

## Public Health Improvement Steering Committee

July 14, 2011

### **Present:**

Roz Bedell, Jackie Brown, Karen DeLeeuw, Mark Johnson, Bonnie Koehler, Jeff Kuhr, Chris Lindley, Karin McGowan, Lisa Miller, Lyle Moore, Jim Rada, Martha Rudolph, Alyson Shupe, Mark Salley, Jeff Stoll, Karen Trierweiller, Chris Urbina, Lisa Van Raemdonck, Stacy Weinberg, Jeff Zayach

Staff present: Heather Baumgartner, Kierston Howard, Kate Lujan, Kathleen Matthews, Shannon Rossiter, Jill Hunsaker Ryan

### **Absent:**

Tim Byers, Deb Crook, John Crosthwait, Jeff Lawrence, Gini Pingetot, Glenn Schlabs, Chris Wiant

### **Core services, rule review and communications:**

Shannon Rossiter announced that the October Board of Health meeting at which core services will be introduced is scheduled to occur in Burlington. Staff queried PHISC members on their preference of whether or not to delay the discussion in favor of a Denver hearing. The group decided to proceed with an October presentation date and continue stakeholder input throughout the process.

Martha Rudolph briefed the committee on the new Executive Order 5, which was created to ensure that local governments have a robust opportunity to participate in rulemaking process from inception of the draft through the official rulemaking procedures. The Order is designed to effect rules that include a mandate to local governments to require the performance of a service or function. As such, the Order impacts the core services rule making process and should be considered as the process moves forward. Formal implementation of the order and related guidance is slated for August 1<sup>st</sup> or later. Formal discussion related to the order is triggering the consideration and definition of funded versus unfunded mandates. The rule making process for core public health services will comply with the order to every extent possible. Martha recommended that the process for input related to core services be well documented for later submission to the Office of State Planning and Budgeting. She also recommended that department staff complete all official related forms to comply with the process.

Two tools were introduced that have been created to facilitate local communication regarding core services. Shannon Rossiter presented a one page document entitled *Core Public Health Service Rule Overview and FAQs*. Staff also presented PowerPoint slides created for communication of core public health services to multiple audiences including local boards of health and county commissioners. The customizable 9-slide presentation highlights aspects such as purpose and authority; definitions; duties; provision of services; exemptions; funding issues; local implementation talking points; stakeholder involvement; rulemaking schedule; where to obtain information and assistance; and additional kit resources under development.

Members present shared the following reactions to the communication tools: the information is helpful and a strong template for communicating about the public health act; most if not all services are already being provided; the presentation should offer a possibility to reduce

decision-maker anxiety around the rule; and that the flexibility inherent in the language will facilitate its acceptance. It was noted that the FAQ language regarding “taking away funds” may cause concern. Dr. Johnson suggested rewording this sentence to highlight the authority to award funding in addition to rescinding it. Dr. Urbina recommended amending this language in the FAQs.

It was observed that the role interpreted and adopted by the State Board of Health will determine the degree to which the adoption of core services will result in community-level change. Jeff Kerr complemented staff on the rewrite of section **I'll get this from Shannon** following consideration of PHISC member recommendation at the June meeting. It was noted that inadequate funding will present the largest barrier to providing/assuring core services to an optimal degree. Dr. Urbina clarified that there is currently no intent to penalize counties unable to provide core services due to lack of adequate funding (such as by discontinuing existing funding). It was noted by several members that the committee's goal is to continue to advocate for a system that supports local provision of services rather than transferring functions to CDPHE. Karen McGowan encouraged that the documents we create be transparent regarding how this issue is addressed in the Act. Alyson Shupe pointed out that this issue will become even more critical as the committee begins to formalize standards.

Martha Rudolph recommended the drafting of a well-defined Statement of Basis and Purpose as a vehicle for clarifying our intent. If adopted, this will become the Board of Health's statement and could apply to all sections. Martha will meet with Office of Planning and Partnership staff and Karen Osthus to revise the previously submitted Statement of Purpose.

It was noted that the purpose of the rule is to ensure that every person in every county has access to the provision of core services. Dr. Johnson recommended the following language, “if an agency is unable to provide a core service, the State will work with other programs and agencies to ensure its provision.” The committee agreed that this should be included in both the considered section and also the Statement of Basis and Purpose preamble.

**Assessment and Planning update:**

Congratulations to the current public health improvement pilot sites: Boulder, El Paso, Mesa, Northwest VNA, Pueblo, Weld, and the West Central Partnership. A new round of sites will begin the process in the coming months. Committee members noted that the optimal structure includes some agencies conducting the process alone, but many regional partnerships whereby multiple agencies leverage shared resources and a common timeline to conduct assessment, planning, and authorship of new public health improvement plans.

A total of \$325,000 has been contributed from Caring for Colorado, the Preventive Block Grant, and the CDC Public Health Improvement Project Grant to support local health agencies in conducting this work. These dollars will be contracted directly to LPHAs as they begin their process.

It was determined that a large scale summit highlighting elements related to the Public Health Act of 2008 would not be launched at this time, but that a variety of educational opportunities would be utilized to convey a broad range of messages in multiple venues.

The group clarified its intent of encouraging a standardized process for certain elements of the local public health planning process, and offering a variety of tools and templates for supporting activities that may be variable.

Upcoming milestones:

- **August:** Reconvening of the Assessment and Planning Task Force
- **August:** Pilot templates available on OPP website
- **September:** CHAPS available on OPP Website
- **September 21 and 22:** Public Health in the Rockies Conference, *Improving the Health of Colorado Using Partnerships in Assessments and Planning*
- **January:** Presentation to PHISC of pilot communities highlights and lessons learned
- **Ongoing:** On the ground technical assistance; individual CHAPS training; funding to support planners and the assessment and planning process

**Funding Formula Task Force report:**

Dr. Johnson provided an update on the Per Capita Funding Formula Task Force, which met July 12. The task force adopted a decision making process of a 75% super majority; finalized a set of principles to guide decision making; and is getting ready to consider funding permutations in upcoming meetings.

**Grants administration – streamlining update:**

The Streamliners have developed a Google group to communicate with local partners about funding opportunities available through CDPHE.

The Financial Risk Management System is entering its pilot phase in September with three pilot agencies and a single invoice form that does not require documentation to be submitted. A sampling of invoices will be collected via on site visits with protocol determined by risk assessment categorization.

A special categorization of badge will be created for frequent visitors. Increased visitor parking will become available, including the possibility of reserved parking. Bonnie Koehler suggested the created of one agency badge to share; Roz Bedell will investigate this. Lisa VanRaemdonck and others thanked Roz and her staff for these changes.

**Baseline capacity assessment update:**

Kathleen Matthews stated that 48 capacity assessment baseline review site visits have been completed. The process has been a fruitful one in terms of data collection, local assessment, and relationship building.

**CDPHE Strategic Plan update:**

Kierston Howard provided an update on the state strategic planning process. The process will include bimonthly meetings, a supporting consulting group, and stakeholder input. Karen McGowan asked the group to be thinking about recommended benchmarks, outcomes, etc. The process will incorporate and be reflective of LEAN, the public health improvement process, and Colorado's winnables. It was decided that Karin McGowen, Kathleen Matthews, and Lisa Van Raemdonck will seek opportunities to formally communicate regarding the plan at upcoming fall conferences. The plan will be implementable and provide a framework for direct accountability as well as poise the department for beginning the accreditation process.

Dr. Urbina reported that leadership teams from multiple state agencies will be coming together to discuss alignment opportunities.

**Agenda items for next meeting:**

Members should solicit and bring collected comments regarding core services.

**Next meeting:**

August 18<sup>th</sup>, C1C/C1D, 12:00 – 2:00 PM