based programming.

Systems of Power, Privilege, and Oppression:

Representation from *Be Well in Nunda* is an example of the shifting of power within Livingston County. *Be Well in Nunda* is a grassroots community organization working to improve opportunities to be healthy within a specific community. This and other iterations of *Be Well in Livingston (Mt. Morris and Lima)*, work directly with local agencies such as the Genesee Valley Health Partnership and LCDOH to represent the needs and diversity of their communities. Alternatively, the Livingston County Administration participates from a position of policy development and implementation. Additionally, several partners work with Livingston County’s notable vulnerable populations, such as older adults, people with mental health or substance use disorders, and low-income individuals and families. Representatives who work with the Spanish-speaking and migrant worker communities receive Community Health Improvement updates, but due to changes to the federal landscape, declined to participate in the Steering Committee and data collection.

Social Determinants of Health:

Per Healthy People 2030 and MAPP standards, the social determinants of health can be broken up in to five groups: economic stability, education access and quality, healthcare access and

engagement, and broad, varied coverage in the priority areas of Economic Wellbeing, Mental Wellbeing and Substance Use, and Safe and Healthy Communities. Identified gaps included Health Insurance Coverage and Access to Care, specifically Access to and Use of Prenatal Care, Maternal and Infant Mortality, Oral Health Care, and Opportunities for Continued Education. Group discussion on potential partners and outreach avenues to fill these gaps followed (Appendix 6).

Additionally, these gaps in membership were reviewed and discussed with the Genesee Valley Health Partnership at the March 20, 2025 meeting during which a Forces of Change assessment was conducted. Periodic updates are also provided to the larger CHA Leadership Team quarterly.

Appendix 1

CHA Leadership Steering Discussion – 10/24/24

- CHA Leadership Committee Members spreadsheet
 - Details: Name, Title/Role, County/Org., Sector, Population Represented
 - Tara will create an updated one for the 2025 cycle
 - Remove members that have never/not participated in a long time
 - Augie (community member)
 - Lifespan rep.
 - Tabitha, Catholic Charities
 - Lynnette Green, MH
 - Deanna Croteau, CCE
 - Tara, BOCES
 - 4 Square Church – Tara to connect for another rep
 - Kathi Lynch – CGH
 - Laura Lane – face to face meeting to discuss time commitment
 - Tara to connect
 - Reid Perkins
 - Jackie
 - Jason, Veterans
 - Marsha Mitchell, retired
 - Bill Mann, Central Services, Deputy Admin.
 - Amanda Schultz
 - Suggested adds
 - Margaret – Brittany Rittenburg, Director of Nursing at CNR
 - Wendy Drescher-Recktanwald, Catholic Charities Director
 - Matthew Cole, Director of CCE
 - Elisha VanNorman, Foodlink
 - Mary Guldenshuh, Workforce Development
 - Kristen Fisher, MH
 - Jean Angilili, or proxy
 - Barb Sturm, CCE
 - Lydia Boyd – CASA
 - Catriona Spier – CGH
 - Diane Deane, GVHP
 - Alle Pender, Nascentia rep – Tara to connect
 - David Pribulka, new County Admin.
 - David Terry, Veterans Services
 - Megan Crowe, Planning Director
 - Replace Jim with Jill for Deputy
 - Jacqueline Canute, new Director DSS
 - Karen Stone, Tri County
 - Morgan Hellquist – new GVCA
 - Bobbie Steinhauer, RESTORE

- Liv. Co. Farm Bureau – County Manager Amanda Krenning-Muoio (akrenning@nyfb.org)
 - President, Jack
- Jorge Salgado – Migrant Center
 - salgado@dor.org
- Daniel Palermo, Law NY
 - dpalermo@lawny.org
- Gaps:
 - BOCES
 - Lifespan
 - Geneseo CSD
 - Lisa to ask
 - Director of 911 services
 - Lisa to research

Appendix 2

CHA Leadership Pre-Meeting – 11/25/24

- Tentative Agenda for 12/4:
 - Welcome and Intro - Jenn
 - Overview of CHA/CHIP Process and Reflection - Andrea
 - CHIP Update - Andrea
 - Vision/Mission and Define the Community - Lisa
 - Roles and Contributions - Margaret
 - GANTT Chart - Tara
 - Next Steps - Tara
- Actions Items:
 - Create Partner Profile Worksheet
 - Update PP to include reflection on last process and remove dupe content (move some to worksheet)
 - Create agenda and send with Zoom link
 - Margaret to find roles details in MAPP docs
 - Tara to send email with materials to the group
 - Margaret to provide healthy snacks
 - Tara to create sign in sheet and print agendas
- Phyllis Applin – Director of Communications for Sheriff’s Office
 - Amanda Schultz successor
 - Well connected in the community
 - Mental health and law enforcement connections

Appendix 3

LIVINGSTON COUNTY DEPARTMENT OF HEALTH

CHA Leadership Meeting

Date: December 4, 2024

PRESENT: Tara Coffey, NOYES; Jenn Rodriguez, LCDOH; Shawn Ryan, Arc GLOW; Andrea Mott, LCDOH; Jill Burley, LCDOH; Greg Bump, Mt. Morris CSD; Dr. Joan Flender, LCDOH; Sue Carlock, LC Office for the Aging; Lisa Kenney, LCDOH; Jolynn Joy, URMC; June Webster, LCDOH; Diane Deane, GVHP; Barbara Sturm, CCE; Kristen Fisher, LC Mental Health; David Pribulka, LC Administration; Denise Slattery, Lifespan; Bobbie Steinhauer, RESTORE Sexual Assault Services; Kim Arnold, Pivotal Public Health Partnership; Dr. Christian Wightman, SUNY Geneseo; Megan Crowe, LC Planning Department; Lydia Boyd, CASA-Trinity; Jen Warner, Arc GLOW; Karen Gayton, RTS; Andrea Richter, CASA-Trinity; Phyllis Applin, LC Sheriff's Office; Jennifer Hatch, Pivotal Public Health Partnership; Patty Derowitsch, Noyes;

Email Address to use to share resources and information:	amott@co.livingston.ny.us
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TOPIC	FINDINGS/DISCUSSION	ACTION/FOLLOW-UP
WELCOME/ INTRODUCTIONS	<p>Public Health Director Jennifer Rodriguez welcomed the group and facilitated introductions.</p> <p>Jenn thanked everyone for participating and emphasized how important the Community Health Assessment is not only to determining priorities, but for tracking progress.</p> <p>Andrea Mott requested participants remember to sign in and provide names and credentials in the Zoom chat for sign in.</p>	
OVERVIEW OF CHA AND REFLECTION	<p>Reviewed the 8 steps of previous CHA process – Results Based Accountability curve</p> <ul style="list-style-type: none"> • Burnout • Turnover and staff shortages made work continuity difficult • Data availability suffered during the height of the pandemic due to other priorities <p>This time we are using MAPP (Mobilizing for Action through Planning and Partnerships) – focused on health equity</p> <ul style="list-style-type: none"> • MAPP is divided into 3 phases, we are currently in Phase 1, but will be moving into Phase 2 in the new year <p>Public Health infographic – DOH connects to a lot of areas and partners, but cannot connect to everything, so we want to make sure representatives from across the health field are at the table</p> <p>Phase 1:</p>	

- Stakeholder analysis from previous cycle – Completed by CHA Leadership core group
- Engage and orient – we are completing this today by making sure we are all on the same page regarding why we are here and what this process will look like
 - Health Equity Action Spectrum and terminology available on handout provided
- Reflect on previous cycle – this is also included in our agenda today
- Develop a workplan – completed by the CHA Leadership core group, GANTT chart of timeline is on the agenda
- Establish structures – decide how to formalize partnerships

Phase 2:

- Design Assessment Process – included in pre-filled GANTT chart
- Conduct Assessments:
 - Community Partner Assessment – partner worksheets provided are designed to break down what skills, resources, and areas of strength each committee member has
 - <https://www.livingstoncountyny.gov/DocumentCenter/View/20593/CHA-Leadership-Team-Partner-Assessment-fillable?bidId=>
 - Community Status Assessment – quantitative data collection (surveys, pop-up pantry usage statistics, etc.)
 - Community Context Assessment – focus groups
- Analyze themes and trends in the data, develop issue statements, and identify community barriers
- Discuss findings and determine contributing factors, indicators, and assets to address issues
- Develop and share the CHA

Phase: 3

- Prioritize issues (3-5 priorities)
- Power analysis – how partners can influence issues and contributing factors
- Develop goals and measures for each issue and identify how to measure progress
- Select which evidence-based strategies will be included in the CHIP
- Develop an Action Plan (objectives, measures, timelines, and plan-do-study-act cycle with milestones and responsibilities)

	<ul style="list-style-type: none"> • Monitor and evaluate <p>Our Role:</p> <ul style="list-style-type: none"> • Tara leads for Noyes, Andrea leads for DOH • Everyone has something to contribute to the group (time, knowledge, work already being done, etc.) • CHA Leadership Team members will: <ul style="list-style-type: none"> ○ Attend meetings as schedule allows ○ Share data (when appropriate/able) ○ Assist with focus groups • Together we: <ul style="list-style-type: none"> ○ Review collected data for themes and trends ○ Share completed CHA ○ Participate in CHIP strategies ○ Evaluate progress 	
CHA MILESTONES	<p>DOH developed an infographic of CHA-related successes from the last cycle that tied into Chronic Disease or Mental Health and Substance Use Can be found on DOH website: https://www.livingstoncountyny.gov/617/County-Health-Data</p>	
OUR VISION AND MISSION	<p>Lisa emphasized how strong Livingston County collaborates and innovates in its work Draft Vision and Mission we sent to the group in advance: <u>Vision</u> To create a thriving community where all residents attain optimal health and well-being through comprehensive understanding and proactive addressing of their health needs, facilitated by collaborative assessment and community engagement. <u>Discussion:</u></p> <ul style="list-style-type: none"> • Very long, there is a lot • Clarification that this vision and mission is for the Leadership Team, not the CHA as a whole • We cannot control if residents are healthy, but can provide the opportunity-added “residents have the opportunity” • Vision statement should be our ultimate goal, this may sound disengaged • Changed to “create” to “foster” • Duplicated verbiage between mission and vision can be trimmed <p><u>Revised Vision:</u></p>	

	<p>To foster a healthy Livingston County through collaborative planning, assessment and engagement.</p> <p><u>Mission:</u> – approved as is To comprehensively assess the health needs of our community by engaging residents and stakeholders, gathering vital data, and collaboratively developing evidence-based strategies using a health equity lens to improve the overall health and well-being of all community members.</p>	
<p>ROLES AND CONTRIBUTIONS</p>	<p>Margaret provided an overview of CHA Leadership roles Key duties:</p> <ul style="list-style-type: none"> • Conducting outreach • Gathering data • Providing culturally appropriate education • Working with data analysts, public health leaders, and professionals <p>DOH and URMC/Noyes Health responsibilities:</p> <ul style="list-style-type: none"> • Surveys and focus groups • Developing relationships with community members and partners • Gathering information • Providing health education and referrals to services • Act as a bridge between community and healthcare • Design assessment methodology and data collection tools • Oversee overall assessment process • Interpret findings and develop intervention strategies • Conduct in-depth analysis of specific health issues <p>CHA Leadership Team roles:</p> <ul style="list-style-type: none"> • Engaging community members • Respecting culture and community context • Building trust and fostering participation • Fostering data literacy • Advocating for community needs • Time – meeting engagement, collaborative efforts • Data, focus groups, and survey dissemination 	
<p>TIMELINE</p>	<p>Tara reviewed the GANNT Chart A living document – can be updated as we need Tara highlighted the Partner Assessment, which is one of our next steps</p>	

NEXT STEPS	Meetings will be the fourth Thursday of each month All partners interested in participating should complete a CHA Partner Assessment worksheet and return to Tara_Coffey@URMC.Rochester.edu or amott@co.livingston.ny.us	
NEXT MEETING	January 23, 2025 at 8:30AM	

Minutes Respectfully Submitted by Andrea Mott, Public



Community Health Assessment Leadership Team Partner Assessment

Organization Name: _____

Organization Representative(s): _____

How do you engage with the community?

INFORM



CONSULT



INVOLVE



COLLABORATE



DEFER TO



Which priority area(s) does your work intersect with?

Economic Wellbeing

- Poverty
- Unemployment
- Nutrition Security
- Housing Stability and Affordability

Mental Wellbeing and Substance Use

- Anxiety and Stress
- Suicide
- Depression
- Drug Misuse and Overdose
- Tobacco and E-Cigarette Use
- Alcohol Use
- Adverse Childhood Experiences
- Healthy Eating

Safe and Healthy Communities

- Opportunities for Active Transportation and Physical Activity
- Access to Community Services and Support
- Injuries and Violence

Healthy Children

- Preventive Services (immunization, screening, lead prevention, etc.)
- Early Intervention
- Childhood Behavioral Health

Health Insurance Coverage and Access to Care

- Access to and Use of Prenatal Care
- Maternal and Infant Mortality
- Chronic Disease Prevention and Control
- Oral Health Care

PreK-12 Student Success and Educational Attainment

- Health and Wellness Promoting Schools
- Opportunities for Continued Education

What are your interests? (Creating educational materials, presenting, policy development, community engagement, etc.)

What resources do you feel you can add to the Community Health Improvement Plan?

- Staff Hours
 - Relationship with an Underserved Community
 - Other: _____
-
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		Engagement					
Organization	Representative(s)	Inform	Consult	Involve	Collaborate	Defer To	
Be Well in Nunda	Patty Piper	X		X	X		
Livingston County Administration	David Pribulka	X	X	X	X	X	
Arc Glow	Shawn Ryan	X		X			
Genesee Valley Health Partnership	Diane Deane	X		X			
Regional Transit Service	Karen Gayton	X			X		
Lifespan	Denise Slattery	X		X	X	X	
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner	X	X	X	X		
Livingston County Sheriff's Office	Phyllis Applin	X					
Livingston County Mental Health	Kristen Fisher	X	X	X	X		
Livingston County Planning	Megan Crowe	X	X	X	X		
Community Registered Nurse	Jolynn Joy	X		X	X	X	
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez	X	X		X		

		Economic Wellbeing			
Organization	Representative(s)	Poverty	Unemployment	Nutrition Security	Housing Stability and Affordability
Be Well in Nunda	Patty Piper	X		X	
Livingston County Administration	David Pribulka		X		X
Arc Glow	Shawn Ryan	X	X	X	X
Genesee Valley Health Partnership	Diane Deane				
Regional Transit Service	Karen Gayton				
Lifespan	Denise Slattery			X	X
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner	X		X	
Livingston County Sheriff's Office	Phyllis Applin				
Livingston County Mental Health	Kristen Fisher	X			X
Livingston County Planning	Megan Crowe				X
Community Registered Nurse	Jolynn Joy	X	X	X	X
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez			X	

		Economic Wellbeing			
Organization	Representative(s)	Poverty	Unemployment	Nutrition Security	Housing Stability and Affordability
Be Well in Nunda	Patty Piper	X		X	
Livingston County Administration	David Pribulka		X		X
Arc Glow	Shawn Ryan	X	X	X	X
Genesee Valley Health Partnership	Diane Deane				
Regional Transit Service	Karen Gayton				
Lifespan	Denise Slattery			X	X
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner	X		X	
Livingston County Sheriff's Office	Phyllis Applin				
Livingston County Mental Health	Kristen Fisher	X			X
Livingston County Planning	Megan Crowe				X
Community Registered Nurse	Jolynn Joy	X	X	X	X
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez			X	

		Priority Areas		
		Safe and Healthy Communities		
Organization	Representative(s)	Opportunities for Active Transportation	Community Services and Support	Injuries and Violence
Be Well in Nunda	Patty Piper	X		
Livingston County Administration	David Pribulka			
Arc Glow	Shawn Ryan		X	
Genesee Valley Health Partnership	Diane Deane			
Regional Transit Service	Karen Gayton	X		
Lifespan	Denise Slattery		X	
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner	X	X	X
Livingston County Sheriff's Office	Phyllis Applin			X
Livingston County Mental Health	Kristen Fisher		X	X
Livingston County Planning	Megan Crowe	X	X	
Community Registered Nurse	Jolynn Joy	X	X	X
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez	X		X

		Healthy Children		
Organization	Representative(s)	Preventive Services	Early Intervention	Childhood Behavioral Health
Be Well in Nunda	Patty Piper			
Livingston County Administration	David Pribulka			
Arc Glow	Shawn Ryan	X	X	X
Genesee Valley Health Partnership	Diane Deane			
Regional Transit Service	Karen Gayton			
Lifespan	Denise Slattery			
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner			
Livingston County Sheriff's Office	Phyllis Applin			
Livingston County Mental Health	Kristen Fisher			X
Livingston County Planning	Megan Crowe			
Community Registered Nurse	Jolynn Joy			
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez	X	X	X

		Health Insurance Coverage and Access to Care			
Organization	Representative(s)	and Use of Prenatal Care	Maternal and Infant Mortality	Chronic Disease Prevention and Control	Oral Health Care
Be Well in Nunda	Patty Piper			X	
Livingston County Administration	David Pribulka				
Arc Glow	Shawn Ryan				
Genesee Valley Health Partnership	Diane Deane				
Regional Transit Service	Karen Gayton				
Lifespan	Denise Slattery				
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner			X	
Livingston County Sheriff's Office	Phyllis Applin				
Livingston County Mental Health	Kristen Fisher				
Livingston County Planning	Megan Crowe				
Community Registered Nurse	Jolynn Joy			X	X
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez	X		X	X

		PreK-12 Student Success	
Organization	Representative(s)	Wellness Promoting Schools	Opportunities for Continued Education
Be Well in Nunda	Patty Piper	X	
Livingston County Administration	David Pribulka		
Arc Glow	Shawn Ryan		
Genesee Valley Health Partnership	Diane Deane	X	
Regional Transit Service	Karen Gayton		
Lifespan	Denise Slattery		
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner		
Livingston County Sheriff's Office	Phyllis Applin		
Livingston County Mental Health	Kristen Fisher	X	
Livingston County Planning	Megan Crowe		
Community Registered Nurse	Jolynn Joy		
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez	X	X

			Resources			
Organization	Representative(s)	Interests	Staff Hours	CH Data	Relationship with an Underserved Community	Other
Be Well in Nunda	Patty Piper	Promoting events, creating educational materials, community engagement			X	Core group working in Nunda to help residents Eat Better, Move More, and Stress Less
Livingston County Administration	David Pribulka	Policy development and "navigating the process"	X			Administrative support, policy development, and implementation
Arc Glow	Shawn Ryan	Presenting, community engagement (transportation related), people who don't qualify for County services		X		Transportation
Genesee Valley Health Partnership	Diane Deane	Community engagement, focus groups, marketing, data analysis	X			
Regional Transit Service	Karen Gayton			X		Utilize feedback received for helping improve transportation for underserved
Lifespan	Denise Slattery	Presentation				Digital literacy workshops for older adults, multiple volunteer opportunities
Livingston County Office for the Aging	Sue Carlock, Cindy Wagner	Community engagement	X		X	Fall prevention, evidence based programs (Tai Chi, SAIL)
Livingston County Sheriff's Office	Phyllis Applin					
Livingston County Mental Health	Kristen Fisher	Creating educational materials, presenting, community engagement, focus groups			X	
Livingston County Planning	Megan Crowe		X			
Community Registered Nurse	Jolynn Joy	Community engagement			X	
Livingston County Department of Health	Andrea Mott, Margaret Betette, Jennifer Rodriguez					

Appendix 6

LIVINGSTON COUNTY DEPARTMENT OF HEALTH CHA Leadership Steering Committee Meeting

Date: January 22, 2025

PRESENT: Tara Coffey, NOYES; Jenn Rodriguez, LCDOH; Andrea Mott, LCDOH; Sue Carlock, LC Office for the Aging; Lisa Kenney, LCDOH; Jolynn Joy, URM; Diane Deane, GVHP; Kristen Fisher, LC Mental Health; Kim Arnold, Pivotal Public Health Partnership; Phyllis Applin, LC Sheriff’s Office; Jennifer Hatch, Pivotal Public Health Partnership; Shawn Ryan, Arc-GLOW; Amy Patterson, Catholic Charities;

Email Address to use to share resources and information:	amott@co.livingston.ny.us
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TOPIC	FINDINGS/DISCUSSION	ACTION/FOLLOW-UP
WELCOME/ INTRODUCTIONS	Public Health Director Jennifer Rodriguez welcomed the group.	
RECAP AND TIMELINE	<p>27 attendees at December meeting</p> <ul style="list-style-type: none"> • Updates on new CHA process • Outline roles and contributions of group • Updated Vision and Mission – Tara reviewed finalized versions with changes from previous discussion <p>11 Community Partner Assessments were completed and returned. Final CHIP from last cycle was updated and submitted to NYS December 31, 2024 3 phases of MAPP:</p> <ul style="list-style-type: none"> • In 2025, we are moving out of Phase 1 • Phase 2 consists of data collection – surveys, focus groups, interviews, etc. 	
COMMUNITY PARTNER PROFILE RESULTS	<p>Areas of Strength:</p> <ul style="list-style-type: none"> • Community Engagement <ul style="list-style-type: none"> ○ 11/11 – Inform ○ 4/11 – Consult ○ 9/11 – Involve ○ 8/11 – Collaborate ○ 3/11 - Defer to • Broad, diverse coverage in: <ul style="list-style-type: none"> ○ Economic Wellbeing ○ Mental Wellbeing and Substance Use ○ Safe and Healthy Communities 	<p><i>Tara to contact Lewis</i></p> <p><i>Megan Westbrook will join the overarching Leadership Team</i></p>

	<p>Gaps in Membership:</p> <ul style="list-style-type: none"> • Health Insurance Coverage and Access to Care <ul style="list-style-type: none"> ○ Access to and Use of Prenatal Care ○ Maternal and Infant Mortality ○ Oral Health Care ○ Opportunities for Continued Education 	
<p>PIVITAL'S ROLE</p>	<p>Pivital is a Public Health Partnership spanning 8 counties (Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates).</p> <ul style="list-style-type: none"> • All counties do a CHA • Pivital group meets monthly to problem solve, share resources, etc. <p>Clear Impact – data management software that allows us to compare rates across the region</p> <p>Pivital requested health indicators we are seeking more data on and provided their own timeline.</p> <p>Pivital will help analyze final data, demographics, health challenges, disparities, etc. and present data.</p>	<p><i>Pivital GANTT chart and indicator list to be shared with meeting minutes</i></p>
<p>FOCUS GROUP DISCUSSION</p>	<p>Slideshow is drafted, ready to fill in with finalized questions</p> <p>Andrea will be meeting with a Pivital sub-committee on 1/30/25 to develop focus group questions to be used across the counties – we can add our own extras if desired</p> <p>Discussion:</p> <ul style="list-style-type: none"> • 2 hours is a long time to ask- 1.5 hours is more doable and still leaves time for discussion • Offering child care may help with time commitment <ul style="list-style-type: none"> ○ SUNY Geneseo Bus Club • 6-8 minutes per person to share <ul style="list-style-type: none"> ○ Limit to 8-10 people • Narrow down to 8-12 questions from our starting list • Time of day – may need to be flexible depending on the target group <ul style="list-style-type: none"> ○ Livingston Cares grant can help with transportation, but services end at 4PM • Is 5 groups our goal? <ul style="list-style-type: none"> ○ We may want to achieve a designated amount of data/responses instead ○ 5 is the minimum amount of focus groups we hope to conduct • Potential Groups (each group will have 1-2 questions unique to that population): 	<p><i>Draft focus group questions to be sent with minutes for group review before 1/29/25</i></p>

- VFW
- Lima Veterans Group
- Older adults
 - Earned Wisdom
 - Congregate meal sites
 - Office for the Aging Advisory group
 - Triad
- Parents
 - Kidstart Policy Council – cross sector of providers, teachers, partners, and parents
 - Positive Expressions Family Support Group
- Spanish-speaking
 - Leicester church – migrant services
 - Tepeyac
 - Cultures Learning Together
- Mental Health
 - Hand in Hand
 - CASA-Trinity
- Other:
 - Food pantry users – waiting time could be utilized for interviews or paper surveys
 - Lives program
 - Core Learning Group
 - Farmers
 - Veterans

Pivotal is not doing a community survey, no MyHealthStory

- We can develop our own if we want quantitative data

Reviewed priority matrix used to evaluate issues from last cycle focus groups – this can be utilized again once we have focus group data.

The group reviewed the tentative focus group questions and returned feedback at the end of the meeting.

Paper Survey:

- Taste of Livingston collaboration – 3 questions, got a lot of feedback
 - Contact Chamber of Commerce to see if we can get incentives
 - Previous questions:
 - How do you define health?
 - What is the biggest health issue in your community?

Margaret to contact Chamber

	<ul style="list-style-type: none"> ▪ If you could wave a magic wand, what would you add to make your community healthier? ▪ Have you ever needed a health service and not been able to access it? <ul style="list-style-type: none"> • Change health service to something more broad • Youth Board dinner - Margaret 	<i>Please bring 1 question for the mini-interview discussion next meeting</i>
NEXT STEPS	<p>Community Context Assessment – Forces of Change will be conducted at March GVHP meeting. Provide feedback on focus group questions by 1/29/25.</p> <ul style="list-style-type: none"> • Final questions will be ready by the February meeting 	<i>Andrea to develop media promoting the focus groups, interviews, etc.</i>
NEXT MEETING	<p>February 26, 2025, 8:30AM @ Liv. Co Base Camp – CHA Leadership Steering Committee March 20, 2025, 2:30PM @ Noyes – GVHP and Forces of Change Assessment</p>	

Minutes Respectfully Submitted by Andrea Mott, Public Health Specialist

