Public Health Improvement Steering Committee

March 17, 2011 Choosing Health Priorities – testing the process

Present: Jackie Brown, Tim Byers, Deb Crook, Bonnie Koehler, Jeff Kuhr, Mark Johnson, Jeff Lawrence, Chris Lindley, Karin McGowan, Lisa Miller, Jim Rada, Martha Rudolph, Mark Salley, Alyson Shupe, Jeff Stoll, Karen Trierweiler, Chris Urbina, Lisa VanRaemdonck, Jeff Zayach

Staff present: Tsering Dorjee, Kierston Howard, Kathleen Matthews, Jill Hunsaker Ryan, Corrina Lucero

Guests: Elaine Borton, John Chase, Joe Malinowski, Bob O'Doherty, Jason Vahling

Absent: John Crosthwait, Karen DeLeeuw, Jillian Jacobellis, Gini Pingenot, Glenn Schlabs, Chris Wiant

Facilitator – Alyson Shupe

Utilizing a Plan-Do-Study-Act the PHISC participated in a priorities activity to choose public health areas for improvement.

Group Discussion: Reflect on the data

- The data gave insights on how environmental health and public health are integrated.
- Health outcomes vs. Risk Factors (the list is risk factor based)
- What is public health's role in substance abuse and mental health?
- Provoked to think of public health more comprehensive to facilitate bringing partners together.
    - Unintended pregnancy has a ripple effect that determines several areas of health outcomes; poverty, mental health, etc.
- Look at messaging that announced CDC's Winnable Battles.

Prioritization criteria:

- How **important** is this health issue (morbidity, mortality, disparities, cost)?
- What is our **ability** to impact this health issue (public health role, proven strategies to address the problem)?
- What is our **capacity** to impact this health issue (leadership, resources)?

Voting Results:

Top Health Area	# of Votes
Unintended Pregnancy	80
Obesity	70
Air	52
Safe Drinking Water	52
Foodborne Illness	49
Vaccine	47
Tobacco	39
Motor Vehicle Safety	36
Mental Health	26
Oral Health	23
Emergency Preparedness and Response	16
Substance Abuse	15
Rabies	8

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Evaluation:

- The data
  - Too much information to keep in mind. Would have liked it presented during activity.
  - Liked the environmental health data.
  - Struggled to think about "how to prioritize" because top health areas are measured differently. Maybe the data can be presented in a way that shows comparison.

- The criteria
  - Revise criteria.
  - Repeat criteria throughout activity.
  - Criteria didn't match the objective of activity.
  - Identify what is prioritized.
    - Sustain vs. improve health areas.

- The process--send data out in advance, dot voting, discussion (quality, amount, etc)
  - Completing the Capacity Assessment prior to prioritization may also contribute to criteria.
  - Spend the meeting going through data and criteria, discuss with partners, and vote on priorities.
  - Explain why the activity is being done.
  - Need a more scientific process to justify results.

- Stakeholders
  - CDPHE leadership and CALPHO need to weigh-in.

Next Steps:

1. Condense the 13 health areas to create a new list.
2. Over the next few months, communicate priorities with CDPHE leadership and CALPHO.
3. Finalize priorities and distribute for state and local public health use.

Note: On April 14, a smaller group of volunteers from CALPHO and CDPHE met to discuss next steps around how we use winnable battles in preparation for the next steering committee.

Next meeting: Thursday, May 19 CDPHE, Bldg C, Room C1C/C1D